

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
5/29/2009

Reporting Year: 2008

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	0.9869	X	161	X	8.34	=	1328
	February	0.8689	X	170	X	8.34	=	1235
	March	1.119	X	148	X	8.34	=	1382
	April	1.198	X	132	X	8.34	=	1316
	May	0.8243	X	193	X	8.34	=	1325
	June	1.153	X	145	X	8.34	=	1394
	July	0.8958	X	174	X	8.34	=	1303
	August	0.7200	X	216	X	8.34	=	1299
	September	0.7624	X	208	X	8.34	=	1321
	October	0.6803	X	246	X	8.34	=	1395
	November	0.6762	X	239	X	8.34	=	1346
	December	0.7705	X	232	X	8.34	=	1490
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
- 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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
5/29/2009

Reporting Year: 2008

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	9	1	0	0
February	30	27	8	1	0	0
March	30	27	9	1	0	0
April	30	27	15	1	0	0
May	30	27	6	1	0	0
June	30	27	12	1	0	0
July	30	27	6	1	0	0
August	30	27	5	1	0	0
September	30	27	6	1	0	0
October	30	27	5	1	0	0
November	30	27	7	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

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 $12/6 = 2.0$

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

3. Was the effluent flow meter calibrated in the last year?

Yes - enter last calibration date, MO/DAY/YEAR:

No - explain:

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

	No effluent meter
4.	What problems, if any, were experienced over the last year that threatened treatment?
	None
5.	Other Monitoring and Limits
	<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> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 2px;">acute testing done on 08/06/2008</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> <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; height: 20px; width: 100%;"></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: 2008

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	8	1	0	0
February	30	27	6	1	0	0
March	30	27	5	1	0	0
April	30	27	10	1	0	0
May	30	27	5	1	0	0
June	30	27	12	1	0	0
July	30	27	3	1	0	0
August	30	27	4	1	0	0
September	30	27	5	1	0	0
October	30	27	4	1	0	0
November	30	27	4	1	0	0
December	30	27	4	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?					

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

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5/29/2009

Reporting Year: 2008

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	0.6	1	0
	February	1	0.6	1	0
	March	1	0.5	1	0
	April	1	0.5	1	0
	May	1	0.6	1	0
	June	1	0.7	1	0
	July	1	0.9	1	0
	August	1	0.8	1	0
	September	1	0.8	1	0
	October	1	0.7	1	0
	November	1	0.7	1	0
	December	1	0.8	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?				

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

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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: <input style="width: 400px; height: 20px;" type="text"/></p>																																																																																																																																																																																																																							
3.	Biosolids Metals																																																																																																																																																																																																																						
Number of biosolids outfalls in your WPDES permit = 1																																																																																																																																																																																																																							
3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year																																																																																																																																																																																																																							
BIOSOLIDS METALS CHARACTERISTICS																																																																																																																																																																																																																							
Outfall:003 - Hauled Cake Sludge																																																																																																																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Parameter</th> <th rowspan="2">80% of Limit</th> <th rowspan="2">H.Q. Limit</th> <th rowspan="2">Ceiling Limit</th> <th colspan="12">mg/kg on a dry weight basis</th> <th colspan="3">Times Exceeded</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th> <th>80% Value</th><th>High Quality</th><th>Ceiling</th> </tr> </thead> <tbody> <tr> <td>arsenic</td><td></td><td>41</td><td>75</td><td></td><td></td><td></td><td></td><td></td><td>1.6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td> </tr> <tr> <td>cadmium</td><td></td><td>39</td><td>85</td><td></td><td></td><td></td><td></td><td></td><td>4.4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td> </tr> <tr> <td>copper</td><td></td><td>1500</td><td>4300</td><td></td><td></td><td></td><td></td><td></td><td>600.9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td> </tr> <tr> <td>lead</td><td></td><td>300</td><td>840</td><td></td><td></td><td></td><td></td><td></td><td>24.4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td> </tr> <tr> <td>mercury</td><td></td><td>17</td><td>57</td><td></td><td></td><td></td><td></td><td></td><td>1.57</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td> </tr> <tr> <td>molybdenum</td><td>60</td><td></td><td>75</td><td></td><td></td><td></td><td></td><td></td><td>6.9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td>0</td> </tr> <tr> <td>nickel</td><td>336</td><td></td><td>420</td><td></td><td></td><td></td><td></td><td></td><td>25.5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td>0</td> </tr> <tr> <td>selenium</td><td>80</td><td></td><td>100</td><td></td><td></td><td></td><td></td><td></td><td>1.8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td>0</td> </tr> <tr> <td>zinc</td><td></td><td>2800</td><td>7500</td><td></td><td></td><td></td><td></td><td></td><td>860.3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td> </tr> </tbody> </table>		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						1.6									0	0	cadmium		39	85						4.4									0	0	copper		1500	4300						600.9									0	0	lead		300	840						24.4									0	0	mercury		17	57						1.57									0	0	molybdenum	60		75						6.9								0		0	nickel	336		420						25.5								0		0	selenium	80		100						1.8								0		0	zinc		2800	7500						860.3									0	0
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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																																																																																																																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td colspan="3">Exceedance Points</td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 50px;">0</td> <td style="width: 100px;">0 Points</td> </tr> </table>		Exceedance Points				0	0 Points																																																																																																																																																																																																																
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Biosolids Quality and Management (Continued)

