

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
6/9/2008

Reporting Year: 2007

Influent Flow and Loading

Questions								
1.	Monthly average flows and (C)BOD loadings.							
	InFluent No.701	Influent Monthly Average Flow, MGD	X	Influent Monthly Average (C)BOD Concentrati on mg.l	X	8.34	=	Influent Monthly Average(C) BOD Loading, pounds/day
	January	0.7910	X	202	X	8.34	=	1333
	February	0.7612	X	226	X	8.34	=	1436
	March	1.036	X	159	X	8.34	=	1378
	April	1.020	X	136	X	8.34	=	1159
	May	0.7853	X	196	X	8.34	=	1280
	June	0.7536	X	184	X	8.34	=	1159
	July	0.7375	X	225	X	8.34	=	1385
	August	1.141	X	151	X	8.34	=	1435
	September	0.8492	X	212	X	8.34	=	1502
	October	0.8095	X	185	X	8.34	=	1251
	November	0.7149	X	201	X	8.34	=	1197
	December	0.8051	X	204	X	8.34	=	1373
2.	Maximum month design flow and design (C)BOD loading.							
		Design	X	%	=	% of Design		
	Max Month Design Flow, MGD	1.5	x	90	=	1.35		
			x	100	=	1.5		
	Design (C)BOD, lbs./day	2502	x	90	=	2251.8		
			x	100	=	2502		

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Influent Flow and Loading (Continued)

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

	Months of Influent Flow	Number of times flow was greater than 90% of design	Number of times flow was greater than 100% of design	Number of times (C)BOD was greater than 90% of design	Number of times (C)BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each exceedance		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0

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

- Yes Enter last calibration date, MM/DD/YYYY 09/12/2007
 No -explain

5. Sewer Use Ordinance

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

- Yes
 No

If No, please describe:

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Influent Flow and Loading (Continued)

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

	<p>6.1 Did you have requests to receive septage at your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> </table> <p>6.2 Did you receive septage at your facility? If yes, indicate volume in gallons</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>gal</td> <td>gal</td> <td>gal</td> </tr> </table> <p>6.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	gal	gal	gal
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
gal	gal	gal														

7. Pretreatment

	<p>7.1 Did your facility experience operational problems, permit violations, biosolids quality concerns or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, describe the situation and your community's response:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>7.2 Did your facility accept hauled industrial wastes, landfill leachate, etc?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the plant from the discharge of hauled industrial wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Effluent Quality and Plant Performance ((C)BOD)

Questions							
1.	Monthly average effluent values, exceedances, and points for (C)BOD:						
	Outfall No.001	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	30	27	8	1	0	0
	February	30	27	7	1	0	0
	March	30	27	14	1	0	0
	April	30	27	10	1	0	0
	May	30	27	7	1	0	0
	June	30	27	5	1	0	0
	July	30	27	9	1	0	0
	August	30	27	8	1	0	0
	September	30	27	9	1	0	0
	October	30	27	6	1	0	0
	November	30	27	8	1	0	0
	December	30	27	8	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
	<p>NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0</p>						
2.	If any violations occurred, what action was taken to regain compliance?						
	No violations occurred.						
3.	Was the effluent flow meter calibrated in the last year?						
	<input type="radio"/> Yes - enter last calibration date, MO/DAY/YEAR:						
	<input checked="" type="radio"/> No - explain:						

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

	<div style="border: 1px solid black; padding: 2px; min-height: 20px;">We do not monitor our effluent flow.</div>
4.	<p>What problems, if any, were experienced over the last year that threatened treatment?</p> <div style="border: 1px solid black; padding: 2px; min-height: 20px; margin-top: 10px;">None</div>
5.	<p>Other Monitoring and Limits</p> <p>5.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as metals, pH, residual chlorine, or fecal coliform?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 2px; min-height: 20px; margin-top: 5px;"></div>
	<p>5.2 At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 2px; min-height: 20px; margin-top: 5px;">WET testing was done Jan. - March, both acute and chronic. Effluent passed both tests.</div>
	<p>5.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA </p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; padding: 2px; min-height: 20px; margin-top: 5px;"></div>

