

Compliance Maintenance Annual Report

River Falls Municipal Utility Wwtf

Last Updated: Reporting For:
6/7/2017 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	1.2494	x	249	x	8.34	=	2,591
February	1.3018	x	264	x	8.34	=	2,867
March	1.2540	x	273	x	8.34	=	2,856
April	1.2950	x	275	x	8.34	=	2,973
May	1.2428	x	257	x	8.34	=	2,660
June	1.2293	x	241	x	8.34	=	2,466
July	1.2165	x	228	x	8.34	=	2,314
August	1.2364	x	225	x	8.34	=	2,321
September	1.3328	x	234	x	8.34	=	2,602
October	1.2975	x	276	x	8.34	=	2,990
November	1.2804	x	262	x	8.34	=	2,798
December	1.2544	x	276	x	8.34	=	2,884

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	1.824	x	90	=	1.6416
		x	100	=	1.824
Design (C)BOD, lbs/day	3152	x	90	=	2836.8
		x	100	=	3152

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	1	0
March	1	0	0	1	0
April	1	0	0	1	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	1	0
November	1	0	0	0	0
December	1	0	0	1	0
Points per each		2	1	3	2
Exceedances		0	0	5	0
Points		0	0	15	0
Total Number of Points					15

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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)

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

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.

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

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<p><input type="radio"/> Yes</p> <p><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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Total Points Generated	15
Score (100 - Total Points Generated)	85
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	30	27	7	1	0	0
February	30	27	6	1	0	0
March	30	27	6	1	0	0
April	30	27	6	1	0	0
May	30	27	3	1	0	0
June	30	27	3	1	0	0
July	30	27	2	1	0	0
August	30	27	4	1	0	0
September	30	27	7	1	0	0
October	30	27	6	1	0	0
November	30	27	7	1	0	0
December	30	27	9	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
Total number of points			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?

2. Flow Meter Calibration

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

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

No

If No, please explain:

3. Treatment Problems

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

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

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<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>

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	30	27	5	1	0	0
February	30	27	4	1	0	0
March	30	27	4	1	0	0
April	30	27	4	1	0	0
May	30	27	2	1	0	0
June	30	27	3	1	0	0
July	30	27	3	1	0	0
August	30	27	6	1	0	0
September	30	27	6	1	0	0
October	30	27	5	1	0	0
November	30	27	6	1	0	0
December	30	27	7	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
Total Number of Points			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?

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 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	5.7		.05	0					
February	5.7		.276153846	0					
March	5.7		.290714286	0					
April	5.7		.163846154	0					
May		2			.103	.068333333	.146	.089666667	
June		2			.060333333	.091666667	.0707175	.1	
July		2			.114333333	.091	.085	.080333333	
August		2			.226333333	.137	.103333333	.076666667	
September		2			.100666667	.120333333	.095333333	.136533333	
October		2			.106666667	.129333333	.08	.123333333	
November	5.7		.352307692	0					
December	5.7		.082307692	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
Total Number of Points									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?

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

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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	1.5	0.2	1	0
February	1.5	0.2	1	0
March	1.5	0.2	1	0
April	1.5	0.2	1	0
May	1.5	0.1	1	0
June	1.5	0.2	1	0
July	1.5	0.3	1	0
August	1.5	0.6	1	0
September	1.5	0.3	1	0
October	1.5	0.4	1	0
November	1.5	0.6	1	0
December	1.5	0.3	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				0

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?

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:

3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

Outfall No. 002 - SLUDGE TO WCWBF

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												6.2		0	0
Cadmium		39	85												.46		0	0
Copper		1500	4300												330		0	0
Lead		300	840												6.2		0	0
Mercury		17	57												<.84		0	0
Molybdenum	60		75												5.7	0		0
Nickel	336		420												11	0		0
Selenium	80		100												<4.7	0		0
Zinc		2800	7500												350		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)

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<p>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?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> >= 180 days (0 Points) <input type="radio"/> 150 - 179 days (10 Points) <input type="radio"/> 120 - 149 days (20 Points) <input type="radio"/> 90 - 119 days (30 Points) <input type="radio"/> < 90 days (40 Points) <input type="radio"/> N/A (0 Points) <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px;">N/A</div>	

Total Points Generated	0
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Section Grade	A

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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"><input checked="" type="radio"/> Yes<input type="radio"/> No <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"><input checked="" type="radio"/> Yes<input type="radio"/> No <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"><input checked="" type="radio"/> Yes (Continue with question 2)<input type="radio"/> No (40 points) <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"><input checked="" type="radio"/> Yes<input type="radio"/> No (10 points) <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"><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><input checked="" type="radio"/> Paper file system<input type="radio"/> Computer system<input type="radio"/> Both paper and computer system<input type="radio"/> No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><input type="radio"/> Excellent<input checked="" type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px;">Regular scheduled maintenance is performed according to manufacturers directive.</div>	

