Compliance Maintenance Annual Report

Dorchester Wastewater Treatment Facility

Last Updated: 7/27/2015 Reporting For: **2014**

Resolution or Owner's Statement

Name of Governing Body or Owner: Village of Dorchester

Date of Resolution or Action Taken:

Resolution Number: 278

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F. Regardless of grade, required for Collection Systems if SSOs were reported):

Influent Flow and Loadings: Grade = B

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = B

Ponds: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 3.8

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Influent Flow and Loading

1. Monthly Average Flows and (C)BOD Loadings

1.1 Verify the following monthly flows and (C)BOD loadings to your facility.

Outfall No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average (C)BOD Concentration mg/L	x	8.34	=	Influent Monthly Average (C)BOD Loading, lbs/day
January	0.0676	x	493	x	8.34	=	278
February	0.0663	x	167	x	8.34	=	92
March	0.1126	x	162	x	8.34	=	152
April	0.2202	x	135	x	8.34	=	248
May	0.1475	x	111	x	8.34	=	136
June	0.1120	x	154	x	8.34	=	144
July	0.0838	x	159	x	8.34	=	111
August	0.0775	x	243	x	8.34	=	157
September	0.1235	x	210	x	8.34	=	216
October	0.1203	x	169	x	8.34	=	169
November	0.1293	x	193	x	8.34	=	208
December	0.1102	x	158	x	8.34	=	145

2. Maximum Month Design Flow and Design (C)BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.128	x	90	=	0.1152
		x	100	=	.128
Design (C)BOD, lbs/day	304	x	90	=	273.6
		x	100	=	304

2.2 Verify the number of times the flow and (C)BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times (C)BOD was greater than 90% of design	Number of times (C)BOD was greater than 100% of design
January	1	0	0	1	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	1	1	0	0
May	1	1	1	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	1	0	0	0
October	1	1	0	0	0
November	1	1	1	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		5	3	1	0
Points		10	3	3	0
Total Number of Points					**16**

16

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3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

● Yes Enter last calibration date (MM/DD/YYYY) 09/19/2014

○ No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

● Yes

○ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

○ Yes

● No

If Yes, please explain:

5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

Septic Tanks	Holding Tanks	Grease Traps
○ Yes	● Yes	○ Yes
● No	○ No	● No

5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.

Septic Tanks

○ Yes gallons

● No

Holding Tanks

● Yes 1,884,100 gallons

○ No

Grease Traps

○ Yes gallons

● No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

None

6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

○ Yes

● No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

○ Yes

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- No

If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.

Total Points Generated	16
Score (100 - Total Points Generated)	84
Section Grade	**B**

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Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	12	10.8	0	1	0	0
February	12	10.8	0	1	0	0
March	25	22.5	2	1	0	0
April	25	22.5	4	1	0	0
May	25	22.5	8	1	0	0
June	10	10				
July	12	10.8	7	1	0	0
August	12	10.8	6	1	0	0
September	12	10.8	9	1	0	0
October	12	10.8	6	1	0	0
November	12	10.8	7	1	0	0
December	12	10.8	6	1	0	0
* Equals limit if limit is <= 10						
Months of discharge/yr				11		
Points per each exceedance with 11 months of discharge					8	3
Exceedances					0	0
Points					0	0
Total number of points						**0**

0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

N/A

2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

- (•) Yes — Enter last calibration date (MM/DD/YYYY): 09/19/2014
- ( ) No

If No, please explain:

3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

Wet cold winter/spring

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

- ( ) Yes
- (•) No

If Yes, please explain:

N/A

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

- ○ Yes
- ◉ No

If Yes, please explain:

N/A

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

- ○ Yes
- ○ No
- ◉ N/A

Please explain unless not applicable:

N/A

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	60	54	3	1	0	0
February	60	54	2	1	0	0
March	60	54	2	1	0	0
April	60	54	5	1	0	0
May	60	54	16	1	0	0
June	10	10				
July	60	54	34	1	0	0
August	60	54	33	1	0	0
September	60	54	25	1	0	0
October	60	54	18	1	0	0
November	60	54	17	1	0	0
December	60	54	8	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				11		
Points per each exceedance with 11 months of discharge:					**8**	**3**
Exceedances					0	0
Points					0	0
Total Number of Points						**0**

0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

N/A

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

1.1 Verify the following monthly and weekly average effluent values, exceedances and points for NH3

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	6.5		1.575	0					
February	6.5		4.35	0					
March	10		8.85	0					
April	13		13.8	1					
May	11		8.375	0					
June	2.6			0					
July	2.3		.02	0					
August	2.5		.375	0					
September	3.6		.3	0					
October	5.7		.06	0					
November	7.2		.025	0					
December	6.5		1.16	0					

Points per each exceedance of Monthly average:	10
Exceedances, Monthly:	1
Points:	10
Points per each exceedance of weekly average (when there is no monthly averge):	2.5
Exceedances, Weekly:	0
Points:	0
Total Number of Points	**10**

10

NOTE: Limit exceedances are considered for mothly OR weekly averages but not both. When a monthly average limit exists it will be used to detect exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to detect exceedances and gernate points.

