

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 702	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	7.6954	x	168	x	8.34	=	10,811
February	8.4626	x	176	x	8.34	=	12,414
March	11.6810	x	102	x	8.34	=	9,893
April	11.3854	x	130	x	8.34	=	12,309
May	8.7549	x	205	x	8.34	=	15,001
June	7.4753	x	228	x	8.34	=	14,196
July	7.0276	x	239	x	8.34	=	14,017
August	6.9361	x	292	x	8.34	=	16,910
September	6.5943	x	291	x	8.34	=	16,026
October	6.8267	x	266	x	8.34	=	15,141
November	6.7936	x	297	x	8.34	=	16,809
December	6.6315	x	284	x	8.34	=	15,698

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	18.5	x	90	=	16.65
		x	100	=	18.5
Design BOD, lbs/day	29653	x	90	=	26687.7
		x	100	=	29653

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

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

0

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 2023

3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?
 Yes Enter last calibration date (MM/DD/YYYY)

No

If No, please explain:

4. Sewer Use Ordinance

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

Yes

No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

Yes

No

If Yes, please explain:

Notices of Violation were issued to 3 industrial users for violations of discharge limitations. After the causes of the violations were corrected, resampling was conducted and all of the facilities returned to compliance.

5. Septage Receiving

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

Septic Tanks	Holding Tanks	Grease Traps
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Yes

Yes

Yes

No

No

No

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

Septic Tanks

Yes gallons

No

Holding Tanks

Yes gallons

No

Grease Traps

Yes gallons

No

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

6. Pretreatment

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

Yes

No

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

<p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <p>All hauled waste is subject to review by our Pretreatment program for acceptance. Review may include on-site inspections, sampling, and permitting. Hauled waste manifests are screened for potential new sources and inspections conducted if needed. We have a categorical metal finisher, landfill leachate, and a non-categorical printer that are hauled to the plant and permitted as Industrial Users.</p>
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	10	10	0	1	0	0
February	10	10	0	1	0	0
March	10	10	0	1	0	0
April	10	10	0	1	0	0
May	7.9	7.9	0	1	0	0
June	7.9	7.9	0	1	0	0
July	7.9	7.9	0	1	0	0
August	7.9	7.9	0	1	0	0
September	7.9	7.9	0	1	0	0
October	7.9	7.9	0	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0
Outfall No. 006	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	10	10				
February	10	10				
March	10	10				
April	10	10				
May	5	5				
June	5	5				
July	5	5				
August	5	5	0	1	0	0
September	5	5	0	1	0	0
October	5	5	0	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0
* Equals limit if limit is <= 10						
Months of discharge/yr				12		
Points per each exceedance with 12 months of discharge					7	3
Exceedances					0	0
Points					0	0
Total number of points						0

0

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

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

<p>2. Flow Meter Calibration</p> <p>2.1 Was the effluent flow meter calibrated in the last year?</p> <p>● Yes Enter last calibration date (MM/DD/YYYY) <input style="width: 150px;" type="text" value="2023-12-22"/></p> <p>○ No</p> <p>If No, please explain: <input style="width: 800px; height: 20px;" type="text"/></p>	
<p>3. Treatment Problems</p> <p>3.1 What problems, if any, were experienced over the last year that threatened treatment?</p> <p><input style="width: 800px;" type="text" value="None"/></p>	
<p>4. Other Monitoring and Limits</p> <p>4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?</p> <p>● Yes</p> <p>○ No</p> <p>If Yes, please explain: <input style="width: 800px;" type="text" value="Our weekly chloride limit of 570 mg/L was exceeded in May (592.60) and June (573.0)."/></p> <p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p>○ Yes</p> <p>● No</p> <p>If Yes, please explain: <input style="width: 800px;" type="text"/></p> <p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p>○ Yes</p> <p>○ No</p> <p>● N/A</p> <p>Please explain unless not applicable: <input style="width: 800px;" type="text"/></p>	

