

**RESOLUTION NO. 17-15**

**2016 COMPLIANCE MAINTENANCE ANNUAL REPORT**

**WHEREAS**, the Compliance Maintenance Annual Report describes wastewater management activities, physical conditions and performance of the treatment works during the previous calendar year; and

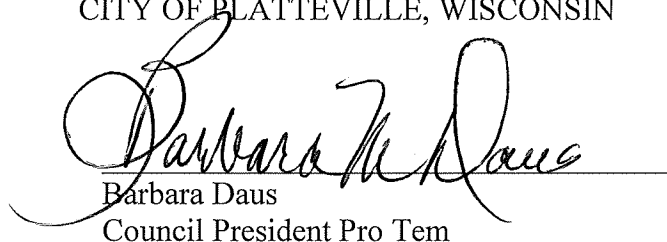
**WHEREAS**, State Statues Chapter 283, Department of Natural Resources Administrative Code NR 208 requires the Common Council adopt a resolution accepting the Compliance Maintenance Report prepared by the Water and Sewer Department; and

**WHEREAS**, a copy of the report is attached.


**NOW, THEREFORE, BE IT RESOLVED**, by the Common Council of the City of Platteville that the attached report is hereby approved.

Adopted this 27th day of June, 2017.

BY ORDER OF THE COMMON COUNCIL  
CITY OF PLATTEVILLE, WISCONSIN

  
Barbara Daus  
Council President Pro Tem

ATTEST:

  
\_\_\_\_\_  
Jan Martin  
City Clerk

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## 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	0.8181	x	320	x	8.34	=	2,183
February	1.0441	x	322	x	8.34	=	2,807
March	1.1740	x	240	x	8.34	=	2,348
April	1.1270	x	205	x	8.34	=	1,931
May	1.0750	x	272	x	8.34	=	2,441
June	1.1129	x	241	x	8.34	=	2,236
July	1.1301	x	270	x	8.34	=	2,544
August	1.1515	x	227	x	8.34	=	2,183
September	1.1940	x	276	x	8.34	=	2,749
October	1.0818	x	257	x	8.34	=	2,319
November	1.0284	x	252	x	8.34	=	2,161
December	0.9737	x	261	x	8.34	=	2,116

### 2. Maximum Monthly 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	2.05	x	90	=	1.845
		x	100	=	2.05
Design (C)BOD, lbs/day	3833	x	90	=	3449.7
		x	100	=	3833

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	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
<b>Total Number of Points</b>					<b>0</b>

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## 3. Flow Meter

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

- Yes Enter last calibration date (MM/DD/YYYY)

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                        |
| <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> Yes | <input type="radio"/> Yes           |
| <input type="radio"/> No             | <input type="radio"/> No             | <input checked="" type="radio"/> No |

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

- Septic Tanks
- Yes  gallons
  - No

- Holding Tanks
- Yes  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.

## 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.

# Compliance Maintenance Annual Report

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6/8/2017 2016

<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>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.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 **2016**

## 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	30	27	3	1	0	0
February	30	27	2	1	0	0
March	30	27	3	1	0	0
April	30	27	1	1	0	0
May	15	13.5	0	1	0	0
June	15	13.5	0	1	0	0
July	15	13.5	0	1	0	0
August	15	13.5	0	1	0	0
September	15	13.5	0	1	0	0
October	15	13.5	0	1	0	0
November	30	27	0	1	0	0
December	30	27	1	1	0	0

\* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
<b>Total number of points</b>			<b>0</b>

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?

### 2. Flow Meter Calibration

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

Yes Enter last calibration date (MM/DD/YYYY)  
2016-10-06

No

If No, please explain:

### 3. Treatment Problems

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

None

### 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

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

<p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 **2016**

## 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	30	27	4	1	0	0
February	30	27	4	1	0	0
March	30	27	9	1	0	0
April	30	27	4	1	0	0
May	15	13.5	4	1	0	0
June	15	13.5	3	1	0	0
July	15	13.5	2	1	0	0
August	15	13.5	1	1	0	0
September	15	13.5	1	1	0	0
October	15	13.5	1	1	0	0
November	30	27	2	1	0	0
December	30	27	2	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
<b>Points per each exceedance with 12 months of discharge:</b>					<b>7</b>	<b>3</b>
Exceedances					0	0
Points					0	0
<b>Total Number of Points</b>						<b>0</b>
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?						

