Chippewa Falls Wwtp

October

November

December

Exceedances

Points

Points per each

Total Number of Points

Last Updated: Reporting For: 5/30/2023 **2022**

Influent Flow and Loading

Influent No. 701		ent Monthly e Flow, MGD	×	Influent Mor Average B0 Concentration	DD		x	8.34	=	Influent Monthly Average BOD Loading, Ibs/day
January	1	1.8351	x	226			х	8.34	=	3,452
February	-	1.7965	х	248			х	8.34	=	3,718
March	-	1.9529	х	285			х	8.34	=	4,639
April	2	2.3282	х	233			х	8.34	=	4,519
May	2	2.3176	х	218			х	8.34	=	4,209
June	2	2.2985	x	244			х	8.34	=	4,672
July	2	2.0805	x	237			х	8.34	=	4,117
August	2	2.1323	x	254			х	8.34	=	4,510
September	2	2.0209	x	255			х	8.34	=	4,299
October		1.8679	x	239			х	8.34	=	3,719
November		1.8636	x	251			х	8.34	=	3,907
December	-	1.7913	x	251			х	8.34	=	3,757
	Design esian Flo	w, MGD	Design Factor 7 18		X X		% = 90 =			% of Design 6.462
Max Month D	esign Flo	w, MGD		7.18	х		90 =		=	6.462
		<u> </u>		x						
Design BOD, Ibs/day				Х		10	00	=	7.18	
Design BOD,	lbs/day			5330	X X		10 9		=	7.18 4797
Design BOD,	lbs/day			5330				0		
	number			and BOD excee	x x ded		9 10 o or	0)0 100% d	= = of de	4797 5330 sign, points earned,
2.2 Verify the	number Months	Number of tir	nes	and BOD excee Number of time	x x ded	Num	9 10 o or	0 100% of time	= = of de	4797 5330 sign, points earned, Number of times
2.2 Verify the	number Months of	Number of tir flow was grea	nes ater	and BOD excee Number of time flow was greate	x x ded s er	Num BOD	9 10 o or	0 00 100% d r of time is great	= of de es er	4797 5330 sign, points earned, Number of times BOD was greater
2.2 Verify the and score:	number Months	Number of tir flow was grea	nes ater	and BOD excee Number of time	x x ded s er	Num BOD	9 10 o or	0 100% of time	= of de es er	4797 5330 sign, points earned, Number of times
2.2 Verify the	e number Months of Influent	Number of tir flow was grea than 90% o	nes ater	and BOD excee Number of time flow was greate than 100% of	x x ded s er	Num BOD	9 10 o or	0 100% of f of time s great o of des	= of de es er	4797 5330 sign, points earned, Number of times BOD was greater than 100% of design
2.2 Verify the and score: January	Months of Influent	Number of tir flow was grea than 90% o 0	nes ater	and BOD excee Number of time flow was greate than 100% of 0	x x ded s er	Num BOD	9 10 o or	0 00 100% of r of time is great 6 of des 0	= of de es er	4797 5330 esign, points earned, Number of times BOD was greater than 100% of design 0
2.2 Verify the and score: January February	Months of Influent	Number of tir flow was grea than 90% o 0 0	nes ater	and BOD excee Number of time flow was greate than 100% of 0 0	x x ded s er	Num BOD	9 10 o or 0 wa 90%	0 100% of r of time is great 6 of des 0 0	= of de es er	4797 5330 esign, points earned, Number of times BOD was greater than 100% of design 0 0 0 0
2.2 Verify the and score: January February March	e number Months of Influent 1 1 1 1 1	Number of tir flow was grea than 90% o 0 0 0 0 0 0	nes ater	and BOD excee Number of time flow was greate than 100% of 0 0 0 0 0 0	x x ded s er	Num BOD	9 10 o or	0 00 100% of s great 6 of des 0 0 0 0 0 0	= of de es er	4797 5330 esign, points earned, Number of times BOD was greater than 100% of design 0 0 0 0 0 0 0
2.2 Verify the and score: January February March April May June	Months of Influent 1 1 1 1 1 1	Number of tin flow was grea than 90% of 0 0 0 0 0 0 0 0	nes ater	and BOD excee Number of time flow was greate than 100% of 0 0 0 0 0 0 0	x x ded s er	Num BOD	9 10 o or	0 00 100% of s great o of des 0 0 0 0 0 0 0 0 0	= of de es er	4797 5330 esign, points earned, Number of times BOD was greater than 100% of design 0 0 0 0 0 0 0 0 0
2.2 Verify the and score: January February March April May June July	e number Months of Influent 1 1 1 1 1 1 1 1	Number of tir flow was greated than 90% of 0 0 0 0 0 0 0 0 0 0	nes ater	and BOD excee Number of time flow was greate than 100% of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	x x ded s er	Num BOD	9 10 o or 0 wa 90%	0 00 100% of s great o of des 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	= of de es er	4797 5330 esign, points earned, Number of times BOD was greater than 100% of design 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2.2 Verify the and score: January February March April May June	Months of Influent 1 1 1 1 1 1	Number of tin flow was grea than 90% of 0 0 0 0 0 0 0 0	nes ater	and BOD excee Number of time flow was greate than 100% of 0 0 0 0 0 0 0	x x ded s er	Num BOD	9 10 o or 0 wa 90%	0 00 100% of s great o of des 0 0 0 0 0 0 0 0 0	= of de es er	4797 5330 esign, points earned, Number of times BOD was greater than 100% of design 0 0 0 0 0 0 0 0 0