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
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Reporting Year: 2007

Effluent Quality and Plant Performance (Total Suspended Solids)

Questions						
1.	Monthly average effluent values, exceedances, and points for TSS:					
Outfall No.001	Monthly Average TSS Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average TSS (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	6	1	0	0
February	30	27	4	1	0	0
March	30	27	5	1	0	0
April	30	27	6	1	0	0
May	30	27	3	1	0	0
June	30	27	4	1	0	0
July	30	27	5	1	0	0
August	30	27	3	1	0	0
September	30	27	5	1	0	0
October	30	27	7	1	0	0
November	30	27	7	1	0	0
December	30	27	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
<p>NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$</p>						
2.	If any violations occurred, what action was taken to regain compliance?					
	No violations occurred.					

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

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Reporting Year: 2007

Effluent Quality and Plant Performance (Phosphorus)

Questions					
1.	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	0.5	1	0
	February	1	0.4	1	0
	March	1	0.5	1	0
	April	1	0.6	1	0
	May	1	0.7	1	0
	June	1	0.6	1	0
	July	1	0.6	1	0
	August	1	0.6	1	0
	September	1	0.8	1	0
	October	1	0.7	1	0
	November	1	0.9	1	0
	December	1	0.7	1	0
	Months of Discharge/yr			12	
	Points per each exceedance with 12 months of discharge:				10
	Exceedances				0
	Total Number of Points				0
	<p>NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$</p>				
2.	If any violations occurred, what action was taken to regain compliance?				
	No violations occurred.				

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

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Reporting Year: 2007

Biosolids Quality and Management

Questions	Points
1.	Biosolids Use/Disposal:
<p>1.1 How did you use or dispose of your biosolids?(Check all that apply)</p> <p> <input type="checkbox"/> Land Applied Under Your Permit <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids <input checked="" type="checkbox"/> Hauled to Another Permitted Facility <input type="checkbox"/> Landfilled <input type="checkbox"/> Incinerated <input type="checkbox"/> Other </p> <p>NOTE:If you do not remove biosolids from your system annually, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc, and if biosolids were land applied last year, please also check top box above.</p> <p>1.1.1 If you checked Other, Please describe:</p> <div style="border: 1px solid black; height: 20px; width: 400px;"></div>	
3.	Biosolids Metals
Number of biosolids outfalls in your WPDES permit = 2	
3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year	

BIOSOLIDS METALS CHARACTERISTICS

Outfall:002 - Hauled Liquid Sludge

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

Outfall:003 - Hauled Cake Sludge

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	mg/kg on a dry weight basis												Times Exceeded				
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling		
arsenic		41	75					1.3											0	0

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Biosolids Quality and Management (Continued)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td>003</td> </tr> <tr> <td>Biosolids Class:</td> <td>B</td> </tr> <tr> <td>Bacteria Type and Limit</td> <td>F</td> </tr> <tr> <td>Sample Dates:</td> <td>01/01/2007 - 12/31/2007</td> </tr> <tr> <td>Density:</td> <td>1366</td> </tr> <tr> <td>Sample Concentrator Amount:</td> <td>CFU/G TS</td> </tr> <tr> <td>Process:</td> <td>AIRDR</td> </tr> <tr> <td>Process Description:</td> <td>DRYING BEDS</td> </tr> </table>	Outfall Number:	003	Biosolids Class:	B	Bacteria Type and Limit	F	Sample Dates:	01/01/2007 - 12/31/2007	Density:	1366	Sample Concentrator Amount:	CFU/G TS	Process:	AIRDR	Process Description:	DRYING BEDS	
Outfall Number:	003																	
Biosolids Class:	B																	
Bacteria Type and Limit	F																	
Sample Dates:	01/01/2007 - 12/31/2007																	
Density:	1366																	
Sample Concentrator Amount:	CFU/G TS																	
Process:	AIRDR																	
Process Description:	DRYING BEDS																	
	<p>4.1 If exceeded Class B limit or did not meet the process criteria at the time of land application(40 Points)</p>																	
	<p>4.1.1 Was the limit exceeded or the process criteria not met at any time?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-left: 40px;"></div>																	
5.	Vector Attraction Reduction(per outfall):0																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td>003</td> </tr> <tr> <td>Method Date:</td> <td>12/31/2008</td> </tr> <tr> <td>Option Used To Satisfy Requirement:</td> <td>DRY75</td> </tr> <tr> <td>Limit (if applicable):</td> <td>75</td> </tr> <tr> <td>Results (if applicable):</td> <td>32.7</td> </tr> </table>	Outfall Number:	003	Method Date:	12/31/2008	Option Used To Satisfy Requirement:	DRY75	Limit (if applicable):	75	Results (if applicable):	32.7							
Outfall Number:	003																	
Method Date:	12/31/2008																	
Option Used To Satisfy Requirement:	DRY75																	
Limit (if applicable):	75																	
Results (if applicable):	32.7																	
	<p>5.1 If the limit or criteria was exceeded at the time of land application, 40 point</p> <p>5.1.1 Was the limit exceeded or the process criteria not met at any time?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-left: 40px;"></div>	0																
6.	Biosolids Storage:0																	
	<p>6.1 How many days of actual,current biosolids storage capacity did your wastewater treatment</p>																	

