### **Appleton Wastewater Treatment Facility**

Last Updated: Reporting For: 6/6/2023

2022

### **Influent Flow and Loading**

- 1. Monthly Average Flows and BOD Loadings
- 1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 701	Influent Monthly Average Flow, MGD	х	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	8.4981	Х	415	Х	8.34	=	29,413
February	7.7300	Х	386	Х	8.34	=	24,885
March	14.2010	Х	234	Х	8.34	=	27,655
April	19.0553	Х	89	Х	8.34	=	14,144
May	11.7987	Χ	186	Х	8.34	=	18,303
June	11.8440	Χ	190	Х	8.34	=	18,768
July	8.8100	Χ	256	Х	8.34	=	18,810
August	10.5097	Χ	191	Х	8.34	=	16,741
September	10.6250	Χ	218	Х	8.34	=	19,273
October	8.0606	Х	290	Х	8.34	=	19,495
November	11.6710	Х	157	Х	8.34	=	15,282
December	10.1423	Х	269	Х	8.34	=	22,754

- 2. Maximum Monthly Design Flow and Design BOD Loading
- 2.1 Verify the design flow and loading for your facility.

Design	Design Factor	х	%	=	% of Design
Max Month Design Flow, MGD	24.2		90	=	21.78
		Х	100	=	24.2
Design BOD, lbs/day	40900	х	90	=	36810
		Х	100	=	40900

2.2 Verify the number of times the flow and BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	flow was greater	Number of times flow was greater than 100% of	BOD was greater	Number of times 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 ea	ach	2	1	3	2
Exceedances	5	0	0	0	0
Points		0	0	0	0
Total Numb	per of Po	oints			0

No

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

### **Appleton Wastewater Treatment Facility** Last Updated: Reporting For: 6/6/2023 2022 3. Flow Meter 3.1 Was the influent flow meter calibrated in the last year? Enter last calibration date (MM/DD/YYYY) Yes 2022-06-03 O No If No, please explain: 4. Sewer Use Ordinance 4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences? Yes o No If No, please explain: 4.2 Was it necessary to enforce the ordinance? Yes o No If Yes, please explain: Infractions occurred that exceeded the industrial limits for pH. All industries demonstrated a return to compliance for these infractions. The AWWTP did not experience an upset as a result of the discharges. 5. Septage Receiving 5.1 Did you have requests to receive septage at your facility? Septic Tanks Holding Tanks **Grease Traps** Yes Yes o Yes O No $\circ$ No No 5.2 Did you receive septage at your facility? If yes, indicate volume in gallons. Septic Tanks Yes 7300 gallons o No Holding Tanks Yes 176000 gallons o No Grease Traps gallons o Yes 5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes. Plant performance is not affected by these discharges. 6. Pretreatment 6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year? o Yes

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

- 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.

AWWTP receives food processing wastes and landfill leachate. All wastes are tested prior to acceptance. Acceptance is based on toxicity and loading potential. Once waste has been screened and approved by AWWTP staff, it is discharged to the headworks or digestion for treatment.

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

**Appleton Wastewater Treatment Facility** 

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### Effluent Quality and Plant Performance (BOD/CBOD)

- 1. Effluent (C)BOD Results
- 1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or **CBOD**

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance		
January	25	22.5	6	1	0	0		
February	25	22.5	6	1	0	0		
March	25	22.5	5	1	0	0		
April	25	22.5	5	1	0	0		
May	25	22.5	5	1	0	0		
June	25	22.5	4	1	0	0		
July	25	22.5	4	1	0	0		
August	25	22.5	5	1	0	0		
September	25	22.5	4	1	0	0		
October	25	22.5	7	1	0	0		
November	25	22.5	6	1	0	0		
December	25	22.5	6	1	0	0		
		* Eq	uals limit if limit is	<= 10				
Months of d	ischarge/yr			12				
Points per e	ach exceedanc	7	3					
Exceedance	Exceedances 0							
Points	Points 0							
Total numb	otal number of points 0							

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

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

2	Flow	Meter	Cal	ibration	
∠.	1 10 77	merei	Cai	ıbı atıbı	

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:

Our effluent outfall wasn't designed for installation of a flowmeter. Influent flow is used in place of an effluent flowmeter.