1.2 If any violations occurred, what action was taken to regain compliance?

Due to late ice melt and wet cold spring, NH3 elevated. As soon as it warmed up, it came down.

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	**B**

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Ponds And Lagoon Leakage

1. Pond Lining

1.1 What material was used to line your ponds?

Ponds 1,2,3-Clay Ponds 4,5-PVC

2. Flow Measurements

2.1 Did you measure influent flow to your wastewater ponds or lagoons?

- (•) Yes (0 points)
- ( ) No (40 points) (Go to question 6)

2.1.1 Method of influent flow measurement:

Electromagnetic Flow Meter

2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?

- (•) Yes (0 points)
- ( ) No (40 points) (Go to question 6)
- ( ) No Discharge (0 points)

0

2.2.1 Method of effluent flow measurement:

Electromagnetic Flow Meter

3. Total Flow Volumes

3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.

Total Monthly Influent Volume		Total Monthly Effluent Volume
2.095	JANUARY	2.282
1.855	FEBRUARY	4.536
3.49	MARCH	5.416
6.607	APRIL	5.217
4.573	MAY	5.811
3.359	JUNE	
2.597	JULY	4.105
2.403	AUGUST	2.839
3.706	SEPTEMBER	4.745
3.73	OCTOBER	3.996
3.878	NOVEMBER	3.613
3.416	DECEMBER	4.289
41.7090	**YEARLY TOTAL**	**46.8490**

3.2 From the Yearly Total influent and effluent volumes above, total effluent is divided by total influent and converted to a percent of volume loss.

Total effluent, MG => **46.8490**

---------- ---------- = **1.123** <= effl / infl ratio

Total influent, MG => **41.7090**

Conversion to a percent of volume loss:

(1-effl/infl ratio) * 100 = **-12.3** % of influent lost and not discharged with effluent

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4. Surface Area

4.1 What was the total wastewater surface area of the ponds/lagoons at operating level (do not include seepage cells)?

9.1 Acres

5. Leakage Rate Estimation

5.1 Total influent volume (in MG) minus total effluent volume (in MG) plus or minus the change in pond/lagoon storage (in MG) is the net wastewater loss. The net loss divided by 0.000365 equals the estimated leakage amount in gpd.

Total Annual Influent (MG)	41.7090	
Total Annual Effluent (MG)	46.8490	
Estimated Net Loss (MG)	-5.1400	
Estimated Leakage Amount (gpd)		46.8490

If you have a *Department approved* method for determining a change in storage volume, enter the storage change last year in MG below.

- o Storage Increase: Enter amount in MG ->
- o Storage Decrease: Enter amount in MG ->

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpad): The CMAR Estimated Leakage Rate in gpad is the leakage amount in gpd (from part 5.1) divided by the total pond surface area (from question 4).

Leakage Amount (gpd)		Acres		CMAR Estimated Leakage Rate
-14082	divided by	9.1	=	-1547

6. On Site Leakage Testing

6.1 Did you conduct and on-site, field water balance/leakage test on your ponds or lagoons that was approved by the Department and is still valid?

- o Yes Year
- ● No

If yes, what was the field Test Calculated Leakage Rate for your ponds/lagoons?

gpad

NOTE: if 6.1 is answered Yes, the value entered above in gpad will be used in 7.1 to compute points generated.

6.2 Leakage Rate Comments:

7. Estimated Leakage Rate and Points

7.1 The CMAR Estimated Leakage Rate (from 5) is used to determine the points generated in the table below.

If an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 5.2) is used to determine the points earned from the table below

gpad	points
0 - 1,000	0
1,001 - 2,000	10
2,001 - 4,000	20
4,001 - 7,000	30
> 7,000	40

Based on the leakage rate in gpad, the points earned are: **0**

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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Biosolids Quality and Management

1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- ☐ Land applied under your permit
- ☐ Publicly Distributed Exceptional Quality Biosolids
- ☐ Hauled to another permitted facility
- ☐ Landfilled
- ☐ Incinerated
- ☒ Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

Lagoons

6. Biosolids Storage

6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?

