

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
6/2/2014

Reporting Year: 2013

Influent Flow and Loading

Questions								
1.	Monthly average flows and (C)BOD loadings.							
	InFluent No.701	Influent Monthly Average Flow, MGD	X	Influent Monthly Average (C)BOD Concentrati on mg.l	X	8.34	=	Influent Monthly Average(C) BOD Loading, pounds/day
	January	1.873	X	209	X	8.34	=	3270
	February	1.841	X	240	X	8.34	=	3680
	March	1.880	X	246	X	8.34	=	3851
	April	2.784	X	194	X	8.34	=	4495
	May	3.244	X	147	X	8.34	=	3973
	June	2.955	X	177	X	8.34	=	4352
	July	2.420	X	204	X	8.34	=	4127
	August	2.262	X	204	X	8.34	=	3841
	September	2.148	X	226	X	8.34	=	4043
	October	2.208	X	252	X	8.34	=	4636
	November	2.011	X	206	X	8.34	=	3454
	December	1.919	X	220	X	8.34	=	3519
2.	Maximum month design flow and design (C)BOD loading.							
		Design	X	%	=	% of Design		
	Max Month Design Flow, MGD	7.18	x	90	=	6.462		
			x	100	=	7.18		
	Design (C)BOD, lbs./day	5330	x	90	=	4797		
			x	100	=	5330		

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Influent Flow and Loading (Continued)

3. Number of times the flow and (C)BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent Flow	Number of times flow was greater than 90% of design	Number of times flow was greater than 100% of design	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 exceedance		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0

4. Was the influent flow meter calibrated in the last year?

- Yes Enter last calibration date, MM/DD/YYYY 12/11/2013
- No -explain

5. Sewer Use Ordinance

5.1 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 describe:

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Influent Flow and Loading (Continued)

	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div> <p>5.2 Was it necessary to enforce?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
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6. Septage Receiving

	<p>6.1 Did you have requests to receive septage at your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> </table> <p>6.2 Did you receive septage at your facility? If yes, indicate volume in gallons</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>gal</td> <td>1452995 gal</td> <td>gal</td> </tr> </table> <p>6.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px; padding: 5px;">Plant performance is not affected.</div>	Septic Tanks	Holding Tanks	Grease Traps	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	gal	1452995 gal	gal
Septic Tanks	Holding Tanks	Grease Traps														
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
gal	1452995 gal	gal														

7. Pretreatment

	<p>7.1 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> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div> <p>7.2 Did your facility accept hauled industrial wastes, landfill leachate, etc?</p> <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 plant from the discharge of hauled industrial wastes.</p>
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6/2/2014

Reporting Year: 2013

Influent Flow and Loading (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Effluent Quality and Plant Performance ((C)BOD)

Questions							
1.	Monthly average effluent values, exceedances, and points for (C)BOD:						
	Outfall No.001	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	25	22.5				
	February	25	22.5				
	March	25	22.5				
	April	25	22.5				
	May	25	22.5				
	June	25	22.5				
	July	25	22.5				
	August	25	22.5				
	September	25	22.5				
	October	25	22.5				
	November	25	22.5				
	December	25	22.5				
	Outfall No.004	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	25	22.5	4	1	0	0
	February	25	22.5	5	1	0	0
	March	25	22.5	5	1	0	0
	April	25	22.5	6	1	0	0
	May	25	22.5	4	1	0	0
	June	25	22.5	4	1	0	0
	July	25	22.5	4	1	0	0
	August	25	22.5	4	1	0	0
	September	25	22.5	3	1	0	0
	October	25	22.5	3	1	0	0
	November	25	22.5	3	1	0	0
	December	25	22.5	4	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

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Effluent Quality and Plant Performance ((C)BOD) (Continued)

