

Compliance Maintenance Annual Report

Appleton Wastewater Treatment Facility

Last Updated: Reporting For:
6/3/2021 **2020**

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	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	11.7103	x	163	x	8.34	=	15,919
February	9.6748	x	219	x	8.34	=	17,671
March	20.9706	x	94	x	8.34	=	16,440
April	12.9853	x	110	x	8.34	=	11,859
May	13.9506	x	291	x	8.34	=	33,799
June	12.3037	x	196	x	8.34	=	20,061
July	11.4610	x	237	x	8.34	=	22,606
August	7.6939	x	326	x	8.34	=	20,886
September	8.2907	x	288	x	8.34	=	19,914
October	9.9368	x	357	x	8.34	=	29,544
November	11.0567	x	202	x	8.34	=	18,627
December	8.7223	x	245	x	8.34	=	17,822

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	24.4	x	90	=	21.96
		x	100	=	24.4
Design BOD, lbs/day	40900	x	90	=	36810
		x	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	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	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 each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0

0

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3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

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

No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

- Yes
 No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

- Yes
 No

If Yes, please explain:

Infractions occurred that exceeded the industrial limits for pH, copper, and zinc. 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 |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No | <input type="radio"/> No | <input checked="" type="radio"/> No |

5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.

Septic Tanks
 Yes gallons

No

Holding Tanks
 Yes gallons

No

Grease Traps
 Yes gallons

No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

6. Pretreatment

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

- Yes
 No

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

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<div data-bbox="134 205 1461 258" style="border: 1px solid black; height: 25px; margin-bottom: 10px;"></div> <p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <div data-bbox="134 443 1461 590" style="border: 1px solid black; padding: 5px;"><p>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.</p></div>	
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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 (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	8	1	0	0
February	25	22.5	5	1	0	0
March	25	22.5	9	1	0	0
April	25	22.5	6	1	0	0
May	25	22.5	6	1	0	0
June	25	22.5	4	1	0	0
July	25	22.5	4	1	0	0
August	25	22.5	6	1	0	0
September	25	22.5	6	1	0	0
October	25	22.5	6	1	0	0
November	25	22.5	6	1	0	0
December	25	22.5	7	1	0	0

* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
Total number of points			0

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

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

2. Flow Meter Calibration

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

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

No

If No, please explain:

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?

Yes

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<p><input type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; padding: 2px;">Residual chlorine limit was exceeded on June 29, 2020.</div> <p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px;"></div>

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

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Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	3	1	0	0
February	30	27	3	1	0	0
March	30	27	3	1	0	0
April	30	27	2	1	0	0
May	30	27	3	1	0	0
June	30	27	2	1	0	0
July	30	27	2	1	0	0
August	30	27	3	1	0	0
September	30	27	3	1	0	0
October	30	27	3	1	0	0
November	30	27	3	1	0	0
December	30	27	5	1	0	0

* Equals limit if limit is <= 10

Months of Discharge/yr	12		
Points per each exceedance with 12 months of discharge:	7	3	
Exceedances	0	0	
Points	0	0	
Total Number of Points		0	

0

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

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

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

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

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Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

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

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	10		4.411290	323 0					
February	10		7.530344	828 0					
March	10		5.453548	387 0					
April	11		4.514666	667 0					
May	11		4.333548	387 0					
June	4.4		1.727333	333 0					
July	4.4		.737741	935 0					
August	4.4		1.145483	871 0					
September	4.4		.809333	333 0					
October	18		.883225	806 0					
November	18		.586	0					
December	18		3.964193	548 0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
Total Number of Points									0

0

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points.

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

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

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Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

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

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.107	1	0
February	1	0.110	1	0
March	1	0.105	1	0
April	1	0.110	1	0
May	1	0.162	1	0
June	1	0.165	1	0
July	1	0.247	1	0
August	1	0.298	1	0
September	1	0.338	1	0
October	1	0.305	1	0
November	1	0.193	1	0
December	1	0.279	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				0

0

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

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

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

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

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Biosolids Quality and Management

1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- Land applied under your permit
- Publicly Distributed Exceptional Quality Biosolids
- Hauled to another permitted facility
- Landfilled
- Incinerated
- Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

Utilized the Appleton Composting Facility

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

14581.10 acres

2.1.2 How many acres did you use?

953 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. 010 - Biosolids- Compost Class A