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Biosolids Quality and Management (Continued)

	facility have either on-site or off-site?	0
	<ul style="list-style-type: none"> <input checked="" type="radio"/> >+ 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"/> Not Applicable (0 points) 	
	6.2 If you check Not Applicable above, explain why. <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	
7.	Issues:	
	7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt? <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">None</div>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

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Reporting Year: 2007

Staffing and Preventative Maintenance (All Treatment Plants)

Questions		Points
1.	Was your wastewater treatment plant adequately staffed last year? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please describe: <input style="width: 600px; height: 20px;" type="text"/> Could use more help/staff for: <input style="width: 600px; height: 20px; border: 1px solid black;" type="text" value="Safety and collection system maintenance."/>	
2.	Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping? <input checked="" type="radio"/> Yes <input type="radio"/> No. Explain <input style="width: 600px; height: 20px;" type="text"/>	
3.	Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items? <input checked="" type="radio"/> Yes (Continue with questions below) <input type="radio"/> No (40 points and go to question 6) If No, explain: <input style="width: 600px; height: 20px;" type="text"/>	0
4.	Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment? <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points)	0
5.	Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly? <input checked="" type="radio"/> Yes <input type="radio"/> (Paper file system) <input checked="" type="radio"/> (Computer program) <input type="radio"/> (Both Paper and Computer) <input type="radio"/> No (10 points)	0
6.	Did your plant have a detailed O&M Manual that was used as a reference when needed? <input checked="" type="radio"/> Yes <input type="radio"/> No	
7.	Rate the overall maintenance of your wastewater plant.	

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

	<ul style="list-style-type: none"> <input checked="" type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>We have a full-time maintenance employee on staff this year. We have implemented a preventative maintenance computer software program.</p> </div>	
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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

Questions		Points
1.	<p>Did you have a designated operator-in-charge during the report year?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p> <p>Name: <input type="text" value="Marilyn West"/></p> <p>Certification No: <input type="text" value="05369"/></p>	0
2.	<p>In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?</p> <p>Required: <input type="text" value="3- ACEFIJ; A - PRIMARY SETTLING; C - ACTIVATED SLUDGE; E - DISINFECTION; F - ANAEROBIC DIGESTION; I - PHOSPHORUS REMOVAL; J - LABORATORY"/></p> <p>Held: <input type="text" value="4 - ABCDEFGIJ; 3 - H;"/></p>	
3.	<p>Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p>	0
4.	<p>In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation & maintenance of the plant that includes one or more of the following options (check all that apply):</p> <p> 4.1 <input checked="" type="checkbox"/> one or more additional certified operators on staff 4.2 <input checked="" type="checkbox"/> an arrangement with another certified operator 4.3 <input type="checkbox"/> an arrangement with another community with a certified operator 4.4 <input checked="" type="checkbox"/> an operator on staff who has an operator-in-training certificate for your plant and is expected be certified within one year 4.5 <input type="checkbox"/> a consultant to serve as your certified operator 4.6 <input type="checkbox"/> None of the above (20 points) </p> <p>Explain: <input type="text"/></p>	0
5.	<p>If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?</p> <p>Grades T, 1, and 2: <input checked="" type="radio"/> Averaging 6 or more CEUs per year <input type="radio"/> Averaging less than 6 CEUs per year </p> <p>Grades 3 and 4: <input checked="" type="radio"/> Averaging 8 or more CEUs per year </p>	