- 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?

o Yes

### **Appleton Wastewater Treatment Facility**

Please explain unless not applicable:

N/A

No
If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

O Yes

No
If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

O Yes

O No

Last Updated: Reporting For:

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

### **Appleton 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.	Monthly	90% of	Effluent Monthly	Months of	Permit Limit	90% Permit		
001	Average	Permit Limit	Average (mg/L)	Discharge	Exceedance	Limit		
	Limit (mg/L)	>10 (mg/L)		with a Limit		Exceedance		
January	30	27	4	1	0	0		
February	30	27	5	1	0	0		
March	30	27	4	1	0	0		
April	30	27	2	1	0	0		
May	30	27	2	1	0	0		
June	30	27	1	1	0	0		
July	30	27	1	1	0	0		
August	30	27	4	1	0	0		
September	30	27	2	1	0	0		
October	30	27	3	1	0	0		
November	30	27	5	1	0	0		
December	30	27	3	1	0	0		
		* Eq	uals limit if limit is	<= 10				
Months of D	ischarge/yr			12				
Points per each exceedance with 12 months of discharge: 7								
Exceedance	S				0	0		
Points	Points							
Total Num	ber of Points					0		
						•		

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

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

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

**Appleton Wastewater Treatment Facility** 

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### **Effluent Quality and Plant Performance (Ammonia - NH3)**

1. Effluent Ammonia Results

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

					1				
Outfall No.	Monthly	Weekly	Effluent	Monthly	Effluent	Effluent	Effluent	Effluent	Weekly
001	Average	Average	Monthly	Permit	Weekly	Weekly	Weekly	Weekly	Permit
	NH3	NH3	Average	Limit	Average	Average	Average	Average	Limit
	Limit	Limit	NH3	Exceed	I .			for Week	Exceed
	(mg/L)	(mg/L)	(mg/L)	ance	1	2	3	4	ance
January	10		1.426	0					
February	10		1.026	0					
March	10		.665	0					
April	11		.415	0					
May	11		.105	0					
June	4.4		.108	0					
July	4.4		.18	0					
August	4.4		.401	0					
September	4.4		1.111	0					
October	18		.545	0					
November	18		.894	0					
December	18		2.04	0					
Points per e	ach excee	dance of N	Monthly av	erage:					10
Exceedances, Monthly:								0	
Points:								0	
Points per e	ach excee	dance of w	weekly ave	erage (wh	en there is	no month	nly averag	e):	2.5
Exceedance	s, Weekly								0
Points:	Points:								0
Total Num	ber of Po	ints			· ·		· ·		0

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points. 1.2 If any violations occurred, what action was taken to regain compliance?

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

### **Appleton Wastewater Treatment Facility**

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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

Total Number of	Points			0
Exceedances	0			
Points per each	10			
Months of Dischar	12			
December	1	0.165	1	0
November	1	0.192	1	0
October	1	0.150	1	0
September	1	0.169	1	0
August	1	0.218	1	0
July	1	0.175	1	0
June	1	0.119	1	0
May	1	0.129	1	0
April	1	0.128	1	0
March	1	0.192	1	0
February	1	0.198	1	0
January	1	0.199	1	0
	phosphorus Limit (mg/L)	Average phosphorus (mg/L)	Discharge with a Limit	Exceedance
Outfall No. 001	Monthly Average	Effluent Monthly	Months of	Permit Limit

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

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

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

### **Appleton Wastewater Treatment Facility**

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# **Biosolids Quality and Management**

1. Biosolid 1.1 How o  Land o  Public  Haule  Landfi  Incine  Other  NOTE: If  as lagoo  1.1.1 If	did yo applie ly Dis d to a lled rated you ns, re	did nother	e or disider you ded Excer perront remeds, red Other	ur pe cepti mitte love ecircu er, p	ermit onal d fac bioso lating lease	Quali ility lids f g sar desc	rom od filt	your ers,	ds syste	em, <sub>l</sub>	oleas	e des	scribe		r sys	tem ty	ype su	ıch	
2. Land Ap 2.1 Last \( \) 2.1.1 Ho 15419.\( \) 2.1.2 Ho 1004 2.2 If you Not app 2.3 Did yo \( \) Yes (3 \( \) No 2.4 Have years? \( \) Yes \( \) No (10 \( \) N/A	pplicate Year's w ma 50 acr w ma I did r plicable ou ove 0 poir	cion S Apprany acres any acres e erappats) e site	ite roved a cres did acres did acres ave en	and A d you d you es ough	Active u hav u use acre	e Lane? ? es for	d Ap	plicat r land ır apı	d app	Sites blicati	ion n	eeds,	, wha	nt act	you	used l	ast ye	ar?	0
3. Biosolid Number of 3.1 For eacalendary Outfall No Parameter  Arsenic Cadmium Copper Lead Mercury Molybdenum Nickel Selenium Zinc	sech ou year. . 009 80% of Limit	- Bio H.Q. Limit 41 39 1500 300 17	tested	l, ver - Cor	ify th	ne bio	solic		etal q	Jul	y val		Oct	Nov	Dec	80%		Ceiling	