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

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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>● Yes (0 points)</p> <p>○ No (20 points)</p> <p>Name: <input style="width: 300px;" type="text" value="WILLIAM A SWENSON"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="33266"/></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; margin-bottom: 10px;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th colspan="2">WWTP</th> <th colspan="2">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 style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>A2</td> <td>Attached Growth Processes</td> <td></td> <td></td> <td></td> <td></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 style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>C</td> <td>Biological Solids/Sludges</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>P</td> <td>Total Phosphorus</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">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 style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>L</td> <td>Laboratory</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">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 style="text-align: center;">X</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">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>● Yes (0 points)</p> <p>○ No (20 points)</p>	Sub Class	SubClass Description	WWTP		OIC		Advanced	OIT	Basic	Advanced	A1	Suspended Growth Processes	X			X	A2	Attached Growth Processes					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																																																																																			
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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%; margin-top: 5px;"></div>	0																																																																																								
<p>4. Continuing Education Credits</p>																																																																																									

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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:

- Averaging 6 or more CECs per year.
- Averaging less than 6 CECs per year.

Advanced Certification:

- 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

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 300px;" type="text" value="Tracy Biederman"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="(715)-426-3439"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="tbiederman@rfcity.org"/></p>																
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&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: 150px;" type="text" value="2015"/></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., CWFPP 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>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</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: 150px;" type="text" value="2015"/></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%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 150px;" type="text" value="351,434.15"/></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: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="351,434.15"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="56,577.31"/></td> </tr> <tr> <td></td> <td style="text-align: right;">+</td> <td></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 150px;" type="text" value="351,434.15"/>	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="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 150px;" type="text" value="351,434.15"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 150px;" type="text" value="56,577.31"/>		+		
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	+															

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

- \$ 0.00

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

\$ 408,011.46

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.

3.3 What amount should be in your Replacement Fund? \$ 418,600.00

Please note: If you had a CWWFP 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.

The replacement fund was reviewed and management chose the percentage method requiring 40% of the book value to be funded. The Utility is funding the account as operating cash allows.

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	Sanitary Sewer Pipe Lining - This is an ongoing budget item to maintain an annual sewer slip lining program. This will improve the performance and extend the useful life of our existing collection system.	160000	2017
2	Collection System Replacements - We are budgeting annually for ongoing sewer pipe replacements that are not able to be rehabilitated by slip lining. This will be an annual maintenance program for our system maintenance and adjusted for inflation.	58000	2017
3	Rehabilitate north sewer interceptor and eliminate north main lift station.	4,100,000	2018

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:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	4,193	
February	4,701	
March	4,165	
April	4,116	
May	4,371	
June	4,093	
July	4,575	
August	4,971	
September	3,540	
October	3,041	
November	2,723	
December	2,583	
Total	47,072	0
Average	3,923	0

6.1.2 Comments:

Lift stations all have electric heat.

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:

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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?

None at this time. We do have plans to eliminate 2 of the lift stations with a gravity flow line.

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	147,238	38.73	3,802	80.32	1,833	2,525
February	140,757	37.75	3,729	83.14	1,693	2,121
March	137,116	38.87	3,528	88.54	1,549	1,729
April	134,396	38.85	3,459	89.19	1,507	1,212
May	126,793	38.53	3,291	82.46	1,538	577
June	124,550	36.88	3,377	73.98	1,684	329
July	123,299	37.71	3,270	71.73	1,719	28
August	130,728	38.33	3,411	71.95	1,817	51
September	121,624	39.98	3,042	78.06	1,558	30
October	118,873	40.22	2,956	92.69	1,282	592
November	126,741	38.41	3,300	83.94	1,510	1,604
December	135,899	38.89	3,494	89.40	1,520	3,015
Total	1,568,014	463.15		985.40		13,813
Average	130,668	38.60	3,388	82.12	1,601	1,151

7.1.2 Comments:

New bio-solids building natural gas boiler started in October.

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:

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mechanical aeration

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?

We are looking into using a combination of fine bubble aeration and submersible mixers for our oxidation ditch.

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:

2012

By Whom:

Focus on Energy

Describe and Comment:

The study focused on the aeration system in the oxidation ditches and the mixers in the old sludge tanks. Info from the survey was used in designing a ne sludge storage tank with a more efficient mixing system.

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

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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:

1. Review and update sewer use ordinance.
2. Clean 25% of the collection system
3. Purchase jetter/vacuum truck.
4. Use \$160,000 budget to slip line clay sewer.
5. Use \$50,000 budget to rebuild manholes
6. Purchase new portable generator for emergency power at lift stations.

