# DEQ State of Oregon Department of Environmental Quality

## **Inflow and Infiltration Reduction Annual Report**

(Submit a separate form for each satellite collection system)

Facility Name:City of MolallaDEQ File #: 57613Facility Location:12424 S. TOliver Rd. Molalla, OR, 97038Permit #: 101514Miles of Common Sewer:32.95EPA ID#: OR-0022238-1

2024

Year:

Number of Pump Stations: 5

Date of most recent I and I Study: 2018

Number of storm caused SSOs last year: 0

| Flow                           | Design Values | Observed Last Year |
|--------------------------------|---------------|--------------------|
| Average Dry Weather Flow       |               |                    |
| Average Wet Weather Flow       |               |                    |
| Maximum Month Wet Weather Flow |               |                    |
| Peak Day Flow                  |               |                    |

# Inspection, Maintenance, and Construction Activities Enter activities completed in prior 5 years, completed last year, planned for upcoming year

| Activity   | Last 5 Years | Last Year | Planned |
|--|--------------|-----------|---------|
| Smoke Testing* (miles & percent of total)              |              |           |         |
| Cleaning & TV inspection* (miles & percent of total)   |              |           |         |
| Cleaning w/o TV inspection* (miles & percent of total) |              |           |         |
| Main line repaired ( miles & percent of total)         |              |           |         |
| Main line replaced ( miles & percent of total)         |              |           |         |
| Manholes repaired (number & percent of total)          |              |           |         |
| Manholes replaced (number & percent of total)          |              |           |         |
| Cross-connections** (number discovered & eliminated)   |              |           |         |

<sup>\* -</sup> Do not double report activities done in the same section during the same time period.

# ATTACHMENTS: Please attach additional information regarding collection system repair and replacement work done last year and planned for the current year.

## **Signature Requirement**

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 fines and imprisonment for knowing violations.

| Signature of Responsible Official: |              |  |
|------------------------------------|--------------|--|
| Name and Title (Please Print):     |              |  |
| Date of Signature:                 | _ Telephone: |  |

<sup>\*\* -</sup> Include storm drains, area drains, and roof drains.