

CERTIFICATION FORM
INFILTRATION / INFLOW CONTROL PROGRAM

SATELLITE ENTITY: _____

REPORTING PERIOD: JANUARY 1 TO DECEMBER 31, _____

DATE OF CURRENT SYSTEM MAP: _____

ANNUAL SUMMARY REPORT INSTRUCTIONS:

Check the appropriate boxes to indicate the items that are submitted for the annual reporting period. Provide appropriate information on the forms and exhibits. Do not enter dates on this form. Once the report is reviewed and determined to be in compliance, the received date of the forms and exhibits will be entered on this page.

FORMS:

- ANNUAL SUMMARY REPORT (Required)
- STATUS OF HIGH PRIORITY DEFICIENCIES FORM (Required for deficiencies not corrected)
- CAPITAL IMPROVEMENT PLAN (CIP) (If applicable)
- SYSTEM DESCRIPTION AND INVENTORY FORM (If applicable)
- CONDITION ASSESSMENT PRIORITIZATION FORM (If applicable)

Date
DISTRICT USE ONLY

EXHIBITS:

- MAP OF COMPLETED CONDITION ASSESSMENT (Required)
- SEWER SYSTEM ATLAS (If update is available)
- MAP OF HIGH RISK SEWERS (If applicable)

Date
Date
Date
DISTRICT USE ONLY

DOCUMENTATION:

- SUPPORTING DOCUMENTATION (If required or requested)
- OTHER: _____

Date
Date
DISTRICT USE ONLY

CERTIFICATION:

INFORMATION PROVIDED AS PART OF THIS ANNUAL SUMMARY REPORT COMPLIES WITH THE IICP

NAME: _____ **ADDRESS:** _____

TITLE: _____ **CITY:** _____ **ZIP:** _____

SIGNATURE: _____ **EMAIL:** _____

DATE: _____ **PHONE:** (_____) _____ - _____