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Operator Certification and Education (Continued)

	<input type="radio"/> Averaging less than 8 CEUs per year Not applicable: <input type="radio"/> See Question 1.	
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Score (100 - Total Points Generated)	100
Section Grade	A

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Financial Management

	Questions	Points						
1.	Person Providing This Financial Information							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="border: 1px solid black; padding: 2px;">Stevn A. Braatz, Jr., Clerk - Treasurer</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(262) 363-6421</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">sbraatzjr@villageofmukwonago.com</td> </tr> </table>	Name:	Stevn A. Braatz, Jr., Clerk - Treasurer	Telephone:	(262) 363-6421	E-Mail Address(optional):	sbraatzjr@villageofmukwonago.com	
Name:	Stevn A. Braatz, Jr., Clerk - Treasurer							
Telephone:	(262) 363-6421							
E-Mail Address(optional):	sbraatzjr@villageofmukwonago.com							
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0						
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>							
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2007	0						
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> 0-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable (Private Facility) </p>							
4.	Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?	0						
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </p>							
REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)								
5.	Equipment Replacement Funds							
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2007	0						
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> 1-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable Explain: </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>							
	5.2 What amount is in your Replacement Fund?							
	Equipment Replacement Fund Activity							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5.2.1 Ending Balance Reported on Last Year's CMAR:</td> <td style="text-align: right;">\$274,883.00</td> </tr> <tr> <td>5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">- \$0.00</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$274,883.00</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:	\$274,883.00	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	- \$0.00	5.2.3 Adjusted January 1st Beginning Balance	\$274,883.00	
5.2.1 Ending Balance Reported on Last Year's CMAR:	\$274,883.00							
5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	- \$0.00							
5.2.3 Adjusted January 1st Beginning Balance	\$274,883.00							

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
6/9/2008

Reporting Year: 2007

Financial Management (Continued)

	5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$9,342.00 5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$2,570.00 5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$281,655.00	
	(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.) *5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">A "fire eye" kit was purchased for the digester boiler.</div>	

	5.3 What amount <u>should</u> be in your replacement fund? \$274,833.00 (If you had a CWWP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP option button.)	
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	5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)? <input checked="" type="radio"/> Yes <input type="radio"/> No Explain: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
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6.	Future Planning	
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	6.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating or new construction of your treatment facility or collection system? <input checked="" type="radio"/> Yes (If yes, please provide major project information, if not already listed below) <input type="radio"/> No										
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;">Project Description</th> <th style="width: 20%;">Estimated Cost</th> <th style="width: 20%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">we will begin construction on our ammonia compliance schedule, which would include adding additional aeration basins and or upgrading our existing basins.</td> <td>\$1,500,000.00</td> <td>2006</td> </tr> <tr> <td style="text-align: left;">Might also try to upgrade our current chlorine disinfection to ultraviolet disinfection. May include this with same bond issue for aeration basin upgrade.</td> <td>\$400,000.00</td> <td>2007</td> </tr> </tbody> </table>		Project Description	Estimated Cost	Approximate Construction Year	we will begin construction on our ammonia compliance schedule, which would include adding additional aeration basins and or upgrading our existing basins.	\$1,500,000.00	2006	Might also try to upgrade our current chlorine disinfection to ultraviolet disinfection. May include this with same bond issue for aeration basin upgrade.	\$400,000.00	2007
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Might also try to upgrade our current chlorine disinfection to ultraviolet disinfection. May include this with same bond issue for aeration basin upgrade.	\$400,000.00	2007									