Chippewa Falls Wwtp	Last Updated: 5/30/2023	Reporting For: 2022
 3. Flow Meter 3.1 Was the influent flow meter calibrated in the last year? Yes Enter last calibration date (MM/DD/YYYY) 2021-12-20 No If No, please explain: The company who schedules and performs our meter calibration has f permit period to schedule timely calibration service. A new company Influent flow meter calibration was performed on 4/14/2023, meter w % accuracy. 	has been hired and	t
 4. Sewer Use Ordinance 4.1 Did your community have a sewer use ordinance that limited or profexcessive conventional pollutants ((C)BOD, SS, or pH) or toxic substance industries, commercial users, hauled waste, or residences? Yes No If No, please explain: 4.2 Was it necessary to enforce the ordinance? Yes No If Yes, please explain: 		
5. Septage Receiving 5.1 Did you have requests to receive septage at your facility?		
Septic Tanks Holding Tanks Grease Traps		
Yes Yes Yes		
 No No No S.2 Did you receive septage at your facility? If yes, indicate volume in g 		
Septic Tanks • Yes 3,769,500 gallons • No		
Holding Tanks ● Yes 10,007,600 gallons		
• No		
Grease Traps		
• Yes <u>172,900</u> gallons		
 No 5.2.1 If yes to any of the above, please explain if plant performance is any of these wastes. 	affected when rece	iving
Grease can blind screening equipment, plug pumps and piping, necess service. Also cause/contribute to filamentous organism growth in the clarifier settling and carrying over into effluent discharge. Septic load service requirement cards are all sent out by County at the same time WWTP.	activated sludge aff spikes when trienni	ecting al septic
6. Pretreatment		

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

• No

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

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

• Yes

o 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.

4,339,400 gallons of active sector leachate and 1,833,800 gallons of non-active sector leachate were received. We limit the daily volume based on strength and WWTP performance. Randomly sample loads for BOD SS TP NH3. Receive copies of results of required testing performed by the landfill operators.

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

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Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

Outfall No. 004	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	25	22.5	3	1	0	0
February	25	22.5	5	1	0	0
March	25	22.5	5	1	0	0
April	25	22.5	4	1	0	0
May	25	22.5	4	1	0	0
June	25	22.5	3	1	0	0
July	25	22.5	3	1	0	0
August	25	22.5	3	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	3	1	0	0
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	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				
		* Eq	uals limit if limit is	<= 10		
Months of d	ischarge/yr			12		
Points per e	ach exceedance	e with 12 mor	nths of discharge		7	3
Exceedance	S				0	0
Points					0	0
Total numl	per of points					0
exceedance the numbe	e for this section	on shall be bas discharge. Ex	mittently to state anple: For a wast mple: 2.0	ication factor of	of 12 months d	livided by