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									1.5		1.65			0	0
Cadmium		39	85									<.419		<.447			0	0
Copper		1500	4300									35.8		46.7			0	0
Lead		300	840									9.11		10.5			0	0
Mercury		17	57									<.495		<.528			0	0
Molybdenum	60		75									1.81		1.79	0			0
Nickel	336		420									8.15		8.28	0			0
Selenium	80		100									<.975		<1.04	0			0
Zinc		2800	7500									96.8		121			0	0

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Outfall No. 003 - Cake Sludge

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75	<9.08		<9.37		<8.28		2.26		<1.86		<1.68			0	0
Cadmium		39	85	<.427		<.441		<.39		.0922		<.044		.159			0	0
Copper		1500	4300	74.2		70.9		75.9		64.8		47		95			0	0
Lead		300	840	5.31		<3.65		6.14		4.51		<.601		4.16			0	0
Mercury		17	57	<.119		.131		<.103		.102		.157		.19			0	0
Molybdenum	60		75	3.68		2.68		3.69		3.4		4.91		4.92		0		0
Nickel	336		420	14.6		12.1		12.8		15.4		15		16		0		0
Selenium	80		100	<8.01		<8.27		<7.31		<1.54		<1.638		1.7		0		0
Zinc		2800	7500	151		157		148		130		116		133			0	0

Outfall No. 009 - Biosolids- Compost Class B

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														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

0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

Exceedence Points

- 0 (0 Points)
- 1-2 (10 Points)
- > 2 (15 Points)

3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)

- Yes
- No (10 points)
- N/A - Did not exceed limits or no HQ limit applies (0 points)
- N/A - Did not land apply biosolids until limit was met (0 points)

3.1.3 Number of times any of the metals exceeded the ceiling limits = 0

Exceedence Points

- 0 (0 Points)
- 1 (10 Points)
- > 1 (15 Points)

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

- Yes (20 Points)
- No (0 Points)

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?

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.

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Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2020 - 02/29/2020
Density:	8,229
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Anaerobic digestion with a 38-day HRT as verified by the Van Kleeck Method

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	03/01/2020 - 04/30/2020
Density:	4,752
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Anaerobic digestion with a 38-day HRT as verified by the Van Kleeck Method

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	05/01/2020 - 06/30/2020
Density:	10,153
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Anaerobic digestion with a 38-day HRT as verified by the Van Kleeck Method

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2020 - 08/31/2020
Density:	10,153
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Anaerobic digestion with a 38-day HRT as verified by the Van Kleeck Method

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Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2020 - 10/31/2020
Density:	15,997
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Anaerobic digestion with a 38-day HRT as verified by the Van Kleeck Method

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	11/01/2020 - 12/31/2020
Density:	8,908
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Anaerobic digestion with a 38-day HRT as verified by the Van Kleeck Method

Outfall Number:	010
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2020 - 09/30/2020
Density:	500
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Composting
Process Description:	The composting material maintained a temperature of 55° C or higher for 15 days or longer. During this period, a minimum of 5 windrow turns occurred

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Outfall Number:	010
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	10/01/2020 - 12/31/2020
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° C or higher for 15 days or longer. During this period, a minimum of 5 windrow turns occurred

0

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:	01/13/2020
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	53.60

Outfall Number:	003
Method Date:	03/09/2020
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	51.20

Outfall Number:	003
Method Date:	05/19/2020
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	40.50

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Outfall Number:	003
Method Date:	07/13/2020
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	44.60

Outfall Number:	003
Method Date:	09/15/2020
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	40.70

Outfall Number:	003
Method Date:	11/10/2020
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	42.60

Outfall Number:	010
Method Date:	09/30/2020
Option Used To Satisfy Requirement:	Aerobic Composting Process
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	010
Method Date:	12/31/2020
Option Used To Satisfy Requirement:	Aerobic Composting Process
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

5.2 Was the limit exceeded or the process criteria not met at the time of land application?

Yes (40 Points)

No

If yes, what action was taken?

6. Biosolids Storage

0

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

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

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Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none">● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/>○ No (40 points) <input type="checkbox"/><input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none">● Yes○ No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none">● Yes<ul style="list-style-type: none">○ Paper file system○ Computer system● Both paper and computer system○ No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none">● Yes○ No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none">○ Excellent● Very good○ Good○ Fair○ Poor <p>Describe your rating:</p>	

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Operations/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	A

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Operator Certification and Education

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:

RYAN RICE

Certification No:

35598

0

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 Class	SubClass Description	WWTP		OIC	
		Advanced	OIT	Basic	Advanced
A1	Suspended Growth Processes	X			X
A2	Attached Growth Processes				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory	X			X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	X	NA

0

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 and is basic level only.)

- Yes (0 points)
- 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)?

