

**RESOLUTION NO. 2015-15**

**2014 Compliance Maintenance Annual Report – Wastewater Treatment Facility**

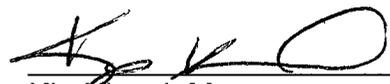
WHEREAS, the Wisconsin Department of Natural Resources requires that the City of Cedarburg submit an annual Compliance Maintenance Report for its wastewater treatment facility; and

WHEREAS, the compliance maintenance program requires the adoption of a resolution by the governing body of the entity operating the wastewater treatment facility;

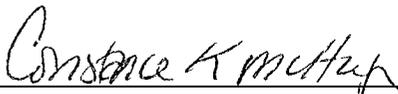
NOW, THEREFORE, BE IT RESOLVED, that the Common Council of the City of Cedarburg authorizes the appropriate municipal officers to inform the Department of Natural Resources that the following actions were taken by the City of Cedarburg Common Council:

1. Reviewed the Compliance Maintenance Annual Report which is attached to this resolution.
2. No further action is necessary.

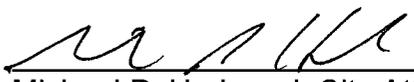
Passed and adopted this 29<sup>th</sup> day of June, 2015.

  
\_\_\_\_\_  
Kip Kinzel, Mayor

Attest:

  
\_\_\_\_\_  
Constance K. McHugh, City Clerk

Approved as to form:

  
\_\_\_\_\_  
Michael P. Herbrand, City Attorney

**2014  
Compliance Maintenance  
Annual Report**

Facility Name:

Cedarburg Wastewater Treatment Plant

Permit Number:

WI-0020222-08-0

Address:

Cedarburg Wastewater Treatment Plant

W54 N370 Park Lane

Cedarburg, WI 53012

County:

Ozaukee

Current Population Served:

11,475

Person Completing the Form:

Eric Hackert

Title:

Superintendent

Date Completed:

June 5, 2015

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
6/15/2015 **2014**

## 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	1.1270	x	264	x	8.34	=	2,483
February	1.0581	x	244	x	8.34	=	2,155
March	1.4923	x	216	x	8.34	=	2,687
April	2.4871	x	113	x	8.34	=	2,339
May	2.5466	x	144	x	8.34	=	3,048
June	2.7677	x	140	x	8.34	=	3,232
July	2.0747	x	170	x	8.34	=	2,946
August	1.5190	x	212	x	8.34	=	2,687
September	1.3861	x	225	x	8.34	=	2,596
October	1.4735	x	231	x	8.34	=	2,837
November	1.3147	x	236	x	8.34	=	2,587
December	1.3165	x	264	x	8.34	=	2,483

### 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	5.788	x	90	=	5.2092
		x	100	=	5.788
Design (C)BOD, lbs/day	4587	x	90	=	4128.3
		x	100	=	4587

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>

0

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<p>3. Flow Meter</p> <p>3.1 Was the influent flow meter calibrated in the last year?</p> <p><input checked="" type="radio"/> Yes      Enter last calibration date (MM/DD/YYYY) <input type="text" value="04/04/2014"/></p> <p><input type="radio"/> No</p> <p>If No, please explain:</p> <input type="text"/>									
<p>4. Sewer Use Ordinance</p> <p>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?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If No, please explain:</p> <input type="text"/> <p>4.2 Was it necessary to enforce the ordinance?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <input type="text"/>									
<p>5. Septage Receiving</p> <p>5.1 Did you have requests to receive septage at your facility?</p> <table><tr><td>Septic Tanks</td><td>Holding Tanks</td><td>Grease Traps</td></tr><tr><td><input checked="" type="radio"/> Yes</td><td><input checked="" type="radio"/> Yes</td><td><input type="radio"/> Yes</td></tr><tr><td><input type="radio"/> No</td><td><input type="radio"/> No</td><td><input checked="" type="radio"/> No</td></tr></table> <p>5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.</p> <p>Septic Tanks</p> <p><input checked="" type="radio"/> Yes      <input type="text" value="2000"/> gallons</p> <p><input type="radio"/> No</p> <p>Holding Tanks</p> <p><input checked="" type="radio"/> Yes      <input type="text" value="8,297,400"/> gallons</p> <p><input type="radio"/> No</p> <p>Grease Traps</p> <p><input type="radio"/> Yes      <input type="text" value="0"/> gallons</p> <p><input checked="" type="radio"/> No</p> <p>5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.</p> <input type="text" value="The treatment plant was not affected by receiving hauled waste."/>	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
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							
<p>6. Pretreatment</p> <p>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?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the situation and your community's response.</p> <input type="text"/> <p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p> <p><input type="radio"/> Yes</p>									

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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.