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## 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 ammonia

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	4.6		.682380952	0					
February	4.6		.103333333	0					
March	4.6		.068333333	0					
April	2.9		.055238095	0					
May	1.5		.016956522	0					
June	1.5		.029090909	0					
July	1.5		.075714286	0					
August	1.5		.047391304	0					
September	1.5		.296086957	0					
October	4.6		.054782609	0					
November	4.6		.051363636	0					
December	4.6		.066190476	0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
<b>Total Number of Points</b>									<b>0</b>

0

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine 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 determine exceedances and generate points.

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

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>



# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 **2016**

## Effluent Quality and Plant Performance (Phosphorus)

### 1. Effluent Phosphorus Results

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

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.7	1	0
February	1	0.5	1	0
March	1	0.6	1	0
April	1	0.6	1	0
May	1	0.3	1	0
June	1	0.7	1	0
July	1	0.4	1	0
August	1	0.5	1	0
September	1	0.4	1	0
October	1	0.7	1	0
November	1	0.7	1	0
December	1	0.5	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

0

NOTE: For systems that discharge intermittently to waters of the state, 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?

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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>



# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 **2016**

## Outfall No. 003 - CAKE SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75						7.64								0	0
Cadmium		39	85						13.4								0	0
Copper		1500	4300						654								0	0
Lead		300	840						34.7								0	0
Mercury		17	57						1.07								0	0
Molybdenum	60		75						6.57							0		0
Nickel	336		420						20.5							0		0
Selenium	80		100						3.64							0		0
Zinc		2800	7500						1390								0	0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

Exceedence Points

- 0 (0 Points)
- 1-2 (10 Points)
- > 2 (15 Points)

3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)

- Yes
- No (10 points)
- N/A - Did not exceed limits or no HQ limit applies (0 points)
- N/A - Did not land apply biosolids until limit was met (0 points)

3.1.3 Number of times any of the metals exceeded the ceiling limits = 0

Exceedence Points

- 0 (0 Points)
- 1 (10 Points)
- > 1 (15 Points)

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

- Yes (20 Points)
- No (0 Points)

3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?

## 4. Pathogen Control (per outfall):

4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Outfall Number:	<b>003</b>
Biosolids Class:	<b>B</b>
Bacteria Type and Limit:	
Sample Dates:	01/01/2016 - 12/31/2016
Density:	
Sample Concentration Amount:	
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Primary digester 477,000 gals. Temp 96 Temp 96

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.  
 4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?  
 Yes (40 Points)  
 No  
 If yes, what action was taken?

0

5. Vector Attraction Reduction (per outfall):  
 5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Outfall Number:	003
Method Date:	07/19/2016
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	47.10

5.2 Was the limit exceeded or the process criteria not met at the time of land application?  
 Yes (40 Points)  
 No  
 If yes, what action was taken?

0

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?  
 >= 180 days (0 Points)  
 150 - 179 days (10 Points)  
 120 - 149 days (20 Points)  
 90 - 119 days (30 Points)  
 < 90 days (40 Points)  
 N/A (0 Points)  
 6.2 If you checked N/A above, explain why.

0

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

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

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
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## Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes (Continue with question 2)</li><li><input type="radio"/> No (40 points)</li></ul> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No (10 points)</li></ul> <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> Paper file system</li><li><input type="radio"/> Computer system</li><li><input checked="" type="radio"/> Both paper and computer system</li><li><input type="radio"/> No (10 points)</li></ul>	0
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Excellent</li><li><input type="radio"/> Very good</li><li><input type="radio"/> Good</li><li><input type="radio"/> Fair</li><li><input type="radio"/> Poor</li></ul> <p>Describe your rating:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	A

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

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## Operator Certification and Education

