

**Capacity, Management, Operations and
Maintenance (CMOM) Program
Management Plan**

**ANNUAL SUMMARY REPORT
(January 1, 2016 to December 31, 2016)**

Prepared by



TUSCOLA

**City of Tuscola
214 North Main Street
Tuscola, Illinois 61953**

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Maintenance (CMOM) Program
Management Plan**

**ANNUAL SUMMARY REPORT
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I. Collection System Information

Total Actual Annual Precipitation for Reporting Year	<u>34.06</u>	inch
Historical Annual Average Precipitation	<u>37.06</u>	inch
Service Area	<u>1280</u>	acres
Service Population	<u>4700</u>	
Total Sanitary Sewers Length	<u>51.79</u>	miles
Total Force Main Length	<u>6.93</u>	miles
Number of Air Release Valves	<u>2</u>	
Number of Lift Stations	<u>5</u>	
Average Flow for Reporting Year	<u>0.882</u>	MGD
Peak Monthly Flow for Reporting Year	<u>1.454</u>	MGD

II. Inspection Summary

Sanitary Sewers Cleaning	<u>5475</u>	ft	<u>1.9</u>	% of System
Force Main Cleaning	<u> </u>	ft	<u> </u>	% of System
Root Removal	<u> </u>	ft	<u> </u>	% of System
Sewer Televising	<u> </u>	ft	<u> </u>	% of System
Number of Manhole Inspected	<u>20</u>		<u>4</u>	% of System
Number of Lift Station Inspected	<u>5</u>		<u>100</u>	% of System
Number of Air Release Valves Inspected	<u> </u>		<u> </u>	% of System
Number of Grease Trap Inspected	<u> </u>		<u> </u>	% of System

List Other Inspections Performed (Smoke Testing, Dye, etc.)

<u> </u>	<u> </u>	<u> </u>	<u> </u>	% of System
<u> </u>	<u> </u>	<u> </u>	<u> </u>	% of System
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<u> </u>	<u> </u>	<u> </u>	<u> </u>	% of System
<u> </u>	<u> </u>	<u> </u>	<u> </u>	% of System

Are Critical Structures Identified?

Y N NA

If yes, provide list.

<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

III. Defects Identification

Number of Sanitary Sewer Defects Identified	<u>0</u>	Details Attached	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of Manhole Defects Identified	<u>0</u>	Details Attached	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of Lift Station Defects Identified	<u>0</u>	Details Attached	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of Critical Structures Defects Identified	<u>0</u>	Details Attached	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of Air Release Valves Defects Identified	<u>0</u>	Details Attached	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of Grease Trap Defects Identified	<u>0</u>	Details Attached	<input type="checkbox"/> Y <input type="checkbox"/> N

IV. Performance Indicators

Number of Sanitary Sewer Failures	<u>0</u>	<u>0</u>	Failures/sewer miles
Number of Lift Station Failures - Electrical	<u>4</u>	<u>4</u>	Failures/no. of lift station
Number of Lift Station Failures - Mechanical	<u>9</u>	<u>4</u>	Failures/no. of lift station
Number of Sanitary Sewer Overflows	<u>0</u>	<u>0</u>	Incidences/ sewer miles
Number of Basement Backups	<u>0</u>	<u>0</u>	Backups/ sewer miles
Number of Complaints Received	<u>.25</u>	<u>1</u>	Complaints/ sewer miles
Number of Complaints Resolved	<u>.25</u>	<u>1</u>	Complaints/ sewer miles

Other Issues

V. Sanitary Sewer Overflow (SSO) Reported

Are SSOs reported to the IEPA? Y N NA
 If yes, provide list.

Date	Location	Cause ¹	Estimated Volume
	None in 8 Years		

Notes:

1. Attach SSO Report Form for each event.

Were there any SSOs that occurred last year that are not listed above? If yes, list:

No

VI. Inflow and Infiltration

Is inflow and infiltration (I/I) significant during the reporting year? Y N NA
If yes, describe.

Did I/I created problems/ affected performance of collection system, lift stations, or treatment plant during the reporting year? Y N NA
If yes, describe.

Describe any I/I changes from the previous year.
None

Describe efforts to address I/I problems.
N/A

VII.Repair Summary

Description	Quantity	Cost	Notes
Manhole Repairs		\$	
Manhole Replacements		\$	
Sewer Spot Repairs		\$	
Sewer Lining		\$	
Sewer Replacement		\$	
Pump Repairs (major items)		\$ 36,405.00	
Pump Replacement		\$	
Generator Repairs (major items)		\$ 1,913.00	
Building Repairs (major items)		\$ 7,916.00	
Other Repairs			
Miscellaneous		\$ 9,147.00	
		\$	
		\$	
		\$	
		\$	

VIII. CMOM Activity Checklist

CMOM Activity	Completed	
	Y	N
Review/Update System Inventory	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sewer Map Up-to-Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parts Inventory Reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ordinances Reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Budget Review for CMOM Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fees/Rates Reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Training Completed/Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Review Critical Structure List	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Review Major Emergency Response Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Review SSO Response Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Code Compliance Inspections Completed (Include Details for Revisions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift Station Flow Monitoring Records Reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>