

WASTEWATER COLLECTION SYSTEM INSPECTION CHECKLIST

Agency:	
Inspection Team:	
Facility Representatives:	
Date of Inspection:	

A. SEWER SYSTEM OVERVIEW

Please provide responses to the information requested in the right column below or in a separate attachment as appropriate.

Item	Response
1. Population served by your agency's sewer system	
2. Service Area (sq. mi.)	
3. Are other agencies/communities discharging into this sewer system? If so, please provide a list of these agencies/communities. Does an interagency agreement exist and who is responsible for maintaining the other system(s)?	
4. Map showing major interceptors, trunk lines and pump stations	
5. Flow monitoring program in place? If so, please briefly describe the program and provide actual sewer system flows in #6 below.	
6. Provide design and actual sewer system flows: a. Average daily dry weather flow (MGD): b. Peak dry weather flow (MGD): c. Peak wet weather flow (MGD): d. Seasonal dry weather flow (MGD):	
7. Basis of peak flow (storm frequency):	1 in ____ year occurrence
8. Average annual precipitation (in):	
9. Miles of sewer (total)	
10. Miles of gravity sewers	
11. Miles of forced mains and other pressure systems	
12. What percentage of your sewer system was constructed between the years of: a. 2000-Present b. 1980-1999 c. 1960-1979 d. 1940-1949	

Item	Response
e. 1920-1939 f. Before 1919	
13. Responsibility for laterals? (e.g., at main line connection or from main line to property line (or easement or cleanout) or beyond property line)	
14. # of Pump stations	
15. % Pump stations with remote status monitoring	
16. % Pump stations with backup power sources	

Please present a general overview of the information requested in Sections B-E below. Please provide two hard copies and if available an electronic-copy of the documents indicated. Please note that some documents should only be made available for viewing purposes during the site inspection and will be indicated as such. When appropriate, please provide responses in the right column or in a separate attachment (provide two hard copies and if available an electronic copy). In some cases, your staff may be requested to provide a demonstration and/or present an overview of the information requested during the site visit.

B. SEWER SYSTEM MANAGEMENT AND SPILL RESPONSE:

Item	Response
1. Sewer maps (viewing only) and/or demonstration of GIS	
2. Presentation and two copies of the 11 Elements of your agency's Sewer System Management Plan (SSMP) <ul style="list-style-type: none"> a. Goals b. Organization c. Overflow Emergency Response Plan d. Fats, Oils and Grease (FOG) Control Program e. Legal Authority f. Measures and Activities (map; resources and budget; prioritized preventive maintenance; scheduled inspections and condition assessment; sewer cleaning and maintenance inventory, spare parts inventory; training; and outreach to plumbers and building contractors) g. Design and Construction Standards h. Capacity Management (assessment, system evaluation and capacity assurance plan) i. Monitoring, Measurement and Program Modifications j. SSMP Audit k. Communication Program 	
3. Number of current vacancies to operate and maintain sewer system in your organization	
4. Annual Budget for past three years	
5. Most recent Sewer Master Plan (Viewing only)	
6. List of capital improvement projects completed in the past three	

Item	Response
years; List of current and future capital improvement projects.	
7. Sources of funding for sewer O&M and capital improvement projects (i.e. sewer fees, general fund, bonds)	
8. Average residential sewer fee (\$/month), basis of sewer rate fee, and allocations of sewer fees	
<p>9. Summary of spills (SSOs and treatment plant) over the last five years and current year</p> <ul style="list-style-type: none"> a. For each calendar year, indicate spill date, location, total volume of spill, total volume recovered and returned to collection system, and spill cause b. Tabulate total number of spills for each calendar year and for the total period requested c. Tabulate total spills (# and % of total) caused by pump station failure, root blockage, FOG, force main breaks, and inadequate capacity (spills from pipes running full, otherwise unobstructed). Note: pump station failure includes mechanical and electrical problems and inadequate pump station capacity. 	
10. Average time from spill report to on-site response for each calendar year for the past five years and current year.	
11. Demonstration of spill response tracking system (manual or computerized information management system). Make available for viewing customer complaint records, field spill reports, and office spill reports.	
12. Contingency equipment and replacement inventories. If not already included in the SSMP, provide an up-to-date list of critical spare parts, major equipment for O&M and for effective response to emergency conditions.	
13. Pump Station Inventory. Provide a list of pump stations including type and configuration, flow, percent of service area served by pump station, number of pumps and capacity, backup power, and alarms listing.	
14. Overflow Emergency Response Plan (Viewing Only). If the plan is only referenced and not summarized in the SSMP, please provide a copy of the plan.	

C. SEWER SYSTEM MAINTENANCE:

Item	Response
1. Demonstration of maintenance management system (manual, computerized management information system or computer-based maintenance management system (CCMS)). Make available for viewing service request reports, work orders, system inventory, sewer inspection and condition assessment records, maintenance	

Item	Response
and cleaning records, and pump station O&M records/log books.	
2. Demonstration of telemetered monitoring and supervisory control systems (i.e. Supervisory Control And Data Acquisition (SCADA) system or system to gather data, supervise and control operations of the sewer collection system)	
3. Sewer cleaning statistics for last three full calendar years per year <ul style="list-style-type: none"> a. System cleaning production (miles per year) b. System cleaning frequency (years) c. Pipes cleaned at least once per year (% of system) d. Number of manholes inspected annually e. Force mains inspected annually (miles or feet) 	
4. Hot spot cleaning/inspection schedule (a-e above) and workload	
5. Average frequency of Food Service Establishments inspection over the past five full calendar years	
6. Summary of CCTV condition assessment rating	
7. Written explanation of pipe condition rating system	

D. SEWER SYSTEM CAPACITY

Item	Response
Has the system undergone a capacity and an Inflow/Infiltration (I/I) assessment? If so, please provide date and a summary of the findings.	
Is the City currently implementing an I/I reduction program?	
Capacity assessment reports and Inflow/Infiltration (I/I) studies (Viewing Only)	