	Exceedances	0	0
	Points	0	0
	Total Number of Points		0
	<p>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 $12/6 = 2.0$</p>		
2.	If any violations occurred, what action was taken to regain compliance?		
	No violations		
3.	Was the effluent flow meter calibrated in the last year?		
	<p><input type="radio"/> Yes - enter last calibration date, MM/DD/YYYY: </p> <p><input checked="" type="radio"/> No - explain:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Effluent flow meter was adjusted to match Influent Flow Rate.</div>		
4.	What problems, if any, were experienced over the last year that threatened treatment?		
	None		
5.	Other Monitoring and Limits		
	<p>5.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as metals, pH, residual chlorine, or fecal coliform?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		
	<p>5.2 At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Acute and Chronic WET was performed in the 1st quarter, both test passed.</div>		

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Effluent Quality and Plant Performance ((C)BOD) (Continued)

	<p>5.3 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 <input type="radio"/> No <input checked="" type="radio"/> NA</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Effluent Quality and Plant Performance (Total Suspended Solids)

Questions						
1.	Monthly average effluent values, exceedances, and points for TSS:					
Outfall No.001	Monthly Average TSS Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average TSS (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27				
February	30	27				
March	30	27				
April	30	27				
May	30	27				
June	30	27				
July	30	27				
August	30	27				
September	30	27				
October	30	27				
November	30	27				
December	30	27				
Outfall No.004	Monthly Average TSS Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average TSS (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	5	1	0	0
March	30	27	5	1	0	0
April	30	27	8	1	0	0
May	30	27	5	1	0	0
June	30	27	5	1	0	0
July	30	27	5	1	0	0
August	30	27	4	1	0	0
September	30	27	4	1	0	0
October	30	27	3	1	0	0
November	30	27	3	1	0	0
December	30	27	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

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Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Effluent Quality and Plant Performance (Total Suspended Solids) (Continued)

	Total Number of Points	0
	<p>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 $12/6 = 2.0$</p>	
2.	If any violations occurred, what action was taken to regain compliance?	
	No violations.	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Effluent Quality and Plant Performance (Phosphorus)

Questions				
1.	Monthly average effluent values, exceedances, and points for Phosphorus:			
Outfall No.004	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1.6	0.5	1	0
February	1.6	0.4	1	0
March	1.6	0.5	1	0
April	1.6	0.6	1	0
May	1.6	0.3	1	0
June	1.6	0.4	1	0
July	1.6	0.8	1	0
August	1.6	0.8	1	0
September	1.6	0.8	1	0
October	1.6	0.4	1	0
November	1.6	1.0	1	0
December	1.6	0.8	1	0
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	1.6			
February	1.6			
March	1.6			
April	1.6			
May	1.6			
June	1.6			
July	1.6			
August	1.6			
September	1.6			
October	1.6			
November	1.6			
December	1.6			
Months of Discharge/yr			0	
Points per each exceedance with 0 months of discharge:				
Exceedances				0
Total Number of Points				0

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Effluent Quality and Plant Performance (Phosphorus) (Continued)

	<p>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 $12/6 = 2.0$</p>
2.	If any violations occurred, what action was taken to regain compliance?
	No violations.

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

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Biosolids Quality and Management

	Questions	Points						
1.	<p>Biosolids Use/Disposal:</p> <p>1.1 How did you use or dispose of your biosolids?(Check all that apply)</p> <p> <input checked="" type="checkbox"/> Land Applied Under Your Permit <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids <input type="checkbox"/> Hauled to Another Permitted Facility <input type="checkbox"/> Landfilled <input type="checkbox"/> Incinerated <input type="checkbox"/> Other </p> <p>NOTE:If you do not remove biosolids from your system annually, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc, and if biosolids were land applied last year, please also check top box above.</p> <p>1.1.1 If you checked Other, Please describe: <input style="width: 400px; height: 20px;" type="text"/></p>							
2.	<p>Land Application Site:</p> <table border="1" style="width: 100%; margin: 10px 0;"> <tr> <td colspan="2" style="text-align: center;">Last Year's Approved and Active Land Application Sites</td> </tr> <tr> <td style="width: 50%;">2.1.1 How many acres did you have?</td> <td style="width: 50%;">2.1.2 How many acres did you use?</td> </tr> <tr> <td style="text-align: center;">2614.70 acres</td> <td style="text-align: center;">290 acres</td> </tr> </table> <p>2.2 If you did not have enough acres for your land application needs, what action was taken? <input style="width: 400px; height: 20px;" type="text"/></p>	Last Year's Approved and Active Land Application Sites		2.1.1 How many acres did you have?	2.1.2 How many acres did you use?	2614.70 acres	290 acres	
Last Year's Approved and Active Land Application Sites								
2.1.1 How many acres did you have?	2.1.2 How many acres did you use?							
2614.70 acres	290 acres							
	<p>2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?</p> <p> <input type="radio"/> Yes(30 points) <input checked="" type="radio"/> No </p>	0						
	<p>2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points) <input type="radio"/> N/A </p>	0						
3.	<p>Biosolids Metals</p> <p>Number of biosolids outfalls in your WPDES permit = 2</p> <p>3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year</p>							
BIOSOLIDS METALS CHARACTERISTICS								

