

Compliance Maintenance Annual Report

Appleton Wastewater Treatment Facility

Last Updated: Reporting For:

6/5/2025

2024

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	12.3803	x	289	x	8.34	=	29,788
February	13.1803	x	250	x	8.34	=	27,426
March	13.0687	x	276	x	8.34	=	30,118
April	18.7537	x	213	x	8.34	=	33,236
May	15.5865	x	267	x	8.34	=	34,643
June	18.3433	x	273	x	8.34	=	41,688
July	20.6423	x	142	x	8.34	=	24,360
August	13.5732	x	250	x	8.34	=	28,300
September	9.9943	x	320	x	8.34	=	26,673
October	8.8161	x	435	x	8.34	=	31,947
November	16.3367	x	271	x	8.34	=	36,923
December	11.4065	x	276	x	8.34	=	26,256

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	24.2	x	90	=	21.78
		x	100	=	24.2
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	1	2
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	1	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	2	1
Points		0	0	6	2
Total Number of Points					8

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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)

2024-07-22

☐ No

If No, please explain:

NA

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:

NA

4.2 Was it necessary to enforce the ordinance?

☒ Yes

☐ No

If Yes, please explain:

Infractions occurred that exceeded the industrial limits for ph. All industries demonstrated a return to compliance for these infractions.

An industry failed to self-monitor for cyanide and hexavalent chromium that discharged to Appleton sanitary outfall. This industry has since returned to compliance.

The AWWTP did not experience an upset as a result of these discharges and infractions.

5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

Septic Tanks

Holding Tanks

Grease Traps

☐ Yes

☐ Yes

☐ Yes

☒ No

☒ No

☒ No

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

Septic Tanks

☐ Yes

0 gallons

☒ No

Holding Tanks

☐ Yes

0 gallons

☒ No

Grease Traps

☐ Yes

0 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.

NA

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?

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<div><div><div><input type="radio"/> Yes</div><div><input checked="" type="radio"/> No</div></div><div>If yes, describe the situation and your community's response.</div><div>NA</div></div> <div><div>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</div><div><div><input checked="" type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>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.</div><div>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.</div></div>	
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Total Points Generated	8
Score (100 - Total Points Generated)	92
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	10	1	0	0
February	25	22.5	8	1	0	0
March	25	22.5	5	1	0	0
April	25	22.5	5	1	0	0
May	25	22.5	4	1	0	0
June	25	22.5	4	1	0	0
July	25	22.5	4	1	0	0
August	25	22.5	3	1	0	0
September	25	22.5	5	1	0	0
October	25	22.5	8	1	0	0
November	25	22.5	5	1	0	0
December	25	22.5	6	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?

NA

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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<div><div><div>● No</div><div>If Yes, please explain:</div><div>NA</div></div><div><div>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</div><div><div>○ Yes</div><div>● No</div></div><div>If Yes, please explain:</div><div>NA</div></div><div><div>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</div><div><div>○ Yes</div><div>○ No</div><div>● N/A</div></div><div>Please explain unless not applicable:</div><div>NA</div></div></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 (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	4	1	0	0
February	30	27	3	1	0	0
March	30	27	3	1	0	0
April	30	27	3	1	0	0
May	30	27	1	1	0	0
June	30	27	2	1	0	0
July	30	27	2	1	0	0
August	30	27	0	1	0	0
September	30	27	2	1	0	0
October	30	27	4	1	0	0
November	30	27	3	1	0	0
December	30	27	3	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
Points per each exceedance with 12 months of discharge:					7	3
Exceedances					0	0
Points					0	0
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?						
NA						

0

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 Exceed ance	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 Exceed ance
January	10	28	3.254	0	4.126	2.366	3.11	2.829	0
February	10	28	2.13	0	2.319	1.141	3.043	1.95	0
March	10	28	1.012	0	1.733	.477	.249	1.896	0
April	11	29	.318	0	.673	.433	.096	.127	0
May	11		.172	0					0
June	4.4	11	.276	0	.167	.169	.273	.543	0
July	4.4	11	.407	0	.211	.35	.421	.596	0
August	4.4	11	.261	0	.27	.183	.383	.25	0
September	4.4	11	.608	0	.23	1.003	.343	.856	0
October	18		1.185	0					0
November	18		.294	0					0
December	18		1.537	0					0
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
Total Number of Points									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?									
NA									

0

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	0.240	1	0
February	1	0.165	1	0
March	1	0.213	1	0
April	1	0.143	1	0
May	1	0.146	1	0
June	1	0.248	1	0
July	1	0.278	1	0
August	1	0.204	1	0
September	1	0.219	1	0
October	1	0.304	1	0
November	1	0.182	1	0
December	1	0.193	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				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?				
NA				

0

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 at Outagamie County Landfill.

