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| **Semi-Annual Progress Report for NJPDES CSO Permits** | |
| Permittee: | Date of Progress Report: |
| NJPDES Number: |

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| **Instructions** |
| 1. NJPDES CSO permittees are required to submit semi-annual progress reports. 2. Progress Reports are due February 1st and August 1st. Submit Progress Reports to [njcsoprogram@dep.nj.gov](mailto:njcsoprogram@dep.nj.gov) and post them on your CSO clearinghouse website. 3. Add additional comments/rows as needed. |

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| **Summary of Progress on the Nine Minimum Controls** | | | | | | |
| **Requirement/Permit Citation** | | | | **Progress in the most recent 6 months.** | | |
| 1. Proper Operation and Maintenance Programs for the Sewer System and the CSOs (Part IV.F.1) | | | |  | | |
| **Date of Last Revision for Manual/Plan** | | | | **Comments** | | |
| O&M Manual: | \_\_\_ /\_\_\_ /\_\_\_ | | |  | | |
| SOPs: | \_\_\_ /\_\_\_ /\_\_\_ | | |  | | |
| Emergency Plan: | \_\_\_ /\_\_\_ /\_\_\_ | | |  | | |
| Asset Management Plan: | \_\_\_ /\_\_\_ /\_\_\_ | | |  | | |
| **System Cleaning (Due only February 1st)** | | | | | | |
| Percent of System and Linear Miles Inspected/Cleaned in the most recent calendar year: | | \_\_\_ % | \_\_\_ mi. | | Was minimum 20% met? | Y/N |
| Total Percent of System and Linear Miles Inspected/Cleaned since the permit became effective: | | \_\_\_ % | \_\_\_ mi. | | Was 100% met since the permit became effective? | Y/N |
| If the minimum 20% was not inspected/cleaned in the last calendar year, explain how 100% will be done by the end of the permit:  Comments: | | | | | | |
| 2. Maximum use of the collection system for storage (Part IV.F.2) | | | |  | | |
| 3. Review and modification of pretreatment requirements to assure CSO impacts are minimized (Part IV.F.3) | | | |  | | |
| 4. Maximization of flow to the publicly owned treatment works for treatment (Part IV.F.4) | | | |  | | |
| 5. Prohibition of CSOs during dry weather (Part IV.F.5) | | | |  | | |
| 6. Control of Solids/Floatables in CSOs (Part IV.F.6) | | | |  | | |
| 7. Implementation of Pollution Prevention Measures (Part IV.F.7) | | | |  | | |
| 8. Public notification to ensure that the public receives adequate notification of CSO occurrences and CSO impacts (Part IV.F.8) | | | |  | | |
| 9. Monitoring to effectively characterize CSO impacts and the efficacy of CSO controls (Part IV.F.9) | | | |  | | |

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| **Summary of Progress on the Long Term Control Plan** | | |
| **Requirement/Permit Citation** | **Progress in the most recent 6 months.** | |
| 1. Public Engagement (Part IV.G.2) |  | |
| **Outreach** | **Web Address** | **CSO Coordinator** |
| Maintain Clearinghouse Telephone Hotline/Website (Part IV.G.2.f.i) |  |  |
| List any recent updates: | | |

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| **CSO-Related Flooding Complaint(s)** | **Date/Time** | **Location** |
| 1. |  |  |
| 2. |  |  |

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| 2. Consideration of Sensitive Areas (Part IV.G.3) |  |
| 3. Operational Plan (Part IV.G.6) |  |
| 4. Maximizing treatment at the existing STP (Part IV.G.7) |  |
| 5. Implementation Schedule (Part IV.G.8) |  |

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| **Control Measure/Project Name** | **Description** | **Completed?**  **(If So, Detail Effectiveness)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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| 6. Compliance Monitoring Program (Part IV.G.9) |  |

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| **Signature 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 purposely, knowingly, recklessly, or negligently submitting false information".  Signature:  Date of Signature: |
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