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
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Reporting Year: 2013

Biosolids Quality and Management (Continued)

Outfall:007 - CAKE SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	mg/kg on a dry weight basis												Times Exceeded			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling	
arsenic		41	75			5.4		<1.8					2.2			<1.7		0	0
cadmium		39	85			.5		.57					.88			.36		0	0
copper		1500	4300			710		710					1300			940		0	0
lead		300	840			15		18					36			31		0	0
mercury		17	57			.53		1.2					.86			1.3		0	0
molybdenum	60		75			55		39					73			56	1		0
nickel	336		420			12		11					24			12	0		0
selenium	80		100			<5.2		6.1					<4.1			<4	0		0
zinc		2800	7500			330		360					620			280		0	0

Outfall:006 - LIQUID SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	mg/kg on a dry weight basis												Times Exceeded			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling	
arsenic		41	75															0	0
cadmium		39	85															0	0
copper		1500	4300															0	0
lead		300	840															0	0
mercury		17	57															0	0
molybdenum	60		75														0		0
nickel	336		420														0		0
selenium	80		100														0		0
zinc		2800	7500															0	0

	<p>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 = 10</p>	10												
	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="3">Exceedance Points</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;">1-2</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">> 2</td> <td style="text-align: center;">15 Points</td> </tr> </tbody> </table>	Exceedance Points			<input type="radio"/>	0	0 Points	<input checked="" type="radio"/>	1-2	10 Points	<input type="radio"/>	> 2	15 Points	
Exceedance Points														
<input type="radio"/>	0	0 Points												
<input checked="" type="radio"/>	1-2	10 Points												
<input type="radio"/>	> 2	15 Points												
	<p>3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loadings at each land application site? (check applicable box)</p>	0												
	<p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input type="radio"/> No (10 points)</p>													

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Biosolids Quality and Management (Continued)