7.	Financial Management General Comments:	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
6/9/2008

Reporting Year: 2007

Sanitary Sewer Collection Systems

	Questions	Points
1.	Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2.	Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?	0
	<input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	
3.	Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Goals: specific identification of major goals of your O&M/CMOM program such as I/I reduction, basement backup and SSO reductions, repair and rehabilitation of sewers, system cleaning and monitoring, etc. <input checked="" type="checkbox"/> Organization: identification of those managers and persons who are responsible for implementing your O&M/CMOM program and reporting sanitary sewer overflows <input checked="" type="checkbox"/> Legal Authority: sufficient authority, through sewer use ordinances, service agreements or other legally binding documents to control infiltration/inflow sources, proper design, construction, inspection and testing of new and rehabilitated sewers and laterals and address flows from satellite collection systems, if present. <input checked="" type="checkbox"/> Maintenance Activities: routine preventative O&M activities, including adequate maintenance of facilities and equipment. By the use of: sewer system monitoring; inspections; a system to identify infiltration/inflow sources (including private property); a system for replacement part inventories; control of fat, oil & grease; employee training program; and a management system for the collection and use of information to establish O&M priorities <input checked="" type="checkbox"/> Design and Performance Standards: establish requirements and standards for design, installation and inspection of new sewers, service laterals, pump stations and sewer rehabilitation projects. <input checked="" type="checkbox"/> Overflow Emergency Response Plan: documented procedures for responding to SSOs, power outages, lift station failures sewer blockages or any other similar events of an emergency nature. <input checked="" type="checkbox"/> Capacity Assurance: a program to assess the current capacity of the collection system to identify problems or bottlenecks ; and if required, a System Evaluation and Capacity Assurance Plan (SECAP). <input type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed. <input type="checkbox"/> Special Studies (if applicable): any special studies undertaken such as I/I Analysis, Sewer System Evaluation Surveys (SSES), or sewer pipe studies. Please list the study reports of the last year below: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>We clean and televise approximately 20% of our system per year. Following that, engineering firm reviews findings and repairs are budgeted and scheduled. We use our jet/vac but do not have a maintenance scheduled program.</p> </div>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

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6/9/2008

Reporting Year: 2007

Sanitary Sewer Collection Systems (Continued)

4.	<p>Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:</p>	
	<p>Cleaning <input style="width: 50px; text-align: center;" type="text" value="20"/> % of system/year</p> <p>Root Removal <input style="width: 50px; text-align: center;" type="text" value="5"/> % of system/year</p> <p>Flow Monitoring <input style="width: 50px; text-align: center;" type="text" value="0"/> % of system/year</p> <p>Smoke Testing <input style="width: 50px; text-align: center;" type="text" value="0"/> % of system/year</p> <p>Sewer Line Televising <input style="width: 50px; text-align: center;" type="text" value="20"/> % of system/year</p> <p>Manhole Inspections <input style="width: 50px; text-align: center;" type="text" value="5"/> % of system/year</p> <p>Lift Station O&M <input style="width: 50px; text-align: center;" type="text" value="4"/> # per L.S./year</p> <p>Manhole Rehabilitation <input style="width: 50px; text-align: center;" type="text" value="5"/> % of manholes rehabed</p> <p>Mainline Rehabilitation <input style="width: 50px; text-align: center;" type="text" value="1"/> % of sewer lines rehabed</p> <p>Private Sewer Inspections <input style="width: 50px; text-align: center;" type="text" value="0"/> % of system/year</p> <p>Private Sewer I/I Removal <input style="width: 50px; text-align: center;" type="text" value="0"/> % of private services</p> <p>Please include additional comments about your sanitary sewer collection system below:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>We contract for televising collection system according to capital improvement plan and repairs are done on an as needed basis.</p> </div>	
5.	<p>Provide the following collection system and flow information for the past year:</p>	0
	<p><input style="width: 80px; text-align: center;" type="text" value="34.64"/> Total Actual Amount of Precipitation Last Year</p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
6/9/2008

Reporting Year: 2007

Sanitary Sewer Collection Systems (Continued)