#### **Appleton Wastewater Treatment Facility**

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Outfall No. 010 - Biosolids- Compost Class A																		
Parameter	80% of Limit		Ceiling		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75					3			2.11						0	0
Cadmium		39	85					.226			.219						0	0
Copper		1500	4300					34.1			39.5						0	0
Lead		300	840					10.5			8.41						0	0
Mercury		17	57					.062			.06						0	0
Molybdenum	60		75					1.77			2.25					0		0
Nickel	336		420					6.45			17.7					0		0
Selenium	80		100					.597			1.43					0		0
Zinc		2800	7500					89			94.7						0	0
Outfall No. 00	03 - Ca	ake Slu	ıdge															
Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75	<7.66		2.3		<2.3		<7.1		<10		<6.79			0	0
Cadmium		39	85	<.18		<.05		.132		.265		.324		<.161			0	0
Copper		1500	4300	76		75		71		69		70		76			0	0
Lead		300	840	4		4.03		3.5		3.83		4		<2.19			0	0
Mercury		17	57	.141		<.125		<.129		<.093		<.127		<.121			0	0
Molybdenum	60		75	3.49		5.16		2.9		3.21		3.06		4.15		0		0
Nickel	336		420	11		11		9.3		11		12		13		0		0
Selenium	80		100	<6.76		<1.91		<2		<6.29		<8.98		<5.97		0		0
Zinc		2800	7500	127		138		109		125		146		164			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)
- $\circ$  > 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)
- 0 1 (10 Points)
- $\circ$  > 1 (15 Points)
- 3.1.4 Were biosolids land applied which exceeded the ceiling limit?
- O Yes (20 Points)
- No (0 Points)
- 3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?

Not applicable

- 4. Pathogen Control (per outfall):
- 4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.

## **Appleton Wastewater Treatment Facility**

ppieton wastewater Treatment F	6/6/2023	
Outfall Number:	003	丁
Biosolids Class:	В	
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	01/01/2022 - 02/28/2022	
Density:	6,551	
Sample Concentration Amount:	CFU/G TS	
Requirement Met:	Yes	
Land Applied:	No	
Process:	Anaerobic Digestion	
Process Description:	Anaerobic digestion with a 21-day HRT	
Outfall Number:	003	
Biosolids Class:	В	
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	03/01/2022 - 04/30/2022	
Density:	18,909	
Sample Concentration Amount:	CFU/G TS	
Requirement Met:	Yes	
Land Applied:	Yes	
Process:	Anaerobic Digestion	
Process Description:	Anaerobic digestion with a 21-day HRT	
Outfall Number:	003	
Biosolids Class:	В	
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	05/01/2022 - 06/30/2022	
Density:	11,644	
Sample Concentration Amount:	CFU/G TS	
Requirement Met:	Yes	
Land Applied:	Yes	
Process:	Anaerobic Digestion	
Process Description:	Anaerobic digestion with a 21-day HRT	
Outfall Number:	003	
Biosolids Class:	В	
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	07/01/2022 - 08/31/2022	
Density:	3,542	
Sample Concentration Amount:	CFU/G TS	
Requirement Met:	Yes	
Land Applied:	Yes	
Process:	Anaerobic Digestion	
Process Description:	Anaerobic digestion with a 21-day HRT	_]

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	6/6/2023
Outfall Number:	003
Biosolids Class:	В
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2022 - 10/31/2022
Density:	15,781
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Aerobic Digestion
Process Description:	Anaerobic digestion with a 21-day HRT
Outfall Number:	003
Biosolids Class:	В
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	11/01/2022 - 12/31/2022
Density:	16,886
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Aerobic Digestion
Process Description:	Anaerobic digestion with a 21-day HRT
Outfall Number:	010
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	04/01/2022 - 06/30/2022
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Composting
Process Description:	The composting material maintained a temperature of 55 degrees C or higher for 15 days or longer. During this period, a minimum of 5 windrow turns occurred.
Outfall Number:	010
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2022 - 09/30/2022
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Composting
Process Description:	The composting material maintained a temperature of 55 degrees C or higher for 15 days or longer. During this period, a minimum of 5 windrow turns occurred

windrow turns occurred.