	<p> <input checked="" type="radio"/> NA. Did not exceed limits or no HQ limit applies (0 points) <input type="radio"/> NA. Did not land apply biosolids until limit was met(0 points) </p>																	
	<p>3.1.3 Number of times any of the metals exceeded the ceiling limits = 0</p>	0																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">Exceedance Points</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">> 1</td> <td style="text-align: center;">15 Points</td> </tr> </table>	Exceedance Points			<input checked="" type="radio"/>	0	0 Points	<input type="radio"/>	1	10 Points	<input type="radio"/>	> 1	15 Points					
Exceedance Points																		
<input checked="" type="radio"/>	0	0 Points																
<input type="radio"/>	1	10 Points																
<input type="radio"/>	> 1	15 Points																
	<p>3.1.4 Were biosolids land applied which exceeded the ceiling limit?</p>	0																
	<p> <input type="radio"/> Yes(20 points) <input checked="" type="radio"/> No (0 points) </p>																	
	<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; width: 100%; height: 100%;"></div>																	
4.	<p>Pathogen Control(per outfall):</p>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td>007</td> </tr> <tr> <td>Biosolids Class:</td> <td>B</td> </tr> <tr> <td>Bacteria Type and Limit</td> <td></td> </tr> <tr> <td>Sample Dates:</td> <td>01/01/2013 12:00:00 AM - 03/31/2013 12:00:00 AM</td> </tr> <tr> <td>Density:</td> <td></td> </tr> <tr> <td>Sample Concentrator Amount:</td> <td></td> </tr> <tr> <td>Process:</td> <td>ANAER</td> </tr> <tr> <td>Process Description:</td> <td>Anaerobic Digestion at >= 95 F and MCRT >= 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring.</td> </tr> </table>	Outfall Number:	007	Biosolids Class:	B	Bacteria Type and Limit		Sample Dates:	01/01/2013 12:00:00 AM - 03/31/2013 12:00:00 AM	Density:		Sample Concentrator Amount:		Process:	ANAER	Process Description:	Anaerobic Digestion at >= 95 F and MCRT >= 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring.	
Outfall Number:	007																	
Biosolids Class:	B																	
Bacteria Type and Limit																		
Sample Dates:	01/01/2013 12:00:00 AM - 03/31/2013 12:00:00 AM																	
Density:																		
Sample Concentrator Amount:																		
Process:	ANAER																	
Process Description:	Anaerobic Digestion at >= 95 F and MCRT >= 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring.																	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

Outfall Number:	007		
Biosolids Class:	B		
Bacteria Type and Limit			
Sample Dates:	04/01/2013 12:00:00 AM - 06/30/2013 12:00:00 AM		
Density:			
Sample Concentrator Amount:			
Process:	ANAER		
Process Description:	Anaerobic Digestion at ≥ 95 F and MCRT ≥ 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring.		
Outfall Number:	007		
Biosolids Class:	B		
Bacteria Type and Limit			
Sample Dates:	07/01/2013 12:00:00 AM - 09/30/2013 12:00:00 AM		
Density:			
Sample Concentrator Amount:			
Process:	ANAER		
Process Description:	Anaerobic Digestion at ≥ 95 F and MCRT ≥ 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring.		
Outfall Number:	007		
Biosolids Class:	B		
Bacteria Type and Limit			
Sample Dates:	10/01/2013 12:00:00 AM - 12/31/2013 12:00:00 AM		
Density:			
Sample Concentrator Amount:			
Process:	ANAER		
Process Description:	Anaerobic Digestion at ≥ 95 F and MCRT ≥ 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring.		
4.1 If exceeded Class B limit or did not meet the process criteria at the time of land			

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

	application(40 Points)																																									
	<p>4.1.1 Was the limit exceeded or the process criteria not met at any time?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-left: 40px;"></div>																																									
5.	Vector Attraction Reduction(per outfall):0																																									
	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td style="width: 40%;">Outfall Number:</td><td>007</td></tr> <tr><td>Method Date:</td><td>03/12/2013 12:00:00 AM</td></tr> <tr><td>Option Used To Satisfy Requirement:</td><td>VSR</td></tr> <tr><td>Limit (if applicable):</td><td>38</td></tr> <tr><td>Results (if applicable):</td><td>50</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td style="width: 40%;">Outfall Number:</td><td>007</td></tr> <tr><td>Method Date:</td><td>05/07/2013 12:00:00 AM</td></tr> <tr><td>Option Used To Satisfy Requirement:</td><td>VSR</td></tr> <tr><td>Limit (if applicable):</td><td>38</td></tr> <tr><td>Results (if applicable):</td><td>56</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td style="width: 40%;">Outfall Number:</td><td>007</td></tr> <tr><td>Method Date:</td><td>09/17/2013 12:00:00 AM</td></tr> <tr><td>Option Used To Satisfy Requirement:</td><td>VSR</td></tr> <tr><td>Limit (if applicable):</td><td>38</td></tr> <tr><td>Results (if applicable):</td><td>55</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%;">Outfall Number:</td><td>007</td></tr> <tr><td>Method Date:</td><td>12/10/2013 12:00:00 AM</td></tr> <tr><td>Option Used To Satisfy Requirement:</td><td>VSR</td></tr> <tr><td>Limit (if applicable):</td><td>38</td></tr> <tr><td>Results (if applicable):</td><td>66</td></tr> </table>	Outfall Number:	007	Method Date:	03/12/2013 12:00:00 AM	Option Used To Satisfy Requirement:	VSR	Limit (if applicable):	38	Results (if applicable):	50	Outfall Number:	007	Method Date:	05/07/2013 12:00:00 AM	Option Used To Satisfy Requirement:	VSR	Limit (if applicable):	38	Results (if applicable):	56	Outfall Number:	007	Method Date:	09/17/2013 12:00:00 AM	Option Used To Satisfy Requirement:	VSR	Limit (if applicable):	38	Results (if applicable):	55	Outfall Number:	007	Method Date:	12/10/2013 12:00:00 AM	Option Used To Satisfy Requirement:	VSR	Limit (if applicable):	38	Results (if applicable):	66	
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COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