- o >= 180 days (0 Points)
- o 150 - 179 days (10 Points)
- o 120 - 149 days (20 Points)
- o 90 - 119 days (30 Points)
- o < 90 days (40 Points)
- ● N/A (0 Points)

0

6.2 If you checked N/A above, explain why.

Lagoons

7. Issues

7.1 Describe any outstanding biosolids issues with treatment, use or overall management:

N/A

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

- (●) Yes
- ( ) No

If No, please explain:

N/A

Could use more help/staff for:

N/A

1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?

- (●) Yes
- ( ) No

If No, please explain:

N/A

2. Preventative Maintenance

2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?

- (●) Yes (Continue with question 2)
- ( ) No (40 points)

If No, please explain, then go to question 3:

2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?

- (●) Yes
- ( ) No (10 points)

2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?

- (●) Yes
  - (●) Paper file system
  - ( ) Computer system
  - ( ) Both paper and computer system
- ( ) No (10 points)

0

3. O&M Manual

3.1 Does your plant have a detailed O&M Manual that can be used as a reference when needed?

- (●) Yes
- ( ) No

4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

- ( ) Excellent
- (●) Very good
- ( ) Good
- ( ) Fair
- ( ) Poor

Describe your rating:

Even in a wet cold winter and fairly wet spring/summer, plant worked as good as to be expected.

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Total Points Generated	0
Score (100 - Total Points Generated)	100
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Operator Certification and Education

1. Operator-In-Charge
1.1 Did you have a designated operator-in-charge during the report year?
● Yes (0 points)
○ No (20 points)
Name: RICHARD P GOLZ
Certification No: 34402

0

2. Certification Requirements
2.1 In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?
Required:
1 - D; D - PONDS/AEREATED LAGOONS
Held:
2 - D; 2 - D=PONDS/AEREATED LAGOONS GRADE 2
2.2 Was the operator-in-charge certified at the appropriate level to operate this plant?
● Yes (0 points)
○ No (20 points)

0

3. Succession Planning
3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?
☐ One or more additional certified operators on staff
☒ An arrangement with another certified operator
☐ An arrangement with another community with a certified operator
☐ An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
☐ A consultant to serve as your certified operator
☐ None of the above (20 points)
If "None of the above" is selected, please explain:

0

4. Continuing Education Credits
4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?
Grades T, 1, and 2:
● Averaging 6 or more CECs per year.
○ Averaging less than 6 CECs per year.
Grades 3 and 4:
○ Averaging 8 or more CECs per year.
○ Averaging less than 8 CECs per year.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Financial Management

1. Provider of Financial Information

Name: Brooke Ruge

Telephone: 715-654-5006 (XXX) XXX-XXXX

E-Mail Address (optional):

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- (●) Yes (0 points)
- ( ) No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year: 2014

- (●) 0-2 years ago (0 points)
- ( ) 3 or more years ago (20 points)
- ( ) N/A (private facility)

2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

- (●) Yes (0 points)
- ( ) No (40 points)

0

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year: 2014

- (●) 1-2 years ago (0 points)
- ( ) 3 or more years ago (20 points)
- ( ) N/A

If N/A, please explain:

N/A

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR		$	40,237.87
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)		$	0.00
3.2.3 Adjusted January 1st Beginning Balance		$	40,237.87
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$	0.00
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	$	35,994.65
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		$	4,243.22

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All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

VFD drive replacement; Head for lift station pump.

3.3 What amount should be in your Replacement Fund? $ 4,000.00

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP link under Info in the left-side menu.

0

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- (●) Yes
- ( ) No

If No, please explain.

N/A

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- (●) Yes - If Yes, please provide major project information, if not already listed below.
- ( ) No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Phosphorus Removal	200,000.00	2020

5. Financial Management General Comments

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Sanitary Sewer Collection Systems

1. CMOM Program

1.1 Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?

- ● Yes
- ○ No

1.2 Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance (O&M) or CMOM program last calendar year?

- ● Yes (Continue with question 1)
- ○ No (30 points) (Go to question 2)

1.3 Check the elements listed below that are included in your O&M or CMOM program.

☒ Goals

Describe the specific goals you have for your collection system:

I & I reduction with possible sewer line replacement next year or two. Also 5 to 10 manholes being replaced. System cleaning and monitoring.