	<input type="radio"/>	1-2	10 Points																		
	<input type="radio"/>	> 2	15 Points																		
	3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loadings at each land application site? (check applicable box)				0																
	<input type="radio"/> Yes <input type="radio"/> No (10 points) <input checked="" type="radio"/> NA. Did not exceed limits or no HQ limit applies (0 points) <input type="radio"/> NA. 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				0																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: left;">Exceedance Points</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">> 1</td> <td style="text-align: center;">15 Points</td> </tr> </table>				Exceedance Points			<input checked="" type="radio"/>	0	0 Points	<input type="radio"/>	1	10 Points	<input type="radio"/>	> 1	15 Points					
Exceedance Points																					
<input checked="" type="radio"/>	0	0 Points																			
<input type="radio"/>	1	10 Points																			
<input type="radio"/>	> 1	15 Points																			
	3.1.4 Were biosolids land applied which exceeded the ceiling limit?				0																
	<input type="radio"/> Yes(20 points) <input checked="" type="radio"/> No (0 points)																				
	3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?																				
4.	Pathogen Control(per outfall):																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">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>01/01/2008 - 12/31/2008</td> </tr> <tr> <td>Density:</td> <td>11</td> </tr> <tr> <td>Sample Concentrator Amount:</td> <td>MPN/G TS</td> </tr> <tr> <td>Process:</td> <td></td> </tr> <tr> <td>Process Description:</td> <td></td> </tr> </table>				Outfall Number:	003	Biosolids Class:	B	Bacteria Type and Limit	F	Sample Dates:	01/01/2008 - 12/31/2008	Density:	11	Sample Concentrator Amount:	MPN/G TS	Process:		Process Description:		
Outfall Number:	003																				
Biosolids Class:	B																				
Bacteria Type and Limit	F																				
Sample Dates:	01/01/2008 - 12/31/2008																				
Density:	11																				
Sample Concentrator Amount:	MPN/G TS																				
Process:																					
Process Description:																					
	4.1 If exceeded Class B limit or did not meet the process criteria at the time of land application(40 Points)																				
	4.1.1 Was the limit exceeded or the process criteria not met at any time?																				

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Biosolids Quality and Management (Continued)

	<p style="text-align: center;"> <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-top: 5px;"></div>	
6.	Biosolids Storage:0	
	<p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p>	0
	<p> <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) </p>	
	<p>6.2 If you check Not Applicable above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	
7.	Issues:	
	<p>7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt?</p> <div style="border: 1px solid black; height: 20px; width: 400px; 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:
5/29/2009

Reporting Year: 2008

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;" type="text"/>	
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. <input checked="" type="radio"/> Excellent	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
5/29/2009**

Reporting Year: 2008

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

	<p> <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor </p> <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Staff takes pride in the grounds, buildings and equipment and keeps them in excellent condition. Many times exceeding the rated life expectancy of said equipment. </div>	
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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:
5/29/2009