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- 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?

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

Outfall Number:	003
Method Date:	01/18/2022
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>=38
Results (if applicable):	39.40

Outfall Number:	003
Method Date:	03/15/2022
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>=38
Results (if applicable):	41.10

Outfall Number:	003
Method Date:	06/30/2022
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	07/12/2022
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>=38
Results (if applicable):	39.50

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10/31/2022 Incorporation when land apply Yes Yes	-
Yes	
Yes	
	_
003	
12/31/2022	
Incorporation when land apply	
Yes	
Yes	
	, l
	- (
Yes	
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010	1 l
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· · · ·	1
Yes	1
Yes	1
	1
	1
	Yes Yes  O10  06/30/2022  Aerobic Composting Process Yes Yes  O10  09/30/2022  Aerobic Composting Process Yes

No

If yes, what action was taken?

- 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)
- 0 < 90 days (40 Points)</p>
- O N/A (0 Points)
- 6.2 If you checked N/A above, explain why.

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#### 7. Issues

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

On December 26,2022, the AWWTP experienced an interruption of the anaerobic digestion process due to polymer entering the digesters. As a result, on December 27, 2022, the anaerobic digestion process was bypassed with approval from the Wisconsin DNR. The bypassing continued into early January 2023. Environmental Programs Coordinator Brian Kreski, subsequently requested approval to land apply the primary/secondary dewatered sludge in his January 11, 2023 letter to Barti Oumarou.

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

### **Appleton Wastewater Treatment Facility**

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# Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing	
1.1 Was your wastewater treatment plant adequately staffed last year?	
• Yes	
○ No If No, please explain:	
i No, piease 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?	
<ul><li>Yes (Continue with question 2) □□</li></ul>	
○ 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?	
	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	
O 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	
o No	
+	
<ul><li>4. Overall Maintenance /Repairs</li><li>4.1 Rate the overall maintenance of your wastewater plant.</li></ul>	
• Excellent	
Very good	
o Good	
O Fair	
o Poor	
Describe your rating:	

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Operation/maintenance staff are knowledgeable and dedicated to repairing immediate needs, while also planning ahead for future maintenance and capital improvement projects.

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

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0

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### **Operator Certification and Education**

	$\overline{}$
1. Operator-In-Charge	
1.1 Did you have a designated operator-in-charge during the report year?	
• Yes (0 points)	
○ No (20 points)	
Name:	0
RYAN RICE	
Certification No:	
35598	

- 2. Certification Requirements
- 2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?

Sub	SubClass Description	WWTP	OIC					
Class		Advanced	OIT	Basic	Advanced			
A1	Suspended Growth Processes	X			X			
A2	Attached Growth Processes							
А3	Recirculating Media Filters							
A4	Ponds, Lagoons and Natural							
A5	Anaerobic Treatment Of Liquid							
В	Solids Separation	X			X			
С	Biological Solids/Sludges	X			X			
Р	Total Phosphorus	X			X			
N	Total Nitrogen							
D	Disinfection	X			X			
L	Laboratory	X			X			
U	Unique Treatment Systems							
SS	Sanitary Sewage Collection	X	NA	Х	NA			

- 2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)
- Yes (0 points)
- O No (20 points)
- 3. Succession Planning
- 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)?

oxtimes One or more additional certified operators on staff

☐ An arrangement with another certified operator

- ☐ An arrangement with another community with a certified operator
- An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year

☐ A consultant to serve as your certified operator

- ☐ None of the above (20 points)
- If "None of the above" is selected, please explain:

4. Continuing Education Credits

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?