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

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 2. Flow Meter Calibration 2.1 Was the effluent flow meter calibrated in the last year? o Yes Enter last calibration date (MM/DD/YYYY) 		
• No If No, please explain:		
Effluent meter was adjusted several times throughout the year to materrate. Effluent meter accuracy is affected by weather changes. 3. Treatment	ch the Influent Flor	w Meter
 Treatment Problems 3.1 What problems, if any, were experienced over the last year that three 	eatened treatment	?
None		
 4.1 At any time in the past year was there an exceedance of a permit lin such as chlorides, pH, residual chlorine, fecal coliform, or metals? o Yes No If Yes, please explain: 	nit for any other po	ollutants
 4.2 At any time in the past year was there a failure of an effluent acute of toxicity (WET) test? Yes No If Yes, please explain: 	or chronic whole e	ffluent
4.3 If the biomonitoring (WET) test did not pass, were steps taken to ide	entify and/or reduc	ie
source(s) of toxicity? o Yes o No		
 N/A Please explain unless not applicable: 		

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

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Effluent Quality and Plant Performance (Total Suspended Solids)

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27				
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 Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	4	1	0	0
February	30	27	4	1	0	0
March	30	27	6	1	0	0
April	30	27	5	1	0	0
Мау	30	27	4	1	0	0
June	30	27	4	1	0	0
July	30	27	3	1	0	0
August	30	27	4	1	0	0
September	30	27	3	1	0	0
October	30	27	3	1	0	0
November	30	27	4	1	0	0
December	30	27	4	1	0	0
		* Eq	uals limit if limit is	<= 10		
1onths of D) ischarge/yr			12		
oints per	each exceeda	ance with 12	months of disch	arge:	7	3
Exceedance	S				0	0
Points					0	0
	ber of Points					0

factor is 12/6 = 2.0

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

Compliance Maintenance Annual Report		
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Effluent Quality and Plant Performance (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	1.4			
February	1.4			
March	1.4			
April	1.4			
Мау	1.4			
June	1.4			
July	1.4			
August	1.4			
September	1.4			
October	1.4			
November	1.4			
December	1.4			
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	1.4	0.708	1	0
February	1.4	0.414	1	0
March	1.4	0.796	1	0
April	1.4	0.499	1	0
Мау	1.4	0.513	1	0
June	1.4	0.432	1	0
July	1.4	0.384	1	0
August	1.4	0.625	1	0
September	1.4	0.988	1	0
October	1.4	0.832	1	0
November	1.4	0.497	1	0
December	1.4	0.635	1	0
onths of Discharg	ge/yr		12	
oints per each o	exceedance with 1	2 months of dischar	ge:	10
ceedances				0
tal Number of	Points			0
OTE: For system	s that discharge inte	ermittently to waters of	f the state the point	s per monthly

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?

Compliance Maintenance Annual Report		
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Biosolids Quality and Management

			unu														
 1. Biosolids Use/Disposal 1.1 How did you use or dispose of your biosolids? (Check all that apply) 																	
													+				
2. Land Application Site 2.1 Last Year's Approved and Active Land Application Sites 2.1.1 How many acres did you have? 2614.4 acres 2.1.2 How many acres did you use? 120 acres 2.2 If you did not have enough acres for your land application needs, what action was taken? 2.3 Did you overapply nitrogen on any of your approved land application sites you used last year? • Yes (30 points) • No 2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years? • Yes • No (10 points) • N/A																	
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. 006 - LIQUID SLUDGE Parameter 80% H.Q. Ceiling Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 80% High Ceiling Value Limit Limit Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 80% High Ceiling																	
Arsenic	Limit	41	75		<15								 		0	0	
Cadmium		39	85		1.3		<u> </u>						 		0	0	
Copper		1500	4300		890										0	0	
Lead		300	840		15										0	0	
Mercury		17	57		<2										0	0	1
Molybdenum			75		49									0		0	1
Nickel	336		420		20									0		0	
Selenium	80		100		<37						<u> </u>			0		0	
Zinc		2800	7500		500										0	0	