Reporting Year: 2008

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; 4 - A=PRIMARY SETTLING GRADE 4; B=TRICKLING FILTER/RBC GRADE 4; C=ACTIVATED SLUDGE GRADE 4; D=PONDS/AERATED LAGOONS GRADE 4; E=DISINFECTION GRADE 4; F=ANAEROBIC DIGESTION GRADE 4; G=MECHANICAL SLUDGE GRADE 4; I=PHOSPHORUS REMOVAL GRADE 4; J=LABORATORY GRADE 4; 3 - H=FILTRATION GRADE 3"/></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 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 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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
5/29/2009**

Reporting Year: 2008

Operator Certification and Education (Continued)

5.	If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?	
	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 Grades 3 and 4: <input checked="" type="radio"/> Averaging 8 or more CEUs per year <input type="radio"/> Averaging less than 8 CEUs per year Not applicable: <input type="radio"/> See Question 1.	

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:
5/29/2009**

Reporting Year: 2008

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;">Paul J Moderacki - Administor</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;">pmoderacki@villageofmukwonago.com</td> </tr> </table>	Name:	Paul J Moderacki - Administor	Telephone:	(262) 363-6421	E-Mail Address(optional):	pmoderacki@villageofmukwonago.com				
Name:	Paul J Moderacki - Administor										
Telephone:	(262) 363-6421										
E-Mail Address(optional):	pmoderacki@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: 2008	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: 2008	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="width: 5%;"></td> <td style="width: 35%; text-align: right;">\$281,655.00</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: center;">+</td> <td style="text-align: right;">\$8,411.10</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$290,066.10</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:		\$281,655.00	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$8,411.10	5.2.3 Adjusted January 1st Beginning Balance		\$290,066.10	
5.2.1 Ending Balance Reported on Last Year's CMAR:		\$281,655.00									
5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$8,411.10									
5.2.3 Adjusted January 1st Beginning Balance		\$290,066.10									

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
5/29/2009

Reporting Year: 2008

Financial Management (Continued)

	5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$0.00	
	5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$0.00	
	5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$290,066.10	
(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; height: 20px; width: 100%; margin-top: 5px;"></div>		

	5.3 What amount should be in your replacement fund? \$290,066.10 (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; width: 100%; margin-top: 5px;"></div>	
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6. Future Planning

	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 type="radio"/> Yes (If yes, please provide major project information, if not already listed below) <input checked="" type="radio"/> No										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <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>we will begin construction on our ammonia compliance schedule, which would include adding additional aeration basins and or upgrading our existing basins.</td> <td style="text-align: center;">\$1,500,000.00</td> <td style="text-align: center;">2006</td> </tr> <tr> <td>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 style="text-align: center;">\$400,000.00</td> <td style="text-align: center;">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	
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									

7. Financial Management General Comments:

	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
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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:
5/29/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems

Questions	Points
<p>1. Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>	
<p>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?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4) </p>	0
<p>3. Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system: <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">clean, evaluate, repair</div> </p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ownership and governing body description <input type="checkbox"/> Organizational chart <input type="checkbox"/> Personnel and position descriptions <input checked="" type="checkbox"/> Internal communication procedures <input type="checkbox"/> Public information and education program </p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY <div style="border: 1px solid black; padding: 2px; width: 80px; margin-left: 10px;">01/03/1995</div> <input checked="" type="checkbox"/> Pretreatment/Industrial control Programs <input checked="" type="checkbox"/> Fat, Oil and Grease control <input checked="" type="checkbox"/> Illicit discharges (commercial, industrial) <input type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc) <input type="checkbox"/> Private lateral inspections/repairs <input type="checkbox"/> Service and management agreements </p> <p style="margin-left: 20px;"> <input type="checkbox"/> Maintenance Activities: details in Question 4 </p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> State plumbing code <input checked="" type="checkbox"/> DNR NR 110 standards <input checked="" type="checkbox"/> Local municipal code requirements <input checked="" type="checkbox"/> Construction, inspection and testing <input type="checkbox"/> Others: </p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