## Appleton Wastewater Treatment Facility

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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	Α

## **Appleton Wastewater Treatment Facility**

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# **Financial Management**

Provider of Financial Information	
Name: Kelli Rindt	٦ - ا
Telephone:	
920-832-6316	(XXX) XXX-XXXX
E-Mail Address	
(optional): kelli.rindt@appleton	org
resimmate approtes.	
<ul> <li>2. Treatment Works Operating Revenues</li> <li>2.1 Are User Charges or other revenues sufficient treatment plant AND/OR collection system?</li> <li>Yes (0 points) □□</li> <li>No (40 points)</li> <li>If No, please explain:</li> </ul>	ent to cover O&M expenses for your wastewater
2.2 When was the User Charge System or othe Year:	r revenue source(s) last reviewed and/or revised?
2022	0
● 0-2 years ago (0 points) □□	
o 3 or more years ago (20 points)□□	
• N/A (private facility)	) required acquested Depletoment Fund etc.) or
	required segregated Replacement Fund, etc.) or lacing equipment for your wastewater treatment
<ul><li>No (40 points)</li></ul>	
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FAC	CILITIES SHALL COMPLETE QUESTION 3]
<ul> <li>3. Equipment Replacement Funds</li> <li>3.1 When was the Equipment Replacement Fun Year:</li> <li>2022</li> <li>1-2 years ago (0 points)□□</li> </ul>	d last reviewed and/or revised?
○ 3 or more years ago (20 points)□□	
○ N/A If N/A, please explain:	
i NA, piedse explain.	
3.2 Equipment Replacement Fund Activity	
3.2.1 Ending Balance Reported on Last Yea	ar's CMAR \$ 3,925,937.77
3.2.2 Adjustments - if necessary (e.g. earned i	
audit correction, withdrawal of excess funds, incomaking up previous shortfall, etc.)	,
3.2.3 Adjusted January 1st Beginning Balance	\$ 3,925,937.77
3.2.4 Additions to Fund (e.g. portion of User Fe earned interest, etc.)	ee, \$ 0.00
carried interest, etc.)	1 4 0.00

### **Appleton Wastewater Treatment Facility**

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3.2.5	Subtractions from Fund (e.g., equipment
replac	ement, major repairs - use description box
3.2.6.	1 below*)

\$ 316,915.17

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

\$ 3,609,022.60

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.

Unrealized investment losses due to market conditions.

3.3 What amount should be in your Replacement Fund?

2,933,830.87

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

- 3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?
- Yes

O No

	If No	, p	lease	exp	lain.
--	-------	-----	-------	-----	-------

#### 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?
- $\bullet$  Yes If Yes, please provide major project information, if not already listed below.  $\Box\Box$   $\circ$  No

Project	Project Description		Approximate
#		Cost	Construction
			Year
1	Sludge Storage Improvements	\$8,034,001	2023
2	Belt filter press upgrades	\$10,888,373	2023
3	Multi-Year Electrical Equipment Upgrade	\$1,506,282	2023
4	Multi-year HVAC Upgrades	\$3,668,655	2022
5	PLC & SCADA Upgrades	\$41,686	2023
6	Marshall Heights Lift Station Improvements	\$750,000	2024
7	Lighting Upgrades	\$300,000	2023
8	Roof Replacements	\$750,000	2023
9	Multi-Year Driveway and Walkway Replacements	\$1,204,442	2023
10	Glacier Ridge Lift Station	\$400,000	2024
11	Summer St Lift Station	\$400,000	2026
12	Secondary Clarifier Drive Replacements	\$215,000	2022
13	Blended Sludge Piping & Heat Exchanger Replacement	\$4,181,315	2023
14	Grit Trap Vortex Drive Replacement	\$267,811	2023
15	Phone/Wireless system upgrades	\$587,500	2023
16	Multi-year Elevator replacement	\$950,000	2024
17	Building renovations	\$1,077,616	2023
18	Multi-year MCC Upgrades	\$7,800,000	2023
19	Chemical Systems	\$225,000	2023
20	Final Clarifier Underdrain Replacement	\$349,650	2023

### **Appleton Wastewater Treatment Facility**

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21	Aeration Process Upgrade	\$1,200,000	2026	
22	Digested Sludge Storage Tank Cover & Blending Pump Replacements	\$1,600,000	2024	
23	Midway Lift Station Control Panel	\$400,000	2026	
24	Water Street Lift Station	\$750,000	2024	П

5. Financial Management General Comments

None
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#### **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: 14

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	25,005	460
February	25,112	346
March	27,555	155
April	23,897	74
May	16,120	15
June	16,930	4
July	13,373	20
August	14,296	8
September	15,676	11
October	13,478	118
November	20,354	315
December	25,318	254
Total	237,114	1,780
Average	19,760	148

6	1	2	(	C	O	n	n	n	n	e	n	ts	:

None			

- 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
- ☐ Pneumatic Pumping
- ☐ SCADA System

- ✓ Variable Speed Drives
- $\square$  Other:

#### **Appleton Wastewater Treatment Facility**

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<b>h</b>	,	,	1 AMMA	ntcı
v			Comme	IILO.