	5.1 If the limit or criteria was exceeded at the time of land application, 40 point 5.1.1 Was the limit exceeded or the process criteria not met at any time?	0
	<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, what action was taken? <div style="border: 1px solid black; height: 20px; width: 400px; margin-bottom: 5px;"></div>	
6.	Biosolids Storage:10	
	6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?	10
	<input type="radio"/> >+ 180 days (0 points) <input checked="" 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"/> Not Applicable (0 points)	
	6.2 If you check Not Applicable above, explain why. <div style="border: 1px solid black; height: 20px; width: 400px; margin-bottom: 5px;"></div>	
7.	Issues:	
	7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt? <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Experienced an issue with decreased dewaterability of our BioSolids, unable to achieve normal solids concentration (>17%). Caused a shortage of storage capacity. We finally found a polymer that produced acceptable results but at twice the dosage/cost. </div>	

Total Points Generated	20
Score (100 - Total Points Generated)	80
Section Grade	C

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Staffing and Preventative Maintenance (All Treatment Plants)

	Questions	Points
1.	<p>Was your wastewater treatment plant adequately staffed last year?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If No, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>	
2.	<p>Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No. Explain </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>	
3.	<p>Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (Continue with questions below) <input type="radio"/> No (40 points and go to question 6) </p> <p>If No, explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>	0
4.	<p>Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points) </p>	0
5.	<p>Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> (Paper file system) <input type="radio"/> (Computer program) <input checked="" type="radio"/> (Both Paper and Computer) <input type="radio"/> No (10 points) </p>	0
6.	<p>Did your plant have a detailed O&M Manual that was used as a reference when needed?</p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Staffing and Preventative Maintenance (All Treatment Plants) (Continued)

	<input checked="" type="radio"/> Yes <input type="radio"/> No	
7.	Rate the overall maintenance of your wastewater plant.	
	<input type="radio"/> Excellent <input checked="" type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
	Describe your rating: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> We experienced 50% staff turnover over the last 3 years. Some maintenance activities suffered as a result of time spent training in operation of facilities. That training is over and we have been able to refocus on facility maintenance program. Early implementation stages of 5S Principles. </div>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Operator Certification and Education

