

# CSO OPERATIONAL PLAN CHECKLIST AND CERTIFICATION

(To be Completed by Permittee)

Facility Name \_\_\_\_\_ NPDES No. IL \_\_\_\_\_

**Section I.** *The following information should be included in the CSO Operational Plan.*

## General Information

Included Administrative  
Yes No N/A Acceptance

- Describe the collection system including all outfalls and overflows, control (diversion) structures, treatment facilities, pumping stations, and associated capacities ..... ..
- Describe the relationship to other collection entities, esp. other CSO collection entities ..... ..
- Has the Illinois Pollution Control Board issued any orders, currently in effect, regarding any of these outfalls? If yes, include a copy of the Board Order with the Plan..... ..
- Are any of these outfalls to sensitive areas (designated Outstanding National Resource Waters, National Marine Sanctuaries, bathing beaches, shellfish beds, waters with threatened or endangered species and their habitat, contact recreation, or drinking water intakes)? If yes, explain as indicated at the end of Section II ..... ..
- Describe efforts undertaken to minimize the discharge of pollutants from all CSO outfalls..... ..
- Describe efforts undertaken to maximize storage of pollutants in the collection system..... ..
- Describe the pollution prevention aspects of this Operational Plan ..... ..
- Describe efforts to monitor CSO impacts and the efficacy of CSO controls..... ..
- Describe the public notification program for CSO occurrences and impacts..... ..
- Latitude and longitude information given for each outfall..... ..

## Maintenance

- Schedule for regular street cleaning in combined sewer areas ..... ..
- Added emphasis for leaf removal ..... ..
- Schedule for catch basin cleaning ..... ..
- Schedule for routine cleaning of trunk and interceptor sewers ..... ..
- Stop planks at highest level practical without causing basement backups or excessive street flooding ..... ..
- Date system stop planks last adjusted \_\_\_\_\_
- Describe your procedures for:
 

(month)	(day)	(year)
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  - Cleaning screening equipment after and, if necessary, during each storm ..... ..
  - Regulating diversion and bypass valves..... ..
  - Reducing solids deposition in the combined sewer system..... ..

## Inspections and Monitoring

- Schedule to inspect regulator and diversion structures included ..... ..
- Routine pump/lift station inspection and preventive maintenance discussed ..... ..
- Schedule to inspect manholes and sewers (e.g., televise, etc.) included ..... ..
- Schedule to inspect surface water anti-intrusion devices (e.g., flapgates, etc.)..... ..
- Describe your procedures for finding and eliminating illegal sewer connections ..... ..
- Describe your procedures for finding and eliminating dry-weather overflows..... ..

**Section II.** *Information in the following section should be included in the Plan and kept on file by the permittee. This information will be verified by IEPA during a facility inspection. The submission of the information in Section II to the Agency should only be done when requested. DO NOT SUBMIT THE INFORMATION REQUESTED IN THE FOLLOWING SECTION WITH THE CSO OPERATIONAL PLAN.*

## Maps and Diagrams

Included IEPA Field  
Yes No N/A Verification

- Sewer system map included ..... ..
- Combined sewers and sanitary sewers tributary to combined sewers marked ..... ..
- Storm sewers using combined sewers as a transport link marked..... ..
- All major interceptors and trunk sewers marked ..... ..
- Sewer sizes, slope, and material indicated ..... ..
- Manholes and catch basins identified ..... ..
- All CSOs, treatment plant bypasses, outfalls, and their receiving waters identified..... ..
- All control (diversion) structures, including valves, marked..... ..
- All pump and lift stations and their capacities marked ..... ..
- Diagram of CSO Treatment Facilities ..... ..
- All unit processes and associated capacities identified ..... ..

**CSO OPERATIONAL PLAN CHECKLIST AND CERTIFICATION (CONT'D)**

(To be Completed by Permittee)

Included IEPA Field  
Yes No N/A Verification

**Section II. (cont'd)**

**Sewer System Characterization**

Drainage area and population tributary to each overflow indicated.....	.....	.....
Sewer capacity immediately upstream and downstream of each overflow indicated .....	.....	.....
Description of structural and physical condition of sewer system .....	.....	.....
Age of system included .....	.....	.....
Bottlenecks in the system included .....	.....	.....
Average dry weather flow rate through sewer at each overflow (diversion structure).....	.....	.....
Year last monitored.....	.....	.....
Land use and zoning classification in the vicinity of each overflow indicated .....	.....	.....
Projected growth tributary to each overflow indicated .....	.....	.....
List of non-residential sewer users tributary to each overflow .....	.....	.....
Dischargers of toxics indicated.....	.....	.....
Dischargers of high strength wastewater indicated.....	.....	.....
High-volume dischargers indicated.....	.....	.....
Percent pervious area developed and kept current for each sewerage basin .....	.....	.....

**Record Keeping**

Logs should be maintained on the following subjects:

Collapsed and blocked sewers.....	.....	.....
Basement backups, street flooding, and other collection system complaints .....	.....	.....
Regulator and diversion structure inspections.....	.....	.....
CSO and excess flow retention basin levels .....	.....	.....

**Explain all 'No' and 'N/A' (and 'Yes' for the question on sensitive areas) on a separate sheet and attach.**

***I attest that this form has been completed by me or by others under my direct supervision and that the information contained herein is, to the best of my knowledge, true and complete.***

\_\_\_\_\_  
(Signature) (Title) (Date)

**NOTE: Signature should be authorized according to 35 Ill. Adm. Code 309.103(e).**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----SPACE BELOW RESERVED FOR IEPA USE ONLY-----

ADMINISTRATIVE REVIEW

FIELD VERIFICATION

\_\_\_\_\_  
(Signature) (Date) (Signature) (Date)