

**CERTIFICATION FORM  
 LONG TERM OPERATION & MAINTENANCE PROGRAM  
 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)

Date
<b>DISTRICT USE ONLY</b>

**EXHIBITS:**

- SEWER SYSTEM ATLAS (If update is available)

Date
<b>DISTRICT USE ONLY</b>

**DOCUMENTATION:**

- SUPPORTING DOCUMENTATION (If required or requested)
- OTHER: \_\_\_\_\_

Date
Date
<b>DISTRICT USE ONLY</b>

**CERTIFICATION:**

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

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_