Questions		Points
1.	<p>Did you have a designated operator-in-charge during the report year?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p> <p>Name: <input type="text" value="FRED G HOBBS"/></p> <p>Certification No: <input type="text" value="21312"/></p>	0
2.	<p>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: <input type="text" value="4 - ACEFGIJ; A - PRIMARY SETTLING; C - ACTIVATED SLUDGE; E - DISINFECTION; F - ANAEROBIC DIGESTION; G - MECHANICAL SLUDGE; I - PHOSPHORUS REMOVAL; J - LABORATORY"/></p> <p>Held: <input type="text" value="4 - ACEFGIJ; 2 - D; T - BL; 4 - A=PRIMARY SETTLING GRADE 4; C=ACTIVATED SLUDGE GRADE 4; E=DISINFECTION GRADE 4; F=ANAEROBIC DIGESTION GRADE 4; G=MECHANICAL SLUDGE GRADE 4; I=PHOSPHORUS REMOVAL GRADE 4; J=LABORATORY GRADE 4; 2 - D=PONDS/AERATED LAGOONS GRADE 2; T - B=TRICKLING FILTER/RBC GRADE T; L=ELECTROPLATING/METAL FINISHING GRADE T"/></p>	
3.	<p>Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p>	0
4.	<p>In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation & maintenance of the plant that includes one or more of the following options (check all that apply):</p> <p>4.1 <input checked="" type="checkbox"/> one or more additional certified operators on staff</p> <p>4.2 <input type="checkbox"/> an arrangement with another certified operator</p> <p>4.3 <input type="checkbox"/> an arrangement with another community with a certified operator</p> <p>4.4</p>	0

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/21/2014

Reporting Year: 2013

Operator Certification and Education (Continued)

	<p>4.5 <input type="checkbox"/></p> <p>4.6 <input type="checkbox"/></p> <p>Explain: <input style="width: 50%; height: 20px;" type="text"/></p>	<p><input type="checkbox"/> an operator on staff who has an operator-in-training certificate for your plant and is expected 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>	
5.	<p>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> <p style="margin-left: 20px;"><input type="radio"/> Averaging 6 or more CEUs per year</p> <p style="margin-left: 20px;"><input type="radio"/> Averaging less than 6 CEUs per year</p> <p>Grades 3 and 4:</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> Averaging 8 or more CEUs per year</p> <p style="margin-left: 20px;"><input type="radio"/> Averaging less than 8 CEUs per year</p> <p>Not applicable:</p> <p style="margin-left: 20px;"><input type="radio"/> See Question 1.</p>		

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

**Last Updated:
5/29/2014**

Reporting Year: 2013

Financial Management

Questions		Points						
1.	Person Providing This Financial Information							
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Name:</td> <td>Connie Freagon</td> </tr> <tr> <td>Telephone:</td> <td>(715) 726-2743</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td>cfreagon@chippewafalls-wi.gov</td> </tr> </table>	Name:	Connie Freagon	Telephone:	(715) 726-2743	E-Mail Address(optional):	cfreagon@chippewafalls-wi.gov	
Name:	Connie Freagon							
Telephone:	(715) 726-2743							
E-Mail Address(optional):	cfreagon@chippewafalls-wi.gov							
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0						
	<p> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>							
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2012	0						
	<p> <input checked="" type="radio"/> 0-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable (Private Facility) </p>							
4.	Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?	0						
	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </p>							
REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)								
5.	Equipment Replacement Funds							
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2012	0						
	<p> <input checked="" type="radio"/> 1-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable Explain: </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>							
	5.2 What amount is in your Replacement Fund? Equipment Replacement Fund Activity							
	5.2.1 Ending Balance Reported on Last Year's CMAR:	\$2493009						

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

**Last Updated:
5/29/2014**

Reporting Year: 2013

Financial Management (Continued)

	<p>5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) + \$10,611.00</p> <p>5.2.3 Adjusted January 1st Beginning Balance \$2,503,620.00</p> <p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$200,800.00</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$0.00</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$2,704,420.00</p> <p>(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)</p> <p>*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>											
	<p>5.3 What amount should be in your replacement fund? \$2,704,420.00</p> <p>(If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP option button.)</p>											
	<p>5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No Explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>											
6.	Future Planning											
	<p>6.1 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?</p> <p><input checked="" type="radio"/> Yes (If yes, please provide major project information, if not already listed below)</p> <p><input type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Project Description</th> <th style="width: 20%;">Estimated Cost</th> <th style="width: 20%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td>Replace existing belt filter press with a centrifuge.</td> <td style="text-align: right;">\$1,000,000.00</td> <td style="text-align: center;">2015</td> </tr> <tr> <td>Replace mechanical bar screen, install septage receiving station.</td> <td style="text-align: right;">\$2,000,000.00</td> <td style="text-align: center;">2016</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	Replace existing belt filter press with a centrifuge.	\$1,000,000.00	2015	Replace mechanical bar screen, install septage receiving station.	\$2,000,000.00	2016		
Project Description	Estimated Cost	Approximate Construction Year										
Replace existing belt filter press with a centrifuge.	\$1,000,000.00	2015										
Replace mechanical bar screen, install septage receiving station.	\$2,000,000.00	2016										
7.	Financial Management General Comments:											
	<div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>											