None

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

O No

Yes

Year:

2009

By Whom:

Donohue & Associates, McMahon Engineers

#### Describe and Comment:

In the last five years the following lift stations have been reviewed and new designs, some including new energy efficient pumps, VFDs, etc., have been completed through construction projects: Briarcliff, Midway Rd, North Edgewood. Maintaining a lift station inventory that is energy efficient is a City of Appleton objective.

#### 6.4 Future Energy Related Equipment

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

Future lift station pump and motor upgrades will replace less efficient equipment with more energy efficient pumps and motors.

- 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	1,005,538	263.44	3,817	911.80	1,103	3,158
February	901,600	216.44	4,166	696.78	1,294	6,643
March	944,800	440.23	2,146	857.31	1,102	5,216
April	914,400	571.66	1,600	424.32	2,155	1,636
May	882,400	365.76	2,413	567.39	1,555	216
June	824,000	355.32	2,319	563.04	1,463	346
July	847,200	273.11	3,102	583.11	1,453	650
August	887,200	325.80	2,723	518.97	1,710	1,121
September	853,600	318.75	2,678	578.19	1,476	390
October	877,600	249.88	3,512	604.35	1,452	600
November	864,000	350.13	2,468	458.46	1,885	273
December	856,000	314.41	2,723	705.37	1,214	3,272
Total	10,658,338	4,044.93		7,469.09		23,521
Average	888,195	337.08	2,806	622.42	1,489	1,960

7.1.2 Comments:

None					
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# **Appleton Wastewater Treatment Facility**

	6/6/2023	2022	
7.2 Energy Related Processes and Equipment 7.2.1 Indicate equipment and practices utilized at your treatment facility (C Aerobic Digestion  □ Anaerobic Digestion □ Biological Phosphorus Removal □ Coarse Bubble Diffusers □ Dissolved O2 Monitoring and Aeration Control □ Effluent Pumping □ Fine Bubble Diffusers □ Influent Pumping □ Mechanical Sludge Processing □ Nitrification □ SCADA System □ UV Disinfection □ Variable Speed Drives □ Other:	heck all that appl	y):	
7.2.2 Comments:			
Effluent pumping is an as-needed process dependent on WWTP inflow and	d river levels.		
7.3 Future Energy Related Equipment			
7.3.1 What energy efficient equipment or practices do you have planned for treatment facility?	the future for yo	ur	
Equipment replacement with energy efficient pumps and motors as well op- controls.  Biogas boiler heating system optimization to increase biogas utilization and efficiency.	•	cess	
8. Biogas Generation			
8.1 Do you generate/produce biogas at your facility?  o No  ● Yes  If Yes, how is the biogas used (Check all that apply):  ☑ Flared Off ☑ Building Heat ☑ Process Heat ☐ Generate Electricity ☐ Other:			
9. Energy Efficiency Study			
9.1 Has an Energy Study been performed for your treatment facility?  o No			

Last Updated: Reporting For:

# **Appleton Wastewater Treatment Facility**

,	6/6/2023	2022
Yes		
☑ Entire facility		
Year: 2004		
By Whom:		
Joe Cantwell - Focus on Energy		
Describe and Comment:		
assessment followed by a review of alternatives. The City of overall project cost (operating and capital). A number of prousage. As part of the plant electrical distribution project, two electricity will be converted to hot water heating.	ojects resulted in decreased	energy
☐ Part of the facility		
Year:		
By Whom:		
Describe and Comment:		

Last Updated: Reporting For:

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

**Appleton Wastewater Treatment Facility** 

Last Updated: Reporting For:

6/6/2023 2022

# **Sanitary Sewer Collection Systems**

. Capacity, Management, Operation, and Maintenance (CMOM) Program
<ul><li>1.1 Do you have a CMOM program that is being implemented?</li><li>◆ Yes</li></ul>
o No
If No, explain:
Trivo, explain.
1.2. Do you have a CMOM are grown that contains all the applicable commonwhat and items
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
o 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)  Solution Goals [NR 210.23 (4)(a)]
Describe the major goals you had for your collection system last year:
Major Goals: Reconstruction is performed based on existing condition and expected useful life of sanitary sewer infrastructure. Budget constraints limit the amount of sewer infrastructure that can be replaced annually to an amount less than which meets our reconstruction criteria. In 2022, \$4,102,933 was budgeted for sewer reconstruction and \$1,013,663 was budgeted for maintenance.  Specific 2022 goals included System cleaning: 37.4%; Defects to correct: 24; televising and root control: 9.7%; Spot Repairs: 22; Trouble call responses: 37; Blockages removed: 3; Cross-connections identified: 11; protruding taps removed: 0; General reduction in I/I through clear water inspection program. These goals are consistent with the 2022 budget for the collection system.
Did you accomplish them?  ● Yes
o No
If No, explain:
<ul> <li>☑ Organization [NR 210.23 (4) (b)]□□</li> <li>Does this chapter of your CMOM include:</li> <li>☑ Organizational structure and positions (eg. organizational chart and position descriptions)</li> <li>☑ Internal and external lines of communication responsibilities</li> </ul>
☑ Person(s) responsible for reporting overflow events to the department and the public
☑ Legal Authority [NR 210.23 (4) (c)]
What is the legally binding document that regulates the use of your sewer system?
Sewer Use Ordinance
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2020-11-03
Does your sewer use ordinance or other legally binding document address the following:  ☑ Private property inflow and infiltration  ☑ New sewer and building sewer design, construction, installation, testing and inspection  ☑ Rehabilitated sewer and lift station installation, testing and inspection  ☐ Sewage flows satellite system and large private users are monitored and controlled, as necessary

# Appleton Wastewater Treatment Facility

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 37.4 % of system/year  Root removal 0.1 % of system/year  Flow monitoring 1.8 % of system/year  Smoke testing 0.0 % of system/year  Sewer line televising 13.0 % of system/year  Manhole inspections 14.7 % of system/year	6/6/2023 <b>2022</b>	
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 37.4 % of system/year  Root removal 0.1 % of system/year  Flow monitoring 1.8 % of system/year  Smoke testing 0.0 % of system/year  Sewer line televising 13.0 % of system/year  Manhole inspections 14.7 % of system/year	<ul> <li>☑ Fat, oil and grease control</li> <li>☑ Enforcement procedures for sewer use non-compliance</li> <li>☑ Operation and Maintenance [NR 210.23 (4) (d)]</li> <li>Does your operation and maintenance program and equipment include the following:</li> <li>☑ Equipment and replacement part inventories</li> <li>☑ Up-to-date sewer system map</li> <li>☑ A management system (computer database and/or file system) for collection system information for OSM activities, investigation and rehabilitation</li> <li>☑ A description of routine operation and maintenance activities (see question 2 below)</li> <li>☑ Capacity assessment program</li> <li>☑ Basement back assessment and correction</li> <li>☑ Regular OSM training</li> <li>☑ Design and Performance Provisions [NR 210.23 (4) (e)]□□</li> <li>What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?</li> <li>☑ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements</li> <li>☑ Construction, Inspection, and Testing</li> <li>☐ Others:</li> <li>☑ Overflow Emergency Response Plan [NR 210.23 (4) (f)]□□</li> <li>Does your emergency response capability include:</li> <li>☑ Response order, timing and clean-up</li> <li>☑ Public notification protocols</li> <li>☑ Training</li> <li>☑ Emergency operation protocols and implementation procedures</li> <li>☑ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]□□</li> <li>☑ Special Studies Last Year (check only those that apply):</li> <li>☑ Infiltration/Inflow (I/I) Analysis</li> <li>☐ Sewer Evaluation and Capacity Managment Plan (SECAP)</li> <li>☐ Lift Station Evaluation Report</li> </ul>	
Manhole rehabilitation 12 # per L.S./year	maintenance activities? Complete all that apply and indicate the amount maintained.  Cleaning 37.4 % of system/year  Root removal 0.1 % of system/year  Flow monitoring 1.8 % of system/year  Smoke testing 0.0 % of system/year  Sewer line televising 13.0 % of system/year  Manhole inspections 14.7 % of system/year  Lift station O&M 12 # per L.S./year  Manhole	