Last Updated:
5/29/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

	<p><input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alarm system and routine testing <input checked="" type="checkbox"/> Emergency equipment <input checked="" type="checkbox"/> Emergency procedures <input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc) <p><input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Current and up-to-date sewer map <input checked="" type="checkbox"/> Sewer system plans and specifications <input checked="" type="checkbox"/> Manhole location map <input checked="" type="checkbox"/> Lift station pump and wet well capacity information <input checked="" type="checkbox"/> Lift station O&M manuals <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Areas with flat sewers <input checked="" type="checkbox"/> Areas with surcharging <input checked="" type="checkbox"/> Areas with bottlenecks or constrictions <input type="checkbox"/> Areas with chronic basement backups or SSO's <input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input checked="" type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input checked="" type="checkbox"/> Sewers with severe defects that affect flow capacity <input checked="" type="checkbox"/> Adequacy of capacity for new connections <input checked="" type="checkbox"/> Lift station capacity and/or pumping problems <p><input checked="" type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input checked="" type="checkbox"/> Special Studies Last Year (check only if applicable):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input checked="" type="checkbox"/> Sewer System Evaluation Survey (SSES) <input checked="" type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input checked="" type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: 	
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4.	Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:	
----	---	--

	Cleaning	20	% of system/year
	Root Removal	0	% of system/year
	Flow Monitoring	0	% of system/year
	Smoke Testing	0	% of system/year
	Sewer Line Televising	0	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
5/29/2009**

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="4"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="1"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px;" type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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

<input style="width: 50px;" type="text" value="41"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 50px;" type="text" value="32"/>	Annual Average Precipitation (for your location)
<input style="width: 50px;" type="text" value="43"/>	Miles of Sanitary Sewer
<input style="width: 50px;" type="text" value="4"/>	Number of Lift Stations
<input style="width: 50px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 50px;" type="text" value="0"/>	Number of Sewer Pipe Failures
<input style="width: 50px;" type="text" value="5"/>	Number of Basement Backup Occurrences
<input style="width: 50px;" type="text" value="5"/>	Number of Complaints
<input style="width: 50px;" type="text" value="0.8"/>	Average Daily Flow in MGD
<input style="width: 50px;" type="text" value="1.2"/>	Peak Monthly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
5/29/2009**

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</th> </tr> <tr> <th style="width: 10%;">Date</th> <th style="width: 40%;">Location</th> <th style="width: 30%;">Cause</th> <th style="width: 20%;">Estimated Volume (MG)</th> </tr> <tr> <td colspan="4">NONE REPORTED</td> </tr> </table> <p>Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; height: 20px; width: 600px; margin-left: 20px;"></div>	NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)				Date	Location	Cause	Estimated Volume (MG)	NONE REPORTED				0
NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)														
Date	Location	Cause	Estimated Volume (MG)											
NONE REPORTED														
	<p>PERFORMANCE INDICATORS</p> <p><input style="width: 80px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 80px;" type="text" value="0.12"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 80px;" type="text" value="0.12"/> Complaints (number/sewer mile)</p> <p><input style="width: 80px;" type="text" value="1.5"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 80px;" type="text" value="2.5"/> Peaking Factor Ratio(Peak Hourly:Annual daily Average)</p>													
6.	<p>Was infiltration/inflow(I/I) significant in your community last year?</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; margin-left: 20px;">flow can double on rain days</div>													
7.	<p>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?</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; height: 20px; width: 600px; margin-left: 20px;"></div>													
8.	<p>Explain any infiltration/inflow(I/I) changes this year from previous years?</p>													

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mukwonago Wastewater Treatment Plant

**Last Updated:
5/29/2009**

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

	none	
9.	What is being done to address infiltration/inflow in your collection system?	
	repair sewers, stating manhole grouting program	

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: 2008

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:
6/17/2009**

Reporting Year: 2008

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Mukwonago	6/16/2009
RESOLUTION NUMBER	
2009-10	
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:
6/17/2009**

Reporting Year: 2008

DNR Response to Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Mukwonago	6/16/2009
RESOLUTION NUMBER	
2009-10	
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

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

DNR Overall eCMAR Response: Dear Mr. Hanson: Thank you for electronically submitting your 2008 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 and collection system, 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 Region

DNR Reviewer: Thompson, Timothy

Address:

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

Phone: (262) 574-2133

Date: 8/21/2009