Chippewa Falls Wwtp

														5	/30/	2023		2022	-
Outfall N	0 00	7 - C			GF														
Parameter	80% of Limit		Ceiling		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling	
Arsenic		41	75	<5.5			<5.5					<5.6		<5.1			0	0	
Cadmium		39	85	.99			.78					1.6		1.5			0	0	
Copper		1500	4300	1400			770					1100		1100			0	0	
Lead		300	840	17			18					19		18			0	0	
Mercury		17	57	<.33			<.29					<.25		<.32			0	0	
Molybdenum	60		75	56			53					65		66		2		0	
Nickel	336		420	20			27					18		22		0		0	
Selenium	80		100	<13			<13					<14		<12		0		0	
Zinc		2800	7500	590			490					770		840			0	0	
 1-2 > 2 3.1.2 If y each land Yes No (14) N/A - N/A - 3.1.3 Nu Exceede 0 (0 Poin (10 P (15 P /ou e /ou f /ou f	nts) oints) oints) oints) not ex not lan of tir Points) oints) osolid ints) nts) netal) led the on site acceed I nd app mes ar s ls land limit (I	? (ch imits oly bi ny of app	ieck a or n osolio the i lied v	o HQ ds un meta vhich ty or	cable limit itil lir ls exce exce ceilii	box t app nit w ceede eedeo) as m ed th	0 po et (0 e cei	ints) poir ling l ng lir	nts) imits nit?	= 0				-		0
4. Pathoge 4.1 Verify under the	the f	ollow	ing inf	forma	ation				natior	n is ii	ncorr	ect, I	use t	he Re	eport	: Issue	e butto	n	
under the Options header in the left-side menu. Outfall Number: 006																			
Biosolids Class: B																			
Biosonids Class. B Bacteria Type and Limit:										1									
Sample D							01/	01/2	022 -	. 17/	31/2	022							
	u.cs.						01/	01/2	<u>522</u>	12/	51/2	02Z							1
Density:	0000	-+++:-	on /	0110+															
Sample C				ount	•		V-												1
Requirem		iet:					Yes												
Land Appl	ied:						Yes												1
Process:							_		ic Dig	-									1
Process D	escriț	otion:						erob		gesti	on at	>94	deg	rees	and I	MCRT	of		1

> 15 days,

and continuous

verified by 30 day rolling average detention time

.

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	5/ 50/ 2023
Outfall Number:	007
Biosolids Class:	В
Bacteria Type and Limit:	
Sample Dates:	01/01/2022 - 03/31/2022
Density:	
Sample Concentration Amount:	
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Anaerobic Digestion at >94 degrees and MCRT of > 15 days, verified by 30 day rolling average detention time
	and continuous temperature monitoring and daily temperature recording.
	peconany.
Outfall Number:	007
Biosolids Class:	В
Bacteria Type and Limit:	
Sample Dates:	04/01/2022 - 06/30/2022
Density:	
Sample Concentration Amount:	
Requirement Met:	Yes
_and Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Anaerobic Digestion at >94 degrees and MCRT of > 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring and daily temperature recording.
Outfall Number:	007
Biosolids Class:	B
Bacteria Type and Limit:	D
Sample Dates:	07/01/2022 - 09/30/2022
	[07] 01 $2022 = 03$ 30 2022

Bacteria Type and Limit:	
Sample Dates:	07/01/2022 - 09/30/2022
Density:	
Sample Concentration Amount:	
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Anaerobic Digestion at >94 degrees and MCRT of > 15 days, verified by 30 day rolling average detention time and continuous temperature monitoring and daily temperature recording.

Chippewa Falls Wwtp	Last Up
	E (0.0.1)

Outfall Number:	007		
Biosolids Class:	В		
Bacteria Type and Limit:			
Sample Dates:	10/01/2022 - 12/31/2022		
Density:			
Sample Concentration Amount:			
Requirement Met:	Yes		
Land Applied:	Yes		
Process:	Anaerobic Digestion		
Process Description:	Anaerobic Digestion at >94 degrees and MCRT of > 15 days, verified by 30 day rolling average detention time and continuous		0
	temperature monitoring and daily temperature recording.		
 ○ Yes (40 Points) ● No If yes, what action was taken? 			
5. Vector Attraction Reduction (per outfall 5.1 Verify the following information. If ar button under the Options header in the left	y of the information is incorrect, use the Report Issue	he	
Outfall Number:	006		
Method Date:	02/24/2022		
Option Used To Satisfy Requirement:	Volatile Solids Reduction		
Requirement Met:	Yes		
Land Applied:	Yes		
Limit (if applicable):	>=38		
Results (if applicable):	56		
Outfall Number:	007		