- 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:

0

4. Continuing Education Credits

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

OIT and Basic Certification:

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

Advanced Certification:

- Averaging 8 or more CECs per year.
- Averaging less than 8 CECs per year.

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

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Financial Management

1. Provider of Financial Information Name: <input type="text" value="Kelli Rindt"/> Telephone: <input type="text" value="920-832-6316"/> (XXX) XXX-XXXX E-Mail Address (optional): <input type="text" value="kelli.rindt@appleton.org"/>		
2. Treatment Works Operating Revenues 2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ? ● Yes (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ No (40 points) If No, please explain: <input type="text"/> 2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input type="text" value="2020"/> ● 0-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ N/A (private facility) 2.3 Did you have a special account (e.g., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system? ● Yes (0 points) ○ No (40 points)		0
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]		
3. Equipment Replacement Funds 3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input type="text" value="2020"/> ● 1-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ N/A If N/A, please explain: <input type="text"/>		
3.2 Equipment Replacement Fund Activity		
3.2.1 Ending Balance Reported on Last Year's CMAR	\$ <input type="text" value="3,823,901.14"/>	
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$ <input type="text" value="0.00"/>	
3.2.3 Adjusted January 1st Beginning Balance	\$ <input type="text" value="3,823,901.14"/>	
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$ <input type="text" value="170,007.21"/>	
	+	

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

\$ 0.00

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

\$ 3,993,908.35

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.

None

3.3 What amount should be in your Replacement Fund?

\$ 2,511,303.00

0

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

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

- Yes
- No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Sludge Storage Improvements	8000000	2023
2	Receiving Station Improvements	330000	2021
3	Belt filter press upgrades	5550000	2021
4	Multi-Year Electrical Equipment Upgrade	5314097	2021
5	Multi-year HVAC Upgrades	3363057	2021
6	PLC & SCADA Upgrades	60000	2021
7	Marshall Heights Lift Station Improvements	200000	2022
8	Process Improvements - (Filtrate tank/piping, RAS pumps, WGB, Blended Sludge HEX, Effluent Pumps, Primary Clarifier Drives)	3170269	2021
9	Multi-year Lighting Upgrades	275000	2021
10	Roof Replacements	400000	2023
11	Multi-Year Driveway and Walkway Replacements	792790	2020
12	Glacier Ridge Lift Station	400000	2023
13	Summer St Lift Station	400000	2024
14	Secondary Clarifier Drive Replacements	750000	2021

5. Financial Management General Comments

None

ENERGY EFFICIENCY AND USE

6. Collection System

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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:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	117,667	220
February	32,265	170
March	28,539	104
April	21,723	32
May	19,423	
June	18,062	2
July	14,016	6
August	12,644	4
September	14,041	14
October	16,052	98
November	17,557	229
December	19,931	412
Total	331,920	1,291
Average	27,660	117

6.1.2 Comments:

January 2020 kilowatt hours due to Midway Road lift station construction and electrical meter change out.

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:

None

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

No

Yes

Year:

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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 LS, Midways Rd LS, Spartan Dr LS, and Scarlet Oak LS. 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	901,928	363.02	2,485	493.49	1,828	7,662
February	797,095	280.57	2,841	512.46	1,555	5,822
March	854,326	650.09	1,314	509.64	1,676	6,237
April	793,181	389.56	2,036	355.77	2,229	1,297
May	816,666	432.47	1,888	1,047.77	779	2,024
June	824,029	369.11	2,232	601.83	1,369	6,294
July	923,561	355.29	2,599	700.79	1,318	42
August	832,627	238.51	3,491	647.47	1,286	934
September	836,757	248.72	3,364	597.42	1,401	1,663
October	903,940	308.04	2,934	915.86	987	3,116
November	764,157	331.70	2,304	558.81	1,367	3,454
December	1,808,538	270.39	6,689	552.48	3,273	7,447
Total	11,056,805	4,237.47		7,493.79		45,992
Average	921,400	353.12	2,848	624.48	1,589	3,833

7.1.2 Comments:

December 2020 kilowatt hours is two months of use, due to WE Energies change of billing software.

Biogas boiler and compression system start up in 4th quarter 2019, which dramatically reduced our natural gas consumption.

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

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- 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:

7.2.2 Comments:

Effluent pumping is an as-needed process dependent on WWTP inflow and river levels.

7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

Equipment replacement with energy efficient pumps and motors as well as optimization of process controls.
Biogas boiler heating system optimization to increase biogas utilization and heating system efficiency.