	31	Annual Average Precipitation (for your location)	
	43.25	Miles of Sanitary Sewer	
	4	Number of Lift Stations	
	0	Number of Lift Station Failure	
	0	Number of Sewer Pipe Failures	
	0	Number of Sanitary Sewer OverFlow (SSO) Occurrences:(10 points per occurrence)	
	4	Number of Basement Backup Occurrences	
	4	Number of Complaints	
	0.8	Average Daily Flow in MGD	
	1.1	Peak Monthly Flow in MGD(if available)	
	2.0	Peak Hourly Flow in MGD(if available)	
	PERFORMANCE INDICATORS		
	0.00	Lift Station Failures(failures/ps/year)	
	0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)	
	0.00	Sanitary Sewer Overflows (number/sewer mile/yr)	
	0.09	Basement Backups(number/sewer mile)	
	0.09	Complaints (number/sewer mile)	
	1.4	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)	
	2.5	Peaking Factor Ratio(Peak Hourly:Annual daily Average)	
6.	Was infiltration/inflow(I/I) significant in your community last year?		
	○	Yes	
	●	No	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
6/9/2008**

Reporting Year: 2007

Sanitary Sewer Collection Systems (Continued)

	If Yes, please describe: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
7.	Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, please describe: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
9.	What is being done to address infiltration/inflow in your collection system?	
	<div style="border: 1px solid black; padding: 5px;">We are monitoring and doing repairs as needed.</div>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:

Reporting Year: 2007

WPDES No.0020265

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	A	4.0	10	40
Effluent Quality:TSS	A	4.0	5	20
Effluent Quality:P	A	4.0	3	12
Biosolids Mgt.	A	4.0	5	20
Prev.Maintenance.Staffing	A	4.0	1	4
Operator Certification	A	4.0	1	4
Financial Management	A	4.0	1	4
Collection Systems	A	4.0	3	12
TOTALS			32	128
GRADE POINT AVERAGE(GPA)=4.00		4.00		

Notes:

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
6/17/2008**

Reporting Year: 2007

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Mukwonago Wastewater WWTP	06/09/2008
RESOLUTION NUMBER	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B, required for grade C, D, or F):	
Influent Flow and Loadings: Grade=A	
Effluent Quality: BOD: Grade=A	
Effluent Quality: TSS: Grade=A	
Effluent Quality: Phosphorus: Grade=A	
Biosolids Quality and Management: Grade=A	
Staffing: Grade=A	
Operator Certification: Grade=A	
Financial Management: Grade=A	
Collection Systems: Grade=A	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00) G.P.A. = 4.00	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
6/17/2008**

Reporting Year: 2007

DNR Response to Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Mukwonago Wastewater WWTP	06/09/2008
RESOLUTION NUMBER	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B, required for grade C, D, or F):	
Influent Flow and Loadings: Grade=A	
Resolution Response:	
DNR Response:	
Effluent Quality: BOD: Grade=A	
Resolution Response:	
DNR Response:	
Effluent Quality: TSS: Grade=A	
Resolution Response:	
DNR Response:	
Effluent Quality: Phosphorus: Grade=A	
Resolution Response:	
DNR Response:	
Biosolids Quality and Management: Grade=A	
Resolution Response:	
DNR Response:	
Staffing: Grade=A	
Resolution Response:	
DNR Response:	
Operator Certification: Grade=A	
Resolution Response:	
DNR Response:	
Financial Management: Grade=A	
Resolution Response:	
DNR Response:	
Collection Systems: Grade=A	
Resolution Response:	
DNR Response:	
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	
Resolution Response:	
DNR Response:	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
6/17/2008

Reporting Year: 2007

DNR Response to Resolution or Owner's Statement (Continued)

DNR Overall eCMAR Response: Dear Ms. West: Thank you for electronically submitting your 2007 CMAR. It is an annual self evaluation of your collection system and associated wastewater management activities. Based on the section grades, the grade point average of 4.0 and the resolution submitted for your treatment works, the Department does not require additional action to be taken this year in reference to the CMAR results. Thank you again for your attention to your treatment plant and collection system. Sincerely, Timothy Thompson
Wastewater Engineer, SE Fox Basin

DNR Reviewer: Thompson, Timothy

Address:

141 NW Barstow St, Room 180, Waukesha, WI 53188

Phone: (262) 574-2133

Date: 8/6/2008