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/29/2014

Reporting Year: 2013

Financial Management (Continued)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
5/29/2014

Reporting Year: 2013

Financial Management (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
6/2/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems

Questions		Points
1.	Do you have a Capacity, Management, Operation & Maintenance(CMOM) requirement in your WPDES permit?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2.	Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?	0
	<input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	
3.	Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system: Maintain the sanitary sewer system to prevent sewer backups. The City's goal is to inspect by video camera the 6" to 15" mains of its sanitary sewer system and schedule maintenance activities accordingly. </div> <input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ownership and governing body description <input checked="" type="checkbox"/> Organizational chart <input checked="" type="checkbox"/> Personnel and position descriptions <input type="checkbox"/> Internal communication procedures <input type="checkbox"/> Public information and education program <input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY 05/05/2009 <input checked="" type="checkbox"/> Pretreatment/Industrial control Programs <input checked="" type="checkbox"/> Fat, Oil and Grease control <input checked="" type="checkbox"/> Illicit discharges (commercial, industrial) <input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc) <input type="checkbox"/> Private lateral inspections/repairs <input type="checkbox"/> Service and management agreements <input checked="" type="checkbox"/> Maintenance Activities: details in Question 4 <input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> State plumbing code <input checked="" type="checkbox"/> DNR NR 110 standards <input checked="" type="checkbox"/> Local municipal code requirements <input checked="" type="checkbox"/> Construction, inspection and testing 	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
6/2/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

	<p><input type="checkbox"/> Others:</p> <p><input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have):</p> <p><input checked="" type="checkbox"/> Alarm system and routine testing</p> <p><input checked="" type="checkbox"/> Emergency equipment</p> <p><input checked="" type="checkbox"/> Emergency procedures</p> <p><input type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc)</p> <p><input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following?</p> <p><input checked="" type="checkbox"/> Current and up-to-date sewer map</p> <p><input checked="" type="checkbox"/> Sewer system plans and specifications</p> <p><input checked="" type="checkbox"/> Manhole location map</p> <p><input checked="" type="checkbox"/> Lift station pump and wet well capacity information</p> <p><input checked="" type="checkbox"/> Lift station O&M manuals</p> <p>Within your sewer system have you identified the following?</p> <p><input checked="" type="checkbox"/> Areas with flat sewers</p> <p><input type="checkbox"/> Areas with surcharging</p> <p><input type="checkbox"/> Areas with bottlenecks or constrictions</p> <p><input type="checkbox"/> Areas with chronic basement backups or SSO's</p> <p><input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation</p> <p><input checked="" type="checkbox"/> Areas with heavy root growth</p> <p><input checked="" type="checkbox"/> Areas with excessive infiltration/inflow (I/I)</p> <p><input type="checkbox"/> Sewers with severe defects that affect flow capacity</p> <p><input type="checkbox"/> Adequacy of capacity for new connections</p> <p><input checked="" type="checkbox"/> Lift station capacity and/or pumping problems</p> <p><input type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input type="checkbox"/> Special Studies Last Year(check only if applicable):</p> <p><input type="checkbox"/> Infiltration/Inflow (I/I) Analysis</p> <p><input type="checkbox"/> Sewer System Evaluation Survey (SSES)</p> <p><input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP)</p> <p><input type="checkbox"/> Lift Station Evaluation Report</p> <p><input type="checkbox"/> Others:</p>	
--	--	--