007
02/25/2022
Volatile Solids Reduction
Yes
No
>=38
56

|--|

2022

	5/30/2023	2022
Outfall Number:	007	
Method Date:	04/12/2022	
Option Used To Satisfy Requirement:	Volatile Solids Reduction	
Requirement Met:	Yes	
Land Applied:	Yes	
Limit (if applicable):	>=38	
Results (if applicable):	61	
Outfall Number:	007	
Method Date:	09/02/2022	
Option Used To Satisfy Requirement:	Volatile Solids Reduction	
Requirement Met:	Yes	
Land Applied:	No	
Limit (if applicable):	>=38	
Results (if applicable):	55	
	55	0
Outfall Number:	007	
Method Date:	11/01/2022	
Option Used To Satisfy Requirement:	Volatile Solids Reduction	
Requirement Met:	Yes	
Land Applied:	Yes	
Limit (if applicable):	>=38	
Results (if applicable):	44	
 5.2 Was the limit exceeded or the proce Yes (40 Points) No If yes, what action was taken? 	ess criteria not met at the time of land application?	
6. Biosolids Storage		
-	oiosolids storage capacity did your wastewater treatme	nt 0
7. Issues	issues with treatment, use or everall management:	
	issues with treatment, use or overall management:]
AVAIIADILITY OF LAND FOR BIOSOLIDE ADDIN	cation indusing encroaching on approved tields	11

Availability of land for BioSolids application, housing encroaching on approved fields.

Compliance Maintenance Annual Report Chippewa Falls Wwtp

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Total Points Generated	40
Score (100 - Total Points Generated)	60
Section Grade	F

Chippewa Falls Wwtp

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Staffing and Preventative Maintenance (All Treatment Plants)

 Plant Staffing Was your wastewater treatment plant adequately staffed last year? 	
• Yes	
○ No	
If No, please explain:	
Could use more help/staff for:	
 1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping? Yes 	
○ No	
If No, please explain:	
 2. Preventative Maintenance 2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items? Yes (Continue with question 2) No (40 points) 	
If No, please explain, then go to question 3:	
 2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment? Yes 	0
○ No (10 points)	
 2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly? Yes 	
 Paper file system 	
 Computer system 	
Both paper and computer system	
• No (10 points)	
 3. O&M Manual 3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed? Yes 	
○ No	
 4. Overall Maintenance /Repairs 4.1 Rate the overall maintenance of your wastewater plant. o Excellent o Very good 	
• Good	
o Fair	
o Poor	
Describe your rating:	

Operators are very diligent keeping up with preventative maintenance. We do some equipment replacement in-house. Housekeeping and organizations is poor, (short one Operator for 1/2 of the year). Increased Loadings making it difficult to find equipment down time to perform some

maintenance tasks.

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

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				5/30/202	23 20 2	22
Operato	r Certification and Educa	tion				
1.1 Did ye ● Yes (0 ○ No (2) Name:	0 points) RED GEORGE HOBBS	n-charge during the	report year?	,		0
2.1 In acc and subcl	ation Requirements cordance with Chapter NR 114.5 ass(es) were required for the op t plant and what level and subcla	erator-in-charge (O	IC) to operat	te the waste	water	
Sub	SubClass Description	WWTP		OIC		
Class		Advanced	OIT	Basic	Advanced	
A1	Suspended Growth Processes	Х			X	
A2	Attached Growth Processes		Х			
A3	Recirculating Media Filters					
A4	Ponds, Lagoons and Natural				X	
A5	Anaerobic Treatment Of Liquid					
В	Solids Separation	Х			X	lo
C	Biological Solids/Sludges	Х			X	
Р	Total Phosphorus	Х			X	
N	Total Nitrogen					
D	Disinfection	X			X	\downarrow
	Laboratory	Х			X	
U	Unique Treatment Systems		X			
SS	Sanitary Sewage Collection	Х	NA	NA	NA]
	. ,		-	• • •	operate this	
3.1 In the to ensure of the foll ⊠ One o □ An arr □ An arr □ An ope be cert □ A cons □ None If "None	tion Planning e event of the loss of your design the continued proper operation owing options (check all that app r more additional certified opera rangement with another certified rangement with another commune rator on staff who has an opera- tified within one year sultant to serve as your certified of the above (20 points) of the above" is selected, please	and maintenance of ply)? tors on staff operator hity with a certified tor-in-training certif operator	f the plant th operator	at includes o	one or more	
	had a designated operator-in-c	harge, was the oper	ator-in-char	ge earning C	Continuing	

Education Credits at the following rates?