Last Updated: Reporting For:

o No

Appleton Wastewater Trea	tment racility		6/6/2023	: Reporting For <b>2022</b>			
	.19	% of manholes rehabbed					
Mainline							
rehabilitation	.21	% of sewer lines rehabbe	ed .				
Private sewer		0/					
inspections	0.04	% of system/year					
Private sewer I/I removal	0.0	% of private services					
River or water	0.0						
crossings	0.0	% of pipe crossings evalu	uated or mainta	ained			
Please include additional	comments about your	r sanitary sewer collection	system below:				
No additional comments							
3. Performance Indicators 3.1 Provide the following c							
	•	ecipitation last year in inch	es				
		ion (for your location)					
	s of sanitary sewer						
14 Num	ber of lift stations						
0 Num	ber of lift station failu	ires					
1 Num	ber of sewer pipe fail	ures					
37 Num	ber of basement back	cup occurrences					
37 Num	ber of complaints						
11.1 Aver	age daily flow in MGD	(if available)					
19.1 Peak	monthly flow in MGD	(if available)					
60.6 Peak	hourly flow in MGD (	if available)					
3.2 Performance ratios for							
	station failures (failure						
		failures/sewer mile/yr)					
	•	(number/sewer mile/yr)					
0.11 Base	ement backups (numb	er/sewer mile)					
0.11 Com	plaints (number/sewe	er mile)					
1.7 Peak	ing factor ratio (Peak	Monthly:Annual Daily Avg	1)				
5.5 Peak	ing factor ratio (Peak	Hourly: Annual Daily Avg)					
4. Overflows							
LIST OF SANITARY SEWI	ER (SSO) AND TREAT	MENT FACILITY (TFO) OVE	RFLOWS REPO	RTED **			
Date	Locatio	on (	Cause E	Estimated Volume			
None reported							
** If there were any SSOs on this section until correct		isted above, please contac	t the DNR and	stop work			
5. Infiltration / Inflow (I/I) 5.1 Was infiltration/inflow • Yes	(I/I) significant in you	ur community last year?					

#### **Appleton Wastewater Treatment Facility**

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If Yes, please describe:

Rain events in March and April increased influent flows above the average daily flow for the year.

- 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:

None

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

The following activities are being performed to address inflow/infiltration:

- a. 927 manhole Inspections
- b. 12 manholes rehabilitated
- c. 43 miles of sanitary mains televised
- d. 0.70 miles of sewer pipe rehabilitated
- e. 61 sanitary manhole seals installed
- f. 85 laterals replaced
- g. 11 basement inspections in conjunction with plumbing inspections and water meter maintenance, to identify and eliminate illegal clear water connections to the sanitary system. 11 violations were found or corrected.

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

### **Appleton Wastewater Treatment Facility**

6/6/2023

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# **Grading Summary**

WPDES No: 0023221

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	Α	4	1	4		
OpCert	Α	4	1	4		
Financial	Α	4	1	4		
Collection	A	4	3	12		
TOTALS	•	37	148			
GRADE POINT AVERAGE (GPA) = 4.00						

#### 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)

Appleton Wastewater Treatment Facility

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Resolution o	r Owner's	Statement
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Name of Governing		
Body or Owner:		
Date of Resolution or		
Action Taken:		
Resolution Number:		
Date of Submittal:		
ACTIONS SET FORTH BY THE	GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR	
	de A or B. Required for grade C, D, or F):	
Effluent Quality: BOD: Grade =	= A	
Effluent Quality: TSS: Grade = A		
Effluent Quality: Ammonia: Grade = A		
Effluent Quality: Phosphorus: Grade = A		
Biosolids Quality and Management: Grade = A		
Staffing: Grade = A		
Operator Certification: Grade =	= A	
Financial Management: Grade	= A	
Collection Systems: Grade =		
(Regardless of grade, response	e required for Collection Systems if SSOs were reported)	
ACTIONS SET FORTH BY THE GRADE POINT AVERAGE AND	GOVERNING BODY OR OWNER RELATING TO THE OVERALL	
	n or equal to 3.00, required for G.P.A. less than 3.00)	