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

13105.9 acres

2.1.2 How many acres did you use?

1056 acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

NA

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. 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

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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									1.85					0	0
Cadmium		39	85									<.534					0	0
Copper		1500	4300									35					0	0
Lead		300	840									9.23					0	0
Mercury		17	57									<.077					0	0
Molybdenum	60		75									<1.43				0		0
Nickel	336		420									9.4				0		0
Selenium	80		100									<5.01				0		0
Zinc		2800	7500									101					0	0

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	<8.07		<6.94		1.61		<6.3		<16		<16			0	0
Cadmium		39	85	<.19		<.162		<.193		<.147		<.382		<.381			0	0
Copper		1500	4300	58		67		64		52		61		74			0	0
Lead		300	840	3		7.16		4.47		5.29		7.57		5.44			0	0
Mercury		17	57	.129		<.122		<.122		<.116		.129		.086			0	0
Molybdenum	60		75	4.29		3.3		4.74		3.09		<4.11		5.13		0		0
Nickel	336		420	12		12		13		11		13		11		0		0
Selenium	80		100	<7.13		<6.12		<7.16		<5.55		<14		<14		0		0
Zinc		2800	7500	119		150		156		130		142		143			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?

NA

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:	01/01/2024 - 02/29/2024
Density:	3,903
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:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	03/01/2024 - 04/30/2024
Density:	11,883
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:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	05/01/2024 - 06/30/2024
Density:	9,754
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:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2024 - 08/31/2024
Density:	3,118
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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Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2024 - 10/31/2024
Density:	11,728
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:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	11/01/2024 - 12/31/2024
Density:	12,296
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:	010
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2024 - 03/31/2024
Density:	18
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
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.

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Outfall Number:	010
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	04/01/2024 - 06/30/2024
Density:	3
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
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:	07/01/2024 - 09/30/2024
Density:	39
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:	10/01/2024 - 12/31/2024
Density:	2
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
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.

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?

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NA	0
<p>5. Vector Attraction Reduction (per outfall):</p> <p>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.</p>	
Outfall Number:	003
Method Date:	01/16/2024
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	46.6
Outfall Number:	003
Method Date:	03/13/2024
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	43.1
Outfall Number:	003
Method Date:	05/28/2024
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	44.9
Outfall Number:	003
Method Date:	07/30/2024
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	55.4
Outfall Number:	003
Method Date:	09/24/2024
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	49.7

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Outfall Number:	003
Method Date:	12/31/2024
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>=38
Results (if applicable):	51.6

Outfall Number:	010
Method Date:	03/31/2024
Option Used To Satisfy Requirement:	Aerobic Composting Process
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	010
Method Date:	06/30/2024
Option Used To Satisfy Requirement:	Aerobic Composting Process
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	010
Method Date:	09/30/2024
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:	12/31/2024
Option Used To Satisfy Requirement:	Aerobic Composting Process
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

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

o Yes (40 Points)

● No

If yes, what action was taken?

NA

6. Biosolids Storage

0

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<div>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?<ul style="list-style-type: none">● >= 180 days (0 Points)○ 150 - 179 days (10 Points)○ 120 - 149 days (20 Points)○ 90 - 119 days (30 Points)○ < 90 days (40 Points)○ N/A (0 Points)6.2 If you checked N/A above, explain why.<div>NA</div></div>	0
<div>7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overall management:<div>None</div></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></div> <p>Could use more help/staff for:</p> <div></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></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></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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Operation/maintenance staff are knowledgeable and dedicated to repairing immediate needs, while also planning ahead for future maintenance and capital improvement projects.	
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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:

COLIN W STOFFEL

Certification No:

37553

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.)

- Yes (0 points)
- No (20 points)

2.3 For wastewater treatment facilities with a registered or certified laboratory, is at least one operator that works in the laboratory certified at the basic level in the laboratory (L) subclass?

- Yes
- No
- N/A – Wastewater treatment facility does not have a registered or certified laboratory

2.4 For wastewater treatment facilities that own and operate a sanitary sewage collection system, has at least one operator been designated the OIC for sanitary sewage collection system and certified at the basic level in the sanitary sewage collection system (SS) subclass?