☐ Organization

Do you have the following written organizational elements (check only those that apply)?

- ☒ Ownership and governing body description
- ☐ Organizational chart
- ☒ Personnel and position descriptions
- ☒ Internal communication procedures
- ☐ Public information and education program

☒ Legal Authority

Do you have the legal authority for the following (check only those that apply)?

- ☒ Sewer use ordinance Last Revised Date (MM/DD/YYYY) 2/6/2012
- ☐ Pretreatment/industrial control Programs
- ☐ Fat, oil and grease control
- ☒ Illicit discharges (commercial, industrial)
- ☒ Private property clear water (sump pumps, roof or foundation drains, etc.)
- ☐ Private lateral inspections/repairs
- ☐ Service and management agreements

☒ Maintenance Activities (provide details in question 2)

☐ Design and Performance Provisions

How do you ensure that your sewer system is designed and constructed properly?

- ☐ State plumbing code
- ☐ DNR NR 110 standards
- ☐ Local municipal code requirements
- ☐ Construction, inspection, and testing
- ☒ Others:

N/A

☒ Overflow Emergency Response Plan:

Does your emergency response capability include (check only those that apply)?

- ☒ Alarm system and routine testing
- ☒ Emergency equipment
- ☒ Emergency procedures
- ☒ Communications/notifications (DNR, internal, public, media, etc.)

☒ Capacity Assurance:

How well do you know your sewer system? Do you have the following?

- ☒ Current and up-to-date sewer map

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Dorchester Wastewater Treatment Facility

Last Updated: 7/27/2015 Reporting For: **2014**

- ☐ Sewer system plans and specifications
- ☒ Manhole location map
- ☐ Lift station pump and wet well capacity information
- ☒ Lift station O&M manuals

Within your sewer system have you identified the following?

- ☐ Areas with flat sewers
- ☐ Areas with surcharging
- ☐ Areas with bottlenecks or constrictions
- ☒ Areas with chronic basement backups or SSOs
- ☐ Areas with excess debris, solids, or grease accumulation
- ☒ Areas with heavy root growth
- ☒ Areas with excessive infiltration/inflow (I/I)
- ☐ Sewers with severe defects that affect flow capacity **0**
- ☐ Adequacy of capacity for new connections
- ☐ Lift station capacity and/or pumping problems

☐ Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed

☒ Special Studies Last Year (check only those that apply):

- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Managment Plan (SECAP)
- ☐ Lift Station Evaluation Report
- ☒ Others:

N/A

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	30	% of system/year
Root removal	5	% of system/year
Flow monitoring	100	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	2	% of system/year
Manhole inspections	25	% of system/year
Lift station O&M	100	# per L.S./year
Manhole rehabilitation	0	% of manholes rehabbed
Mainline rehabilitation	0	% of sewer lines rehabbed
Private sewer inspections	5	% of system/year
Private sewer I/I removal	0	% of private services

Please include additional comments about your sanitary sewer collection system below:

Continue to monitor I & I

3. Performance Indicators

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3.1 Provide the following collection system and flow information for the past year.

40.20	Total actual amount of precipitation last year in inches
27.96	Annual average precipitation (for your location)
8.766	Miles of sanitary sewer
3	Number of lift stations
2	Number of lift station failures
0	Number of sewer pipe failures
3	Number of basement backup occurrences
3	Number of complaints
	Average daily flow in MGD (if available)
	Peak monthly flow in MGD (if available)
	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.67	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.34	Basement backups (number/sewer mile)
0.34	Complaints (number/sewer mile)
	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OFERFLOWS REPORTED **			
Date	Location	Cause	Estimated Volume (MG)
None reported			

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- (●) Yes
- ( ) No

If Yes, please describe:

Wet year from rain and snow

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- ( ) Yes
- (●) No

If Yes, please describe:

N/A

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

Just a little less I & I than last year, but still higher then normal.

5.4 What is being done to address infiltration/inflow in your collection system?

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looking to rehab 5 manholes and contunue on rehabbing 5 manholes a year.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Grading Summary

WPDES No: 0021571

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	B	3	3	9
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Ammonia	B	3	5	15
Ponds	A	4	7	28
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			**41**	**156**
GRADE POINT AVERAGE (GPA) = 3.8				

Notes:
A = Voluntary Range (Response Optional)
B = Voluntary Range (Response Optional)
C = Recommendation Range (Response Required)
D = Action Range (Response Required)
F = Action Range (Response Required)