<p>1. Operator-In-Charge</p> <p>1.1 Did you have a designated operator-in-charge during the report year?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (20 points)</p> <p>Name: <input style="width: 250px;" type="text" value="JEFFREY W FREDERICK"/></p> <p>Certification No: <input style="width: 100px;" type="text" value="08696"/></p>	0																																																																																								
<p>2. Certification Requirements</p> <p>2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th>WWTP</th> <th colspan="3">OIC</th> </tr> <tr> <th>Advanced</th> <th>OIT</th> <th>Basic</th> <th>Advanced</th> </tr> </thead> <tbody> <tr><td>A1</td><td>Suspended Growth Processes</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>A2</td><td>Attached Growth Processes</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>A3</td><td>Recirculating Media Filters</td><td></td><td></td><td></td><td></td></tr> <tr><td>A4</td><td>Ponds, Lagoons and Natural</td><td></td><td></td><td></td><td></td></tr> <tr><td>A5</td><td>Anaerobic Treatment Of Liquid</td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td>Solids Separation</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>C</td><td>Biological Solids/Sludges</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>P</td><td>Total Phosphorus</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>N</td><td>Total Nitrogen</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>Disinfection</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>L</td><td>Laboratory</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>U</td><td>Unique Treatment Systems</td><td></td><td></td><td></td><td></td></tr> <tr><td>SS</td><td>Sanitary Sewage Collection</td><td>X</td><td>NA</td><td>NA</td><td>NA</td></tr> </tbody> </table> <p>2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS, N and A5 not required in 2016; subclass SS is basic level only.)</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (20 points)</p>	Sub Class	SubClass Description	WWTP	OIC			Advanced	OIT	Basic	Advanced	A1	Suspended Growth Processes	X			X	A2	Attached Growth Processes	X			X	A3	Recirculating Media Filters					A4	Ponds, Lagoons and Natural					A5	Anaerobic Treatment Of Liquid					B	Solids Separation	X			X	C	Biological Solids/Sludges	X			X	P	Total Phosphorus	X			X	N	Total Nitrogen					D	Disinfection	X			X	L	Laboratory	X			X	U	Unique Treatment Systems					SS	Sanitary Sewage Collection	X	NA	NA	NA	0
Sub Class			SubClass Description	WWTP	OIC																																																																																				
	Advanced	OIT		Basic	Advanced																																																																																				
A1	Suspended Growth Processes	X			X																																																																																				
A2	Attached Growth Processes	X			X																																																																																				
A3	Recirculating Media Filters																																																																																								
A4	Ponds, Lagoons and Natural																																																																																								
A5	Anaerobic Treatment Of Liquid																																																																																								
B	Solids Separation	X			X																																																																																				
C	Biological Solids/Sludges	X			X																																																																																				
P	Total Phosphorus	X			X																																																																																				
N	Total Nitrogen																																																																																								
D	Disinfection	X			X																																																																																				
L	Laboratory	X			X																																																																																				
U	Unique Treatment Systems																																																																																								
SS	Sanitary Sewage Collection	X	NA	NA	NA																																																																																				
<p>3. Succession Planning</p> <p>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)?</p> <p><input checked="" type="checkbox"/> One or more additional certified operators on staff</p> <p><input type="checkbox"/> An arrangement with another certified operator</p> <p><input type="checkbox"/> An arrangement with another community with a certified operator</p> <p><input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year</p> <p><input type="checkbox"/> A consultant to serve as your certified operator</p> <p><input type="checkbox"/> None of the above (20 points)</p> <p>If "None of the above" is selected, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0																																																																																								
<p>4. Continuing Education Credits</p>																																																																																									

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
.6/8/2017      **2016**

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates? OIT and Basic Certification: <input type="radio"/> Averaging 6 or more CECs per year. <input type="radio"/> Averaging less than 6 CECs per year. Advanced Certification: <input checked="" type="radio"/> Averaging 8 or more CECs per year. <input type="radio"/> Averaging less than 8 CECs per year.	
---	--

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<b>Section Grade</b>	<b>A</b>



# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Barb Johnson"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-348-1822"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="johnsonb@platteville.org"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p> <p>If No, please explain: <input style="width: 800px; height: 20px;" type="text"/></p> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2016"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A (private facility)</p> <p>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?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p>	0												
<p><b>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</b></p>													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2016"/></p> <p><input checked="" type="radio"/> 1-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A</p> <p>If N/A, please explain: <input style="width: 800px; height: 20px;" type="text"/></p>													
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 150px;" type="text" value="1,573,001.68"/></td> </tr> <tr> <td>3.2.2 Adjustments - If necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ <input style="width: 150px;" type="text" value="319,112.80"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$ <input style="width: 150px;" type="text" value="1,892,114.48"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ <input style="width: 150px;" type="text" value="256,832.67"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="1,573,001.68"/>	3.2.2 Adjustments - If necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$ <input style="width: 150px;" type="text" value="319,112.80"/>	3.2.3 Adjusted January 1st Beginning Balance		\$ <input style="width: 150px;" type="text" value="1,892,114.48"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$ <input style="width: 150px;" type="text" value="256,832.67"/>	
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="1,573,001.68"/>											
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3.2.3 Adjusted January 1st Beginning Balance		\$ <input style="width: 150px;" type="text" value="1,892,114.48"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$ <input style="width: 150px;" type="text" value="256,832.67"/>											

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below\*)

\$ 127,982.60

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 2,020,964.55

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.

SCADA Computer Update, Paving, Intermediate Clarifier, Butterfly Valve

3.3 What amount should be in your Replacement Fund?

\$ 285,049.52

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 SectionInstructions link under Info header in the left-side menu.

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.

