Please return completed reports to:

Middlesex County Utilities Authority
PO Box 159
2571 Main Street
Sayreville, NJ 08872
Attn: Collection System Monthly Reports

COLLECTION SYSTEM MONTHLY REPORT

Section 1 - Collection System Maintenance

Municipality: _____

Reporting Period: _____ to _____

Licensed Operator of Record: _____

Total feet of sewer line operated and maintained: _____ ft.

1. Sewer Line Cleaning: ☐ Yes ☐ None this Reporting Period

	Date	Location	Length (ft)	Debris removed (tons)
1.				
Notes:				

	Date	Location	Length (ft)	Debris removed (tons)
2.				
Notes:				

	Date	Location	Length (ft)	Debris removed (tons)
3.				
Notes:				

	Date	Location	Length (ft)	Debris removed (tons)
4.				
Notes:				

2. Manhole and Sewer Line Inspection: ☐ Yes ☐ None this Reporting Period

	Date	Location	Length (ft)	CCTV
1.				Yes ☐ No ☐
Notes:				

	Date	Location	Length (ft)	CCTV
2.				Yes ☐ No ☐
Notes:				

	Date	Location	Length (ft)	CCTV
3.				Yes ☐ No ☐
Notes:				

3. Other Collection System Preventive Maintenance (ex: manhole repair, easement clearing, etc.):

☐ Yes ☐ None this Reporting Period

	Date	Location	Remedial Action Taken
1.			
Notes:			

	Date	Location	Remedial Action Taken
2.			
Notes:			

	Date	Location	Remedial Action Taken
3.			
Notes:			

4. Blockages:

Main Blockages ☐ Yes ☐ None this Reporting Period

	Date	Location	Cause and Remedial Action Taken
1.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
2.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
3.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
4.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
5.			
Notes:			

Lateral Blockages ☐ Yes ☐ None this Reporting Period

	Date	Location	Cause and Remedial Action Taken
1.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
2.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
3.			
Notes:			

5. Sanitary Sewer Overflows (SSO's): Attach copy of report sent to NJDEP

☐ Yes ☐ None this Reporting Period

	Date	Location	NJDEP Hotline #	SSO Amount (gallons)
1.				
2.				
3.				
4.				
5.				

6. Odor Complaints: ☐ Yes ☐ None this Reporting Period

	Date	Location	Cause and Remedial Action Taken
1.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
2.			
Notes:			
	Date	**Location**	**Cause and Remedial Action Taken**
3.			
Notes:			

7. New Connections: ☐ Yes ☐ None this Reporting Period

TWA Required: ☐ Yes ☐ No

	Address	Block	Lot	GPD
1.				
2.				
3.				

Non TWA Required: (Commercial, Multi Family)

	Address	Block/Lot	Use	GPD	Date Connected
1.					
2.					
3.					

Single Family Connections:

	Address	Block	Lot	Date Connected
1.				
2.				
3.				

Section 2 - Pump Station Maintenance

1. List any Non-Preventive Maintenance Activities (Unscheduled alarms, Emergencies):

☐ None this Reporting Period

	Pump Station No.	Problem & Repair/Maintenance/Corrective Action Made
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2. List any Major Equipment (Pumps, Motors, etc.) Out-of-Service during the month:

☐ None this Reporting Period

	Pump Station No.	Equipment Name	Out of Service Date	Back in Service Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Section 3 - Industrial/Commercial Discharges

1. List the additions/deletions to the initial list of Industrial/Commercial Discharges:

☐ None this Reporting Period

	Additions	Date	Deletions	Date
1.				
2.				
3.				
4.				
5.				

Section 4 - Extraneous Flow (Inflow/Infiltration) Investigations

1. Dry Weather Investigations: ☐ None this Reporting Period

	Date	Location of Manhole	Length of Tributary Sewers (feet-miles)	Total Flow (gpd)	Extraneous Flow (gpd)
1.					
Notes:					
2.					
Notes:					

2. Wet Weather Investigations: ☐ None this Reporting Period

	Date	Location of Manhole	Length of Tributary Sewers (feet-miles)	Total Flow (gpd)	Extraneous Flow (gpd)
1.					
Notes:					
2.					
Notes:					

Section 5 - Licensed Operator Contact Information

Licensed Operator: _____ License Number: _____

Email Address: _____ Cell Phone No.: _____

Alternate Contact: _____ Cell Phone No.: _____

Email Address: _____

Mailing Address: _____

_____

_____

Signature: _____ Date: _____ *(mm/dd/yyyy)*