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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

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
6/15/2015 **2014**

## 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	15	13.5	4	1	0	0
February	15	13.5	6	1	0	0
March	15	13.5	5	1	0	0
April	15	13.5	5	1	0	0
May	10	10	3	1	0	0
June	10	10	3	1	0	0
July	10	10	2	1	0	0
August	10	10	1	1	0	0
September	10	10	2	1	0	0
October	10	10	2	1	0	0
November	15	13.5	3	1	0	0
December	15	13.5	3	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?

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)

04/04/2014

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

No

If Yes, please explain:

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<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">n/a</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; padding: 2px; margin-top: 5px;">We did not test in 2014 due to not having a current permit in place as instructed by basin engineer.</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; margin-top: 5px;"></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>

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Cedarburg Wastewater Treatment Facility

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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	15	13.5	3	1	0	0
February	15	13.5	5	1	0	0
March	15	13.5	5	1	0	0
April	15	13.5	4	1	0	0
May	15	13.5	3	1	0	0
June	15	13.5	2	1	0	0
July	15	13.5	2	1	0	0
August	15	13.5	2	1	0	0
September	15	13.5	2	1	0	0
October	15	13.5	2	1	0	0
November	15	13.5	3	1	0	0
December	15	13.5	4	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?

n/a

<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

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
6/15/2015 **2014**

## 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	6.4		.154123529	0					
February	6.4		.0275	0					
March	6.4		.010672222	0					
April	4		.047511111	0					
May	3.3		.00345625	0					
June	3.3		.012094444	0					
July	3.3		0	0					
August	3.3		0	0					
September	3.3		0	0					
October	5.7		0	0					
November	6.4		0	0					
December	6.4		0	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>

NOTE: Limit exceedances are considered for monthly 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 generate points.

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

n/a

<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

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
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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	.133529412	1	0
February	1	.165875	1	0
March	1	.268666667	1	0
April	1	.315611111	1	0
May	1	.3571875	1	0
June	1	.391944444	1	0
July	1	.180277778	1	0
August	1	.238058824	1	0
September	1	.616666667	1	0
October	1	.530823529	1	0
November	1	.587411765	1	0
December	1	.347578947	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?

n/a

<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

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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 - AEROBIC LIQUID 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		3.24		.83					3.69	3.12				0	0
Cadmium		39	85		1		2.1					2.5	2.1				0	0
Copper		1500	4300		691		697					880	983				0	0
Lead		300	840		19.5		13.6					26.5	28				0	0
Mercury		17	57		.3582		.394					.373	.518				0	0
Molybdenum	60		75		<13.6		<11.6					<13.3	<11.9			0		0
Nickel	336		420		29.5		23.8					32.5	36.2			0		0
Selenium	80		100		<6.82		<5.81					<13.3	<11.9			0		0
Zinc		2800	7500		274		286					575	476				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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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?

n/a

0

## 4. Pathogen Control (per outfall):

4.1 Verify the following information. If any information is incorrect, Contact Us.

Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	01/01/2014 - 06/30/2014
Density:	436,959
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	AEROB
Process Description:	na

Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	01/01/2014 - 03/31/2014
Density:	436,959
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	01/01/2014 - 06/30/2014
Density:	330,556
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	AEROB
Process Description:	na

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Cedarburg Wastewater Treatment Facility

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Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	04/01/2014 - 06/30/2014
Density:	330,556
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 09/30/2014
Density:	758,620
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 09/30/2014
Density:	319,440
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 09/30/2014
Density:	74,324
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

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Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	454,550
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	123,530
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	647,060
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	273,810
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

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Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 09/30/2014
Density:	753,420
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 09/30/2014
Density:	162,160
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 09/30/2014
Density:	830,450
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 09/30/2014
Density:	304,640
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

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**2014**

Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	1,454,500
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	74,324
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	319,440
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	758,620
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:

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**2014**

Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	753,420
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	162,160
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	830,450
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	27,171
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
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Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	289,670
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 12/31/2014
Density:	304,640
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	10/01/2014 - 12/31/2014
Density:	647,060
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	10/01/2014 - 12/31/2014
Density:	454,550
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
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Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	10/01/2014 - 12/31/2014
Density:	123,530
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	10/01/2014 - 12/31/2014
Density:	27,171
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	10/01/2014 - 12/31/2014
Density:	1,454,500
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	
Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	10/01/2014 - 12/31/2014
Density:	273,810
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
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Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	10/01/2014 - 12/31/2014
Density:	289,670
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

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?

n/a

5. Vector Attraction Reduction (per outfall):

5.1 Verify the following information. If any of the information is incorrect, Contact Us.

Outfall Number:	<b>002</b>
Method Date:	06/30/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	<b>002</b>
Method Date:	03/31/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	<b>002</b>
Method Date:	06/30/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
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Outfall Number:	<b>002</b>
Method Date:	12/31/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	<b>002</b>
Method Date:	09/30/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	<b>002</b>
Method Date:	12/31/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

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?

n/a

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.