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 OIT and Basic Certification: Averaging 6 or more CECs per year. Averaging less than 6 CECs per year. Advanced Certification: Averaging 8 or more CECs per year. Averaging less than 8 CECs per year. 		

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

Chippewa Falls Wwt	р	Last Updated: Reporting For 5/30/2023 2022
Financial Manage	ement	
1. Provider of Financi	al Information	
Name:	Connie Freagon	
Telephone:	715 726 2743	(XXX) XXX-XXXX
E-Mail Address (optional):	/13 /20 2/43	

cfreagon @chippewafalls-wi.gov

2. Treatment Works Operating Revenues
2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewate
treatment plant AND/OR collection system ?
• Yes (0 points)

•	163	(0	points	
0	No ((40	points)	

If No, please explain:

	nen was the User Ch	arge System or other revenue source(s) last reviewed and/or revised?
Year:		
	2022	

• 0-2 years ago (0 points)

 \circ 3 or more years ago (20 points)

• N/A (private facility)

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

• Yes (0 points)

No (40 points)

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1	When	was	the	Equipmen	t Repl	lacement	Fund	last	reviewed	and/or	revised?	
Yea	ar:											

2022

• 1-2 years ago (0 points)

◦ 3 or more years ago (20 points)□□

O N/A

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

3.2.3 Adjusted January 1st Beginning Balance

making up previous shortfall, etc.)

3.2.1	Ending	Balance	Reported	on	Last	Year's	CMAR
-------	--------	---------	----------	----	------	--------	------

3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase

\$ 3,948,057.0	
\$ 0.00	

0

\$ 3,948,057.00

137,251.00

3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)

\$

+

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 3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - \$ 3.2.6 Ending Balance as of December 31st for CMAR Reporting Year 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 none 3.3 What amount should be in your Replacement Fund? \$ 4,085,30 Please note: If you had a CWFP loan, this amount was originally based on Assistance Agreement (FAA) and should be regularly updated as needed. I instructions and an example can be found by clicking the SectionInstruction header in the left-side menu. 3.3.1 Is the December 31 Ending Balance in your Replacement Fund above greater than the amount that should be in it (#3.3)? Yes No If No, please explain. 	08.00 the Financial Further calcula ons link under	ove. ation Info	0
 4. Future Planning 4.1 During the next ten years, will you be involved in formal planning for up or new construction of your treatment facility or collection system? Yes - If Yes, please provide major project information, if not already list No Project Project Description	ed below. \Box	pproximate	
 # Aeration Blower upgrade, Return Sludge Pumping capacity increase, WWTP electrical update. Kennedy Rd Lift Station. Replace current lift station from 1970 with submersible pump station. 	Cost C \$2,400,000 \$300,000	2024 2024	
5. Financial Management General Comments	I		
ENERGY EFFICIENCY AND USE			
6. Collection System 6.1 Energy Usage 6.1.1 Enter the monthly energy usage from the different energy sources: COLLECTION SYSTEM PUMPAGE: Total Power Consumed			
Number of Municipally Owned Pump/Lift Stations: 13			

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ippewa Fall	s Wwtp		Last Updated: 5/30/2023	Reporting For 2022
	Electricity Consumed (kWh)	Natural Gas Consumed (therms)		
January	36,741	351		
February	33,392	383		
March	35,239	476		
April	31,847	362		
Мау	29,751	183		
June	28,797	116		
July	24,666	7		
August	21,204	3		
September	27,175	19		
October	21,133	35		
November	21,900	94		
December	25,866	131		
Total	337,711	2,160		
Average	28,143	180		

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

O No

• Yes

Year:

2000

By Whom:

Focus on Energy

Describe and Comment:

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Two major lift station facilities were reviewed. One of the stations was moved to water pumping rate structure by VFDs were installed in the other facility.	Xcel Energy.	
6.4 Future Energy Related Equipment6.4.1 What energy efficient equipment or practices do you have plant pump/lift stations?	ned for the future for	- your
7. Treatment Facility 7.1 Energy Usage		