Did you accomplish them?

- Yes
- No

If No, explain:

We accomplished a number of the items including truck purchase, slip lining, manhole repair, sewer ordinance update and new generator(purchased in early 2017). We did not clean 25% of the collection system. The truck we purchased arrived late in the year and we could not get as much done as we wanted before the weather turned. The 2 year average is still on pace for 25 percent. By the end of May 2017 we have cleaned approximately 15% of the system for the year.

- 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)

06/14/2016

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

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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 information for O&M activities, investigation and rehabilitation

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:

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	4.6	% of system/year
Root removal	1.55	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	2	% of system/year
Manhole inspections	1.3	% of system/year

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Lift station O&M	<input type="text" value="12"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="1.5"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0"/>	% of private services
River or water crossings	<input type="text" value="0"/>	% of pipe crossings evaluated or maintained
Please include additional comments about your sanitary sewer collection system below:		
<input type="text"/>		

3. Performance Indicators

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

<input type="text" value="32.89"/>	Total actual amount of precipitation last year in inches
<input type="text" value="30.61"/>	Annual average precipitation (for your location)
<input type="text" value="62.5"/>	Miles of sanitary sewer
<input type="text" value="5"/>	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="1.266"/>	Average daily flow in MGD (if available)
<input type="text"/>	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="0.0"/>	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)

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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

If Yes, please describe:

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

The amount of infiltration/inflow has not changed much from previous years. In 2015 there was a spike for a short period due to a large amount of rain in a 24 hour period.

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

We have a program to line clay pipe and rebuild old manholes.

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

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Grading Summary

WPDES No: 0029394

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	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
TOTALS			37	145
GRADE POINT AVERAGE (GPA) = 3.92				

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)

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DNR Response to Resolution or Owner's Statement

Name of Governing
Body or Owner:

City of River Falls

Date of Resolution or
Action Taken:

6/27/2017

Resolution Number:

6165

Date of Submittal:

6/29/2017

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 = B
Permittee Response:

DNR Response:

The influent hydraulic and organic loads were at 73% and 95% of their respective theoretical maximum monthly design capacities in September 2016 and October 2016.

Effluent Quality: BOD: Grade = A
Permittee Response:

DNR Response:

The effluent BOD quality was excellent in 2016 (averaging 6 mg/l with a maximum monthly average of 9 mg/l).

Effluent Quality: TSS: Grade = A
Permittee Response:

DNR Response:

The effluent total suspended solids quality was excellent in 2016 (averaging 5 mg/l with a maximum monthly average of 7 mg/l).

Effluent Quality: Ammonia: Grade = A
Permittee Response:

DNR Response:

The effluent ammonia quality was outstanding in 2016 with a maximum monthly average of 0.35 mg/l (January through April, November and December when the monthly average limit is 5.7 mg/l) and a maximum weekly average of 0.22 mg/l (May through October when the monthly average limit is 2.0 mg/l).

Effluent Quality: Phosphorus: Grade = A
Permittee Response:

DNR Response:

The effluent total phosphorus quality was excellent in 2016 (averaging 0.3 mg/l with a maximum monthly average of 0.6 mg/l).

Biosolids Quality and Management: Grade = A

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Permittee Response:
DNR Response: River Fall's sludge meets the high quality biosolids metals standards and is being distributed to the West Central Wisconsin Biosolids Facility for processing into a Class A Exceptional Quality product.
Staffing: Grade = A Permittee Response:
DNR Response: Please continue to do preventive maintenance at the wastewater treatment facility as you have in the past.
Operator Certification: Grade = A Permittee Response:
DNR Response: Bill is certified at the required level and is keeping up with the continuing education units needed for license renewal.
Financial Management: Grade = A Permittee Response:
DNR Response: Thank you for continuing to make contributions to the equipment replacement fund. Please review the User Charge System and Equipment Replacement Fund requirements in 2017. The Department supports the proposed collection system rehabilitation and maintenance projects described in the future planning section.
Collection Systems: Grade = A (Regardless of grade, response required for Collection Systems if SSOs were reported) Permittee Response:
DNR Response: Please continue to implement and improve your collection system Capacity, Management, Operation and Maintenance (CMOM) program. You have done a nice job describing the CMOM goals and accomplishments in the CMAR.
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. = 3.92 Permittee Response:
DNR G.P.A. Response: The Department does not require any additional action be taken this year in response to the 2016 CMAR. Nicely done!
DNR CMAR Overall Response: The Department appreciates your effort to protect human health and the environment by assuring that your wastewater collection and treatment systems are properly operated and maintained. Excellent Job!
DNR Reviewer: Skorseth, Peter Address: 890 Spruce Street, Baldwin, WI 54002
Phone: (715) 684-2914 Date: 6/30/2017