7. Issues

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

n/a

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

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<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

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
6/15/2015 2014

## 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; padding: 2px;">Current staffing levels are acceptable for proper plant operations.</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<ul style="list-style-type: none"><li><input type="radio"/> Paper file system</li><li><input type="radio"/> Computer system</li></ul></li><li><input type="radio"/> Both paper and computer system</li><li><input type="radio"/> No (10 points)</li></ul>	<b>0</b>
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M Manual 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>	

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

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All equipment is maintained by using the preventive maintenance schedules we have set up. Any problems that occur are resolved as quickly as possible even if they are not on the schedule for maintenance. Staff are sent to training courses and are given proper training and tools to operate plant and lift stations at a high level of efficiency.

<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

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Last Updated: Reporting For:  
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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> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes (0 points)</li> <li><input type="radio"/> No (20 points)</li> </ul> <p>Name <input type="text" value="Eric Hackert"/></p> <p>Certification No: <input type="text" value="10352"/></p>	
<p>2. Certification Requirements</p> <p>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?</p> <p>Required:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>4 - CEGIJ; C - ACTIVATED SLUDGE; E - DISINFECTION; G - MECHANICAL SLUDGE; I - PHOSPHORUS REMOVAL; J - LABORATORY</p> </div> <p>Held:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>4 - ABCDEFGHIJ; 4 - A=PRIMARY SETTLING GRADE 4; B=TRICKLING FILTER/RBC GRADE 4; C=ACTIVATED SLUDGE GRADE 4; D=PONDS/AERATED LAGOONS GRADE 4; E=DISINFECTION GRADE 4; F=ANAEROBIC DIGESTION GRADE 4; G=MECHANICAL SLUDGE GRADE 4; H=FILTRATION GRADE 4; I=PHOSPHORUS REMOVAL GRADE 4; J=LABORATORY GRADE</p> </div> <p>2.2 Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes (0 points)</li> <li><input type="radio"/> No (20 points)</li> </ul>	
<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> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> One or more additional certified operators on staff</li> <li><input type="checkbox"/> An arrangement with another certified operator</li> <li><input type="checkbox"/> An arrangement with another community with a certified operator</li> <li><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</li> <li><input type="checkbox"/> A consultant to serve as your certified operator</li> <li><input type="checkbox"/> None of the above (20 points)</li> </ul> <p>If "None of the above" is selected, please explain:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
<p>4. Continuing Education Credits</p> <p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>Grades T, 1, and 2:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Averaging 6 or more CECs per year.</li> <li><input type="radio"/> Averaging less than 6 CECs per year.</li> </ul> <p>Grades 3 and 4:</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Averaging 8 or more CECs per year.</li> <li><input type="radio"/> Averaging less than 8 CECs per year.</li> </ul>	

<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

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input type="text" value="Christy Mertes, City Administrator/Treasurer"/></p> <p>Telephone: <input type="text" value="(262) 375-7605"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input type="text" value="cmertes@ci.cedarburg.wi.us"/></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> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes (0 points)</li> <li><input type="radio"/> No (40 points)</li> </ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input type="text" value="2014"/></p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 0-2 years ago (0 points)</li> <li><input type="radio"/> 3 or more years ago (20 points)</li> <li><input type="radio"/> N/A (private facility)</li> </ul> <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> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes (0 points)</li> <li><input type="radio"/> No (40 points)</li> </ul>	0																								
<b>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</b>																									
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input type="text" value="2014"/></p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 1-2 years ago (0 points)</li> <li><input type="radio"/> 3 or more years ago (20 points)</li> <li><input type="radio"/> N/A</li> </ul> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																									
<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%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input type="text" value="1,873,560.54"/></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></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input type="text" value="0.00"/></td> </tr> <tr> <td><b>3.2.3 Adjusted January 1st Beginning Balance</b></td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input type="text" value="1,873,560.54"/></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;">\$</td> <td style="text-align: right;"><input type="text" value="201,714.73"/></td> </tr> <tr> <td>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input type="text" value="233,417.77"/></td> </tr> <tr> <td><b>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b></td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input type="text" value="1,841,857.50"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>		\$	<input type="text" value="1,873,560.54"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)		\$	<input type="text" value="0.00"/>	<b>3.2.3 Adjusted January 1st Beginning Balance</b>		\$	<input type="text" value="1,873,560.54"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input type="text" value="201,714.73"/>	3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input type="text" value="233,417.77"/>	<b>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b>		\$	<input type="text" value="1,841,857.50"/>	
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>		\$	<input type="text" value="1,873,560.54"/>																						
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)		\$	<input type="text" value="0.00"/>																						
<b>3.2.3 Adjusted January 1st Beginning Balance</b>		\$	<input type="text" value="1,873,560.54"/>																						
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input type="text" value="201,714.73"/>																						
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input type="text" value="233,417.77"/>																						
<b>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b>		\$	<input type="text" value="1,841,857.50"/>																						