- Yes
- No
- N/A – Owner of the Wastewater treatment facility does not own and operate a sanitary sewage collection system

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

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<div><input type="checkbox"/> An arrangement with another certified operator</div> <div><input type="checkbox"/> An arrangement with another community with a certified operator</div> <div><input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year</div> <div><input type="checkbox"/> A consultant to serve as your certified operator</div> <div><input type="checkbox"/> None of the above (20 points)</div> <div>If "None of the above" is selected, please explain:</div> <div></div>	0
<div>4. Continuing Education Credits</div> <div>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</div> <div>OIT and Basic Certification:</div> <div><div><input type="radio"/> Averaging 6 or more CECs per year.</div><div><input type="radio"/> Averaging less than 6 CECs per year.</div></div> <div>Advanced Certification:</div> <div><div><input checked="" type="radio"/> Averaging 8 or more CECs per year.</div><div><input type="radio"/> Averaging less than 8 CECs per year.</div></div>	

Total Points Generated	0
Score (100 - Total Points Generated)	100
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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@appletonwi.gov"/>	
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"/>		
○ No (40 points)		
If No, please explain:		
<input type="text" value="NA"/>		
2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?		
Year: <input type="text" value="2024"/>		0
● 0-2 years ago (0 points) <input type="checkbox"/>		
○ 3 or more years ago (20 points) <input type="checkbox"/>		
○ N/A (private facility)		
2.3 Did you have a special account (e.g., CWWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?		
● Yes (0 points)		
○ No (40 points)		
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]		
3. Equipment Replacement Funds		
3.1 When was the Equipment Replacement Fund last reviewed and/or revised?		
Year: <input type="text" value="2024"/>		
● 1-2 years ago (0 points) <input type="checkbox"/>		
○ 3 or more years ago (20 points) <input type="checkbox"/>		
○ N/A		
If N/A, please explain:		
<input type="text" value="NA"/>		
3.2 Equipment Replacement Fund Activity		
3.2.1 Ending Balance Reported on Last Year's CMAR		\$ <input type="text" value="3,765,298.08"/>
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="3,765,298.08"/>
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)		\$ <input type="text" value="134,921.98"/>
		+

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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

\$ 3,900,220.06

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.

NA

3.3 What amount should be in your Replacement Fund? \$ 3,106,515.69

0

Please note: If you had a CWFPP 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.

NA

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	Lift Station Upgrades	\$832,956	2025
2	Digester Cathodic Protection	\$1,091,125	2025
3	Sludge Storage Building Addition	\$1,647,685	2025
4	Grit System & Raw Sludge Pump	\$47,415	2025
5	Blended Sludge Pipe & Heat Exchanger	\$1,255,227	2025
6	Belt Filter Press upgrades and replacemnt	\$5,294,824	2025
7	Belt Filter Polymer System replacement	\$100,000	2025
8	Chemical System upgrades	\$150,000	2025
9	Mixed Liquor Channel Blower Aeration	\$561,172	2025
10	Receiving Station upgrades	\$4,000,000	2025
11	Receiving Station offloading pipe	\$100,000	2025
12	Primary Clarifiers rebuild	\$97,640	2025
13	Phosphorus Analyzer replacement	\$30,000	2025
14	IT Wireless Access/Network Upgrades	\$1,698,264	2025
15	HVAC Upgrades - current year project	\$314,223	2025
16	Lighting Upgrades - current year	\$57,790	2025
17	Electrical Distribution upgrades	\$200,346	2025
18	Green Energy Electrical upgrades	\$402,118	2025
19	MCC Controls Upgrades - current year	\$3,880,873	2025
20	Elevator Replacment	\$200,000	2025

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21	Hardscape replacements - current year	\$985,923	2025
22	Sampler equipment replacement	\$45,000	2026
23	Roof Replacements - multi-year	\$1,300,000	2026
24	HVAC Upgrades - multi-year project	\$2,400,000	2026
25	Lighting Upgrades - multi-year	\$150,000	2026
26	MCC Controls Upgrades - multi-year	\$3,985,000	2026
27	Elevator Replacement	\$450,000	2026
28	Building Renovations	\$40,000	2026
29	Elevator Replacement	\$600,000	2027
30	Aeration Process upgrades	\$2,000,000	2027
31	Lift Station upgrades	\$1,850,000	2028
32	M-Bldg Equipment upgrades	\$1,600,000	2028
33	Elevator Replacement	\$50,000	2028
34	Elevator Replacement	\$550,000	2029
35	Wash Press Improvements	\$750,000	2029
36	Primary Clarifiers #1-4 Rebuild	\$1,500,000	2029