## 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	WWTP Filter Tower Media Replacement	535125	2017
2	WWTP Valve replacements	20000	2020
3	Non-potable water systems control	10000	2017
4	WWTP Valve replacement	20000	2021
5	WWTP Valve Replacement	20000	2018
6	Intermediate Clarifier#2 rebuild	120000	2018
7	WWTP Valve replacement	20000	2019

## 5. Financial Management General Comments

### ENERGY EFFICIENCY AND USE

## 6. Collection System

### 6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

**COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	2,496	
February	2,520	
March	2,547	
April	2,656	
May	2,516	
June	2,329	
July	2,023	
August	2,568	
September	2,353	
October	2,176	
November	2,009	
December	2,572	
<b>Total</b>	<b>28,765</b>	<b>0</b>
<b>Average</b>	<b>2,397</b>	<b>0</b>

6.1.2 Comments:

## 6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

No

Yes

Year:

By Whom:

Describe and Comment:

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:

6/8/2017

2016

## 6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

Update equipment as needed.

## 7. Treatment Facility

### 7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

#### TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	87,600	25.36	3,454	67.67	1,295	3,268
February	81,600	30.28	2,695	81.40	1,002	3,145
March	80,000	36.39	2,198	72.79	1,099	1,330
April	81,600	33.81	2,413	57.93	1,409	577
May	84,800	33.33	2,544	75.67	1,121	96
June	62,000	33.39	1,857	67.08	924	29
July	66,800	35.03	1,907	78.86	847	30
August	62,000	35.70	1,737	67.67	916	46
September	75,600	35.82	2,111	82.47	917	39
October	71,600	33.54	2,135	71.89	996	73
November	85,200	30.85	2,762	64.83	1,314	152
December	88,400	30.18	2,929	65.60	1,348	2,398
<b>Total</b>	<b>927,200</b>	<b>393.68</b>		<b>853.86</b>		<b>11,183</b>
<b>Average</b>	<b>77,267</b>	<b>32.81</b>	<b>2,395</b>	<b>71.16</b>	<b>1,099</b>	<b>932</b>

7.1.2 Comments:

### 7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## 7.2.2 Comments:

## 7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

## 8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

## 9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

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

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## Sanitary Sewer Collection Systems

### 1. Capacity, Management, Operation, and Maintenance (CMOM) Program

#### 1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

#### 1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

#### 1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

- Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Reconstruct .57 miles of main and manholes.

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

- Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Sewer use ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 1985-05-21

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance
- Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- Equipment and replacement part inventories
- Up-to-date sewer system map
- A management system (computer database and/or file system) for collection system

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

A description of routine operation and maintenance activities (see question 2 below)

Capacity assessment program

Basement back assessment and correction

Regular O&M training

Design and Performance Provisions [NR 210.23 (4) (e)]

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements

Construction, Inspection, and Testing

Others:

Platteville water and sewer construction standards.

Overflow Emergency Response Plan [NR 210.23 (4) (f)]

Does your emergency response capability include:

Responsible personnel communication procedures

Response order, timing and clean-up

Public notification protocols

Training

Emergency operation protocols and implementation procedures

Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]

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

Infiltration/Inflow (I/I) Analysis

Sewer System Evaluation Survey (SSES)

Sewer Evaluation and Capacity Management Plan (SECAP)

Lift Station Evaluation Report

Others:

## 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	22	% of system/year
Root removal	1	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	22	% of system/year
Manhole inspections	50	% of system/year
Lift station O&M	52	# per L.S./year
Manhole rehabilitation	0	% of manholes rehabbed
Mainline rehabilitation	0	% of sewer lines rehabbed
Private sewer inspections	10	% of system/year
Private sewer I/I		



# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 **2016**

River or water crossings  % of pipe crossings evaluated or maintained

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

### 3. Performance Indicators

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

<input type="text" value="38.69"/>	Total actual amount of precipitation last year in inches
<input type="text" value="36"/>	Annual average precipitation (for your location)
<input type="text" value="52"/>	Miles of sanitary sewer
<input type="text" value="4"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="0"/>	Number of basement backup occurrences
<input type="text" value="0"/>	Number of complaints
<input type="text" value="1.073"/>	Average daily flow in MGD (if available)
<input type="text" value="1.194"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="1.1"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	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:

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

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <p>Less I/I directly related to sewer main replacement.</p> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <p>Home inspections for sump pumps. Replacement program.</p>
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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## Grading Summary

WPDES No: 0020435

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
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
<b>TOTALS</b>			<b>37</b>	<b>148</b>
<b>GRADE POINT AVERAGE (GPA) = 4.00</b>				

### 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)

# Compliance Maintenance Annual Report

Platteville Wastewater Treatment Facility

Last Updated: Reporting For:  
6/8/2017 2016

## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

### 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):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

### 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. = 4.00