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

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/ Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/ Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	174,039	56.89	3,059	107.01	1,626	12,141
February	147,914	50.30	2,941	104.10	1,421	11,317
March	152,140	60.54	2,513	143.81	1,058	9,516
April	139,574	69.85	1,998	135.57	1,030	7,200
Мау	136,098	71.85	1,894	130.48	1,043	2,799
June	152,537	68.96	2,212	140.16	1,088	1,682
July	152,983	64.50	2,372	127.63	1,199	381
August	131,522	66.10	1,990	139.81	941	245
September	176,325	60.63	2,908	128.97	1,367	343
October	153,032	57.90	2,643	115.29	1,327	2,679
November	148,254	55.91	2,652	117.21	1,265	5,202
December	161,235	55.53	2,904	116.47	1,384	12,678
Total	1,825,653	738.96		1,506.51		66,183
Average	152,138	61.58	2,507	125.54	1,229	5,515

7.2 Energy Related Processes and Equipment

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

- □ Aerobic Digestion
- \boxtimes Anaerobic Digestion
- Biological Phosphorus Removal
- □ Coarse Bubble Diffusers
- ☑ Dissolved O2 Monitoring and Aeration Control
- ☑ Effluent Pumping
- Fine Bubble Diffusers
- ☑ Influent Pumping
- Mechanical Sludge Processing

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 ☑ Nitrification ☑ SCADA System 		
 □ UV Disinfection ☑ Variable Speed Drives 		
Other:		
7.2.2 Comments:		
7.3 Future Energy Related Equipment		
7.3.1 What energy efficient equipment or practices do you have planned treatment facility?	for the future for	' your
Replacement of PD aeration blowers with a high efficiency models.		
8. Biogas Generation		
 8.1 Do you generate/produce biogas at your facility? No Yes 		
If Yes, how is the biogas used (Check all that apply): ☑ Flared Off ☑ Building Heat ☑ Processes Heat		
 ☑ Process Heat □ Generate Electricity □ Other: 		
9. Energy Efficiency Study		
9.1 Has an Energy Study been performed for your treatment facility? • No		
● Yes □ Entire facility		
Year:		
By Whom:		
Describe and Comment:		
Part of the facility Year:		
2017 By Whom:		
Strand Associates		

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Describe and Comment:

Anaerobic Digester Methane Gas Usage Study 2002. Led to installation of new digester heating boiler, and 2 micro turbines. Study was reviewed in 2015 by Strand, lead to decommissioning, micro turbines, CHP, as energy savings are less then micro turbine replacement and maintenance costs.

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

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Sanitary Sewer Collection Systems

 Capacity, Management, Operation, and Maintenance (CMOM) Program 1.1 Do you have a CMOM program that is being implemented?
• Yes
○ No If No, explain:
1.2 Do you have a CMOM program that contains all the applicable components and items
according to Wisc. Adm Code NR 210.23 (4)? ● Yes
 No (30 points)
o N/A
If No or N/A, explain:
1.3 Does your CMOM program contain the following components and items? (check the
components and items that apply)
⊠ Goals [NR 210.23 (4)(a)]
Describe the major goals you had for your collection system last year:
Clean 33% of the collecting mains.
Promote safety by ensuring all employees are up to date with safety procedures and equipment.
Did you accomplish them?
• Yes
○ No If No, explain:
⊠ Organization [NR 210.23 (4) (b)]□□
Does this chapter of your CMOM include: Image Organizational structure and positions (eg. organizational chart and position descriptions)
\boxtimes Internal and external lines of communication responsibilities
\boxtimes Person(s) responsible for reporting overflow events to the department and the public
\boxtimes Legal Authority [NR 210.23 (4) (c)]
What is the legally binding document that regulates the use of your sewer system?
Municipal Code Chapter 13
If you have a Sewer Use Ordin <u>ance or other simila</u> r document, when was it last reviewed and revised? (MM/DD/YYYY) 2017-10-01
Does your sewer use ordinance or other legally binding document address the following: I Private property inflow and infiltration
New sewer and building sewer design, construction, installation, testing and inspection
oxtimes Rehabilitated sewer and lift station installation, testing and inspection
\Box Sewage flows satellite system and large private users are monitored and controlled, as
necessary I Fat, oil and grease control
☑ Enforcement procedures for sewer use non-compliance
Operation and Maintenance [NR 210.23 (4) (d)]
Does your operation and maintenance program and equipment include the following:
Equipment and replacement part inventories
🛛 Up-to-date sewer system map

