



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
ANNUAL INFLOW AND INFILTRATION REPORT

This report covers the period of:
January 1, 20__ to December 31, 20__
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GENERAL INFORMATION

FACILITY NAME		
PERMIT NUMBER	COUNTY	
MILES OF COLLECTION SYSTEM (INCLUDING FORCEMAINS)	PEAK EFFLUENT FLOW RATE (MGD)	AVERAGE EFFLUENT FLOW RATE (MGD)

MANHOLE OBSERVATION

Number of manholes observed:

Dates observed:

RESULTS – MANHOLES REPLACED

Number of manholes replaced:

Types of manholes replaced:

Dates of replacement:

RESULTS – MANHOLES REHABBED

Number of number of manholes rehabbed:

Types of manholes rehabbed:

Dates of rehabilitation:

SMOKE TESTING

Linear feet of lines tested:

Dates observed:

SMOKE TESTING RESULTS – LINES CLEANED

Linear feet of lines cleaned:

Date and method used to clean lines (jet, pig, auger):

SMOKE TESTING RESULTS – LINES REPLACED

Linear feet of lines replaced:

Date, type of line replaced, and type of new line:



SMOKE TESTING RESULTS – LINES REHABBED

Linear feet of lines rehabbed:

Date, type of line rehabbed, and rehab material:

CCTV (CLOSED-CIRCUIT TELEVISION)

Linear feet viewed:

Dated observed:

LAMPHOLE OBSERVATION

Number observed:

Dates observed:

RESULTS – LAMPHOLES REPLACED

Number replaced:

Dates replaced:

SANITARY SEWER OVERFLOWS (SSOs)

Number of dry weather SSOs:

Number of wet weather SSOs:

BASEMENT/BUILDING BACKUPS

Number of dry weather basement/building backups:

Number of wet weather basement/building backups:

CERTIFICATION

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 fine and imprisonment for knowing violations.

NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE		DATE SIGNED

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 OPERATING PERMITS SECTION
 P.O. BOX 176
 JEFFERSON CITY, MO 65102-0176