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

- Flared Off
- Building Heat
- Process Heat
- Generate Electricity
- Other:

9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

2004

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By Whom: <input type="text" value="Joe Cantwell - Focus on Energy"/>
Describe and Comment: <input type="text" value="Every project has an energy component. The City reviews projects by completing a conditions assessment followed by a review of alternatives. The City chooses the alternative with the least overall project cost (operating and capital). A number of projects resulted in decreased energy usage. A project was completed in 2019 to install a third biogas boiler. This boiler provides heat to the half of the plant not heated by two previously installed boilers."/>
<input type="checkbox"/> Part of the facility
Year: <input type="text"/>
By Whom: <input type="text"/>
Describe and Comment: <input type="text"/>

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

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Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program

1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

- Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

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 2020, \$3,770,000 was budgeted for sewer reconstruction and \$940,000 was budgeted for maintenance.

Specific 2020 goals included: System cleaning: 55%; Defects to correct: 20; televising & root control: 12%; Spot repairs: 22; Trouble call responses: 25; Blockages removed: 2; Cross-connections identified: 50; Protruding taps removed: 5; General reduction in I/I through clear water inspection program. These goals are consistent with the 2020 budget for the collection system.

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

- Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Sewer Use Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 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

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Sewage flows satellite system and large private users are monitored and controlled, as necessary
 Fat, oil and grease control
 Enforcement procedures for sewer use non-compliance
 Operation and Maintenance [NR 210.23 (4) (d)]
 Does your operation and maintenance program and equipment include the following:
 Equipment and replacement part inventories
 Up-to-date sewer system map
 A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
 A description of routine operation and maintenance activities (see question 2 below)
 Capacity assessment program
 Basement back assessment and correction
 Regular O&M training
 Design and Performance Provisions [NR 210.23 (4) (e)]
 What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?
 State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
 Construction, Inspection, and Testing
 Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]
 Does your emergency response capability include:
 Responsible personnel communication procedures
 Response order, timing and clean-up
 Public notification protocols
 Training
 Emergency operation protocols and implementation procedures
 Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]
 Special Studies Last Year (check only those that apply):
 Infiltration/Inflow (I/I) Analysis
 Sewer System Evaluation Survey (SSES)
 Sewer Evaluation and Capacity Management Plan (SECAP)
 Lift Station Evaluation Report
 Others:

0

2. Operation and Maintenance

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

Cleaning	56.4	% of system/year
Root removal	0.0	% of system/year
Flow monitoring	1.8	% of system/year
Smoke testing	0.0	% of system/year
Sewer line televising	14.1	% of system/year
Manhole inspections	13.8	% of system/year

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Lift station O&M	<input type="text" value="12"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value=".89"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value=".64"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value=".25"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0.0"/>	% of private services
River or water crossings	<input type="text" value="0.0"/>	% of pipe crossings evaluated or maintained
Please include additional comments about your sanitary sewer collection system below:		
<input type="text" value="None"/>		

3. Performance Indicators

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

<input type="text" value="42.0"/>	Total actual amount of precipitation last year in inches
<input type="text" value="32"/>	Annual average precipitation (for your location)
<input type="text" value="327"/>	Miles of sanitary sewer
<input type="text" value="13"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="2"/>	Number of sewer pipe failures
<input type="text" value="43"/>	Number of basement backup occurrences
<input type="text" value="43"/>	Number of complaints
<input type="text" value="11.6"/>	Average daily flow in MGD (if available)
<input type="text" value="21.0"/>	Peak monthly flow in MGD (if available)
<input type="text" value="46.3"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.01"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.13"/>	Basement backups (number/sewer mile)
<input type="text" value="0.13"/>	Complaints (number/sewer mile)
<input type="text" value="1.8"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="4.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **

Date	Location	Cause	Estimated Volume
None reported			

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

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5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes
- No

If Yes, please describe:

Rain events combined with spring snow melt runoff resulted in higher than normal flows in the month of March.

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. 850 manhole inspections
- b. 55 manholes rehabilitated
- c. 46 miles of sanitary mains televised
- d. 2.10 miles of sewer pipe rehabilitated
- e. 62 sanitary manhole seals installed
- f. 293 laterals replaced
- g. 60 basement inspections in conjunction with plumbing inspections and waster meter maintenance, to identify and eliminate illegal clear water connections to the sanitary system. This number is lower than typical due to COVID restrictions throughout 2020. No violations were found and corrected.

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

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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	A	4	1	4
OpCert	A	4	1	4
Financial	A	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)

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Resolution or Owner's Statement

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 SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = A

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 = 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. = 4.00