5. Financial Management General Comments

None

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	24,797	243
February	24,741	133
March	23,995	93
April	24,949	52
May	15,584	15
June	19,606	7
July	21,817	8
August	15,808	6
September	12,790	6
October	12,795	69
November	18,679	352
December	26,190	291
Total	241,751	1,275
Average	20,146	106

6.1.2 Comments:

None

6.2 Energy Related Processes and Equipment

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<div>6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply): <input checked="" type="checkbox"/> Comminution or Screening <input type="checkbox"/> Extended Shaft Pumps <input checked="" type="checkbox"/> Flow Metering and Recording <input type="checkbox"/> Pneumatic Pumping <input type="checkbox"/> SCADA System <input checked="" type="checkbox"/> Self-Priming Pumps <input checked="" type="checkbox"/> Submersible Pumps <input checked="" type="checkbox"/> Variable Speed Drives <input type="checkbox"/> Other: <div></div></div> <div>6.2.2 Comments: <div>None</div></div> <div>6.3 Has an Energy Study been performed for your pump/lift stations? <div><input type="radio"/> No</div><div><input checked="" type="radio"/> Yes</div><div>Year: <div>2009</div></div><div>By Whom: <div>Donohue & Associates, McMahon Engineers</div></div><div>Describe and Comment: <div>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.</div></div><div>6.4 Future Energy Related Equipment</div><div>6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations? <div>Future lift station pump and motor upgrades will replace less efficient equipment with more energy efficient pumps and motors.</div></div></div>	
<div>7. Treatment Facility</div> <div>7.1 Energy Usage</div> <div>7.1.1 Enter the monthly energy usage from the different energy sources:</div>	

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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	822,400	383.79	2,143	923.43	891	2,976
February	848,000	382.23	2,219	795.35	1,066	2,588
March	844,800	405.13	2,085	933.66	905	3,420
April	849,302	562.61	1,510	997.08	852	2,451
May	867,200	483.18	1,795	1,073.93	808	4,199
June	870,400	550.30	1,582	1,250.64	696	3,132
July	940,800	639.91	1,470	755.16	1,246	3,289
August	873,600	420.77	2,076	877.30	996	5,099
September	835,200	299.83	2,786	800.19	1,044	2,755
October	860,800	273.30	3,150	990.36	869	1,354
November	809,600	490.10	1,652	1,107.69	731	1,662
December	801,574	353.60	2,267	813.94	985	10,869
Total	10,223,676	5,244.75		11,318.73		43,794
Average	851,973	437.06	2,061	943.23	924	3,650

7.1.2 Comments:

None

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
- ☒ 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?

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<p>Equipment replacement with energy efficient pumps and motors as well optimization of process controls. Biogas boiler heating system optimization to increase biogas utilization and heating system efficiency.</p>	
<p>8. Biogas Generation</p> <p>8.1 Do you generate/produce biogas at your facility?</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes</p> <p>If Yes, how is the biogas used (Check all that apply):</p> <p><input checked="" type="checkbox"/> Flared Off</p> <p><input checked="" type="checkbox"/> Building Heat</p> <p><input checked="" type="checkbox"/> Process Heat</p> <p><input type="checkbox"/> Generate Electricity</p> <p><input type="checkbox"/> Other:</p> <div></div>	
<p>9. Energy Efficiency Study</p> <p>9.1 Has an Energy Study been performed for your treatment facility?</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes</p> <p><input checked="" type="checkbox"/> Entire facility</p> <p>Year: <div>2004</div></p> <p>By Whom: <div>Joe Cantwell - Focus on Energy</div></p> <p>Describe and Comment:</p> <div>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. As part of the plant electrical distribution project, two buildings currently heated by electricity will be converted to hot water heating.</div> <p><input type="checkbox"/> Part of the facility</p> <p>Year: <div></div></p> <p>By Whom: <div></div></p> <p>Describe and Comment:</p> <div></div>	

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 2024, \$1,573,354 was budgeted for sewer reconstruction and \$1,048,346 was budgeted for maintenance.