# Compliance Maintenance Annual Report

Cedarburg Wastewater Treatment Facility

Last Updated: Reporting For:  
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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.

Repaired clarifiers, repaired mixers in oxidation ditch, replace bearings on oxidation ditch, upgraded controls and power switch at Garfield L.S. Replace valves for digestors.

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

Please note: If you had a CFWP 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.

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	St. John Ave will have 1444 ft of sewer replaced and 2 manholes.	190000	2019
2	Highland Drive will have 2135 ft of forcemain and sewer replaced and upsized and 7 manholes will be replaced.	290000	2019
3	New lift station at Johnson St. along with new forcemain.	200000	2016
4	Johnson Avenue - Lincoln to Wurthmann	50000	2016
5	Sunnyside - Edgewater to Highland	153500	2017
6	Madison - Walnut to Pine	35000	2019
7	Hilgen/Jackson - Washington to Spring	125000	2017
8	Bridge Road - Mequon to Columbia	200000	2016
9	Portland Road - Hilbert to Highland	45000	2019
10	Hillcrest - Jackson to Lincoln	130000	2016
11	Fair St - Evergreen to Washington	70000	2019
12	Jackson St. Madison to Kennedy.	75000	2016
13	Sommerset Road Pioneer to Wirth	70000	2016

## 5. Financial Management General Comments

<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

Cedarburg Wastewater Treatment Facility

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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:

Clean 50% of the sanitary system each year. Televis parts of the collection system to determine where potential problems may be along with televising areas listed for repair two years ahead of work schedule. Make repairs as needed. Continue with our root control program.

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)
- 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:

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?

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Last Updated: Reporting For:  
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- Current and up-to-date sewer map
- 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
- 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 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	50	% of system/year
Root removal	0.8	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	1	% of system/year
Manhole inspections	33	% of system/year
Lift station O&M	52	# per L.S./year
Manhole rehabilitation	3	% of manholes rehabbed
Mainline rehabilitation	3.2	% of sewer lines rehabbed
Private sewer inspections	0	% of system/year
Private sewer I/I removal	0	% of private services

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

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### 3. Performance Indicators

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

31.5	Total actual amount of precipitation last year in inches
30.8	Annual average precipitation (for your location)
55.4	Miles of sanitary sewer
10	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
0	Number of basement backup occurrences
19	Number of complaints
1.713	Average daily flow in MGD (if available)
5.576	Peak monthly flow in MGD (if available)
	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

	Lift station failures (failures/year)
	Sewer pipe failures (pipe failures/sewer mile/yr)
	Sanitary sewer overflows (number/sewer mile/yr)
	Basement backups (number/sewer mile)
	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:

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:

n/a

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5.4 What is being done to address infiltration/inflow in your collection system?	
Annually working to repair/replace sewer lines in city.	

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

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## Grading Summary

WPDES No: 0020222

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</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)

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## Resolution or Owner's Statement

<b>Name of Governing Body or Owner:</b>	<input type="text"/>
<b>Date of Resolution or Action Taken:</b>	<input type="text"/>
<b>Resolution Number:</b>	<input type="text"/>
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):	
<b>Influent Flow and Loadings: Grade = A</b>	<input type="text"/>
<b>Effluent Quality: BOD: Grade = A</b>	<input type="text"/>
<b>Effluent Quality: TSS: Grade = A</b>	<input type="text"/>
<b>Effluent Quality: Ammonia: Grade = A</b>	<input type="text"/>
<b>Effluent Quality: Phosphorus: Grade = A</b>	<input type="text"/>
<b>Biosolids Quality and Management: Grade = A</b>	<input type="text"/>
<b>Staffing: Grade = A</b>	<input type="text"/>
<b>Operator Certification: Grade = A</b>	<input type="text"/>
<b>Financial Management: Grade = A</b>	<input type="text"/>
<b>Collection Systems: Grade = A</b>	<input type="text"/>
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	<input type="text"/>