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information for O&M ac	sponse Plan [NR 210.2 ponse capability includ gand clean-up ocols protocols and impleme communication proce gand clean-up ocols protocols and impleme your CMOM Program [r (check only those th	entation procedures [NR 210.23 (5)]□□	n 2 below) and inspecti s on private		0
 Sewer System Evaluat Sewer Evaluation and 	ion Survey (SSES) Capacity Managment	Plan (SECAP)			
Lift Station Evaluation Others:	Report				
2 Operation and Maintenan					
	r collection system ma	aintenance program include th nd indicate the amount mainta % of system/year	•		
Root removal	20	% of system/year			
Flow monitoring	0	% of system/year			
Smoke testing	0	% of system/year			
Sewer line televising	0	% of system/year			
Manhole		0/ of eveters /veet			
inspections	0	% of system/year			
Lift station O&M	52	# per L.S./year			
Manhole rehabilitation	1.4	% of manholes rehabbed			
Mainline rehabilitation	1.3	% of sewer lines rehabbed			
Private sewer inspections	0	% of system/year			

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Private sewer I/I		
removal 0 % of private services		
River or water	ustad or maintai	nod
crossings 66 % of pipe crossings evalu		neu
Please include additional comments about your sanitary sewer collection	system below:	
 3. Performance Indicators 3.1 Provide the following collection system and flow information for the pa 32.7 Total actual amount of precipitation last year in inch 		
31.3 Annual average precipitation (for your location)		
79.4 Miles of sanitary sewer		
13 Number of lift stations		
0 Number of lift station failures		
0 Number of sewer pipe failures		
12 Number of basement backup occurrences		
12 Number of complaints		
2.024 Average daily flow in MGD (if available)		
2.298 Peak monthly flow in MGD (if available)		
3.96 Peak hourly flow in MGD (if available)		
3.2 Performance ratios for the past year: 0.00 Lift station failures (failures/year)		
0.00 Sewer pipe failures (pipe failures/sewer mile/yr)		
0.00 Sanitary sewer overflows (number/sewer mile/yr)		
0.15 Basement backups (number/sewer mile)		
0.15 Complaints (number/sewer mile)		
1.1 Peaking factor ratio (Peak Monthly:Annual Daily Avg)	
2.0 Peaking factor ratio (Peak Hourly:Annual Daily Avg)		
4. Overflows		
LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVE	RFLOWS REPOR	TED **
Date Location C		stimated /olume
None reported		
** If there were any SSOs or TFOs that are not listed above, please contact on this section until corrected.	t the DNR and s	top work
 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 your collection system, lift stations, or treatment plant at any time in the p o Yes		ms in

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• No		
If Yes, please describe:		
5.3 Explain any infiltration/inflow (I/I) changes this year from previous	s years:	
None		

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

Inspections/ televising problem areas for repair/replacement planning. Replacing clay tile with PVC piping when replacing sewer mains.

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

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Grading Summary

WPDES No: 0023604

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	
Phosphorus	A	4	3	12	
Biosolids	F	0	5	0	
Staffing/PM	A	4	1	4	
OpCert	A	4	1	4	
Financial	A	4	1	4	
Collection	А	4	3	12	
TOTALS			32	108	
GRADE POINT AVERAGE (GPA) = 3.38					

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 Sta	atement		
Name of Governing Body or Owner:			
Date of Resolution or Action Taken:			
Resolution Number:			
Date of Submittal:			
SECTIONS (Optional for grade Influent Flow and Loadings: Gra	ade = A	-, -, -, -, -	
Effluent Quality: BOD: Grade =	A		
Effluent Quality: TSS: Grade =	A		
Effluent Quality: Phosphorus: G	rade = A		
Biosolids Quality and Manageme	ent: Grade = F		
Staffing: Grade = A			
	A		

Collection Systems: Grade = A (Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL **GRADE POINT AVERAGE AND ANY GENERAL COMMENTS**

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 3.38