Specific 2024 goals included System cleaning: 8.79%; televising and root control: 8.79%; Operational capacity to provide trouble call responses (51 actual) and remove system blockages (1 actual); General reduction in I/I through clear water inspection program (actual cross connections identified: 0). Administer contracted Spot Repair and Protruding Tap Repair programs.

Did you accomplish them?

- ☐ Yes
- ☒ No

If No, explain:

2024 goals were accomplished except for the contracted 2024 Spot Repair and Protruding Taps programs. Planned 2024 work was delayed into 2025 based on staff capacity issues related to vacancies and turnover in DPW Engineering.

- ☒ 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

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- ☒ Rehabilitated sewer and lift station installation, testing and inspection
- ☐ 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:

0

- ☒ 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:

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	<input type="text" value="8.79"/>	% of system/year
Root removal	<input type="text" value="0.00"/>	% of system/year
Flow monitoring	<input type="text" value="0.00"/>	% of system/year
Smoke testing	<input type="text" value="0.00"/>	% of system/year
Sewer line televising	<input type="text" value="8.79"/>	% of system/year

Manhole inspections

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	10.90	% of system/year
Lift station O&M	12	# per L.S./year
Manhole rehabilitation	.21	% of manholes rehabbed
Mainline rehabilitation	.20	% of sewer lines rehabbed
Private sewer inspections	.86	% of system/year
Private sewer I/I removal	.31	% of private services
River or water crossings	0.00	% of pipe crossings evaluated or maintained
Please include additional comments about your sanitary sewer collection system below:		
None		

3. Performance Indicators	
3.1 Provide the following collection system and flow information for the past year.	
37.00	Total actual amount of precipitation last year in inches
32.00	Annual average precipitation (for your location)
334.20	Miles of sanitary sewer
14	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
4	Number of basement backup occurrences
51	Number of complaints
14.30	Average daily flow in MGD (if available)
20.60	Peak monthly flow in MGD (if available)
106.60	Peak hourly flow in MGD (if available)
3.2 Performance ratios for the past year:	
0.00	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.01	Sanitary sewer overflows (number/sewer mile/yr)
0.01	Basement backups (number/sewer mile)
0.15	Complaints (number/sewer mile)
1.4	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
7.5	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
0	7/13/2024 7:00:00 PM - 7/13/2024 8:00:00 PM	2006 E. Newberry St	Rain, Plugged Sewer, Flooding	5,000

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1	7/5/2024 1:30:00 PM - 7/5/2024 2:00:00 PM	955 East John Street Appleton, WI 54915	Rain, Flooding	24,000
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** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurrences in the future?

DPW has undertaken a drainage study to identify potential solutions to reduce flooding in two large drainage areas within the City, Northland and Bellaire, which experienced some of the most severe flooding in the City in July 2024. Reduction of flooding, pending implementation of drainage system improvements, is expected to result in I&I decreases within the affected areas. Bolt-on lid castings were installed on MH's 9-11, -12, -147)

5. Infiltration / Inflow (I/I)

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

- ☒ Yes
- ☐ No

If Yes, please describe:

Rainfall in the month June was nearly double the historic average June rainfall (7.01" vs 4.01"). That resulted in high antecedent moisture conditions when extremely high rainfall events occurred on July 5 (2.5" in 1 hour, based on unofficial rain gauge data) and July 13 (2.16" in 1 hour) within portions of the City. The extreme rainfall and resulting flooding produced high I&I levels.

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:

Yes, the reported basement backups and complaints were related to high I&I levels resulting from the 7/5/2025 and 7/13/2025 extreme rainfall events.

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

Extreme July rainfall events referenced in 5.1 and 5.2 resulted in increased I&I events than in previous years.

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. 685 manhole Inspections
- b. 13 manholes rehabilitated
- c. 27.94 miles of sanitary mains televised
- d. 0.69 miles of sewer pipe rehabilitated
- e. 42 sanitary manhole seals installed
- f. 91 laterals replaced
- g. 0 clearwater cross-connection violations were found or corrected resulting from basement inspections in conjunction with plumbing inspections or water meter maintenance.

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

Compliance Maintenance Annual Report

Appleton Wastewater Treatment Facility

Last Updated: Reporting For:
6/5/2025 2024

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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6/5/2025 **2024**

Resolution or Owner's Statement

Name of Governing Body or Owner:	<input type="text"/>
Date of Resolution or Action Taken:	<input type="text"/>
Resolution Number:	<input type="text"/>
Date of Submittal:	<input type="text"/>

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):
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