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

Cleaning	41	% of system/year	
Root Removal	20	% of system/year	
Flow Monitoring	0	% of system/year	
Smoke Testing	0	% of system/year	
Sewer Line Televising	22	% of system/year	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

**Last Updated:
6/2/2014**

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input type="text" value="68"/>	% of system/year
Lift Station O&M	<input type="text" value="100"/>	# per L.S./year
Manhole Rehabilitation	<input type="text" value="1"/>	% of manholes rehabed
Mainline Rehabilitation	<input type="text" value=".01"/>	% of sewer lines rehabed
Private Sewer Inspections	<input type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<input style="width: 100%; height: 100%;" type="text"/>		

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

<input type="text" value="38.7"/>	Total Actual Amount of Precipitation Last Year
<input type="text" value="32.1"/>	Annual Average Precipitation (for your location)
<input type="text" value="77.9"/>	Miles of Sanitary Sewer
<input type="text" value="13"/>	Number of Lift Stations
<input type="text" value="0"/>	Number of Lift Station Failure
<input type="text" value="0"/>	Number of Sewer Pipe Failures
<input type="text" value="8"/>	Number of Basement Backup Occurrences
<input type="text" value="10"/>	Number of Complaints
<input type="text" value="2.296"/>	Average Daily Flow in MGD
<input type="text" value="3.244"/>	Peak Monthly Flow in MGD(if available)
<input type="text" value="7.896"/>	Peak Hourly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
6/2/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

LIST OF SANITARY SEWER OVERFLOWS (SSO) REPORTED				
	Date	Location	Cause	Estimated Volume (MG)
NONE REPORTED				
<p>** If there were any SSO's that are not listed above, please contact the DNR and stop work on this section until corrected.</p> <p>What actions were taken, or are underway, to reduce or eliminate SSO occurrences in the future?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
PERFORMANCE INDICATORS				
0.00	Lift Station Failures(failures/ps/year)			
0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)			
0.00	Sanitary Sewer Overflows (number/sewer mile/yr)			
0.10	Basement Backups(number/sewer mile)			
0.13	Complaints (number/sewer mile)			
1.4	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)			
3.4	Peaking Factor Ratio(Peak Hourly:Annual daily Average)			
6.	Was infiltration/inflow(I/I) significant in your community last year?			
<p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
7.	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?			
<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px;"> Regent Street Lift Station was unable to keep up with I&I, both pumps ran continuously for 3 weeks. Sewer main fully surcharged. Seems to correlate with Chippewa River level. </div>				
8.	Explain any infiltration/inflow(I/I) changes this year from previous years?			
<div style="border: 1px solid black; padding: 5px;"> About the same. </div>				
9.	What is being done to address infiltration/inflow in your collection system?			
<div style="border: 1px solid black; padding: 5px;"> Inspecting, televising, documenting suspected problem area for preliminary replacement planning </div>				

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:
6/2/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:

Reporting Year: 2013

WPDES No.0023604

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	A	4.0	10	40
Effluent Quality:TSS	A	4.0	5	20
Effluent Quality:P	A	4.0	3	12
Biosolids Mgt.	C	2.0	5	10
Prev.Maintenance.Staffing	A	4.0	1	4
Operator Certification	A	4.0	1	4
Financial Management	A	4.0	1	4
Collection Systems	A	4.0	3	12
TOTALS			32	118
GRADE POINT AVERAGE(GPA)=3.69		3.69		

Notes:

- A = Voluntary Range
- B = Voluntary Range
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Chippewa Falls Wwtp

Last Updated:

Reporting Year: 2013

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
RESOLUTION NUMBER	
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 SSO's were reported):	
Influent Flow and Loadings: Grade=A	
Effluent Quality: BOD: Grade=A	
Effluent Quality: TSS: Grade=A	
Effluent Quality: Phosphorus: Grade=A	
Biosolids Quality and Management: Grade=C	
Staffing: Grade=A	
Operator Certification: Grade=A	
Financial Management: Grade=A	
Collection Systems: Grade=A	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00) G.P.A. = 3.69	