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	10	10	0	1	0	0
February	10	10	0	1	0	0
March	10	10	0	1	0	0
April	10	10	0	1	0	0
May	10	10	0	1	0	0
June	10	10	0	1	0	0
July	10	10	0	1	0	0
August	10	10	0	1	0	0
September	10	10	0	1	0	0
October	10	10	0	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0
Outfall No. 006	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	10	10				
February	10	10				
March	10	10				
April	10	10				
May	10	10				
June	10	10				
July	10	10				
August	10	10	0	1	0	0
September	10	10	0	1	0	0
October	10	10	0	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
Points per each exceedance with 12 months of discharge:					7	3
Exceedances					0	0
Points					0	0
Total Number of Points						0

0

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

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

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

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

Outfall No. 006	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	5	11		0					0
February	5.1	12		0					0
March	5.5	13		0					0
April	2.4	5.8		0					0
May	2.5	5.7		0					0
June	1.8	4		0					0
July	1.4	3.3		0					0
August	1.5	3.5	0	0	0			0	0
September	1.8	4.2	0	0	0	0	0	0	0
October	2.8	6.7	.07	0	0	0	0	0	0
November	4	9.7	.014	0	.061	0	0	0	0
December	4	9.8	0	0	0	0	0	0	0
Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	5	11	.009	0	0	0	0	.027	0
February	5.2	12	.009	0	.037	0	0	0	0
March	6	13	.006	0	0	0	0	.029	0
April	5.6	10	.007	0	0	.016	.014	0	0
May	4.9	8.5	.145	0	0	.017	0	.473	0
June	3.1	5.6	.303	0	.306	.031	.841	.119	0
July	2	3.9	.006	0	.026	0	0	0	0
August	2.1	4.2	0	0	0	0	0	0	0
September	2.9	5.8	.006	0	.013	.013	0	0	0
October	4	9.2	.057	0	0	0	0	0	0
November	5.1	12	.014	0	.061	0	0	0	0
December	4.9	11	0	0	0	0	0	0	0
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
Total Number of Points									0

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

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

0

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

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

Outfall No. 006	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	.18			
February	.18			
March	.18			
April	.18			
May	.18			
June	.18			
July	.18			
August	.18	0.055	1	0
September	.18	0.046	1	0
October	.18	0.069	1	0
November	.18	0.059	1	0
December	.18	0.039	1	0
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	.225	0.045	1	0
February	.225	0.071	1	0
March	.225	0.081	1	0
April	.225	0.039	1	0
May	.225	0.042	1	0
June	.225	0.092	1	0
July	.225	0.085	1	0
August	.225	0.051	1	0
September	.225	0.042	1	0
October	.225	0.064	1	0
November	.225	0.059	1	0
December	.225	0.039	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				0

0

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

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

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Outfall No. 002 - Cake Sludge

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75	5.8			7.4			<5.1			<4.9				0	0
Cadmium		39	85	.67			.88			.63			.61				0	0
Copper		1500	4300	588			561			527			613				0	0
Lead		300	840	23.1			21			19			18.4				0	0
Mercury		17	57	.52			1.3			.44			.48				0	0
Molybdenum	60		75	14.6			15.2			12			17.1			0		0
Nickel	336		420	55.6			48.8			46			49.3			0		0
Selenium	80		100	9.3			15.5			9.7			10.2			0		0
Zinc		2800	7500	966			858			919			952				0	0

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

Exceedence Points

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

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

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

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

Exceedence Points

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

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

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

3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?

4. Pathogen Control (per outfall):

4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2023 - 03/31/2023
Density:	78,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Centrifuge samples. Lab Certification Number: 721026460

0

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	04/01/2023 - 06/30/2023
Density:	590,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Storage pile samples. Lab Certification Number: 721026460

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	04/01/2023 - 06/30/2023
Density:	20,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Centrifuge samples. Lab Certification Number: 721026460

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2023 - 09/30/2023
Density:	180,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Centrifuge samples. Lab Certification Number: 721026460

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	10/01/2023 - 12/31/2023
Density:	2,200
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Centrifuge samples. Lab Certification Number: 721026460

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	10/01/2023 - 12/31/2023
Density:	0
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Storage pile samples. Lab Certification Number: 721026460

0

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.

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

Yes (40 Points)

No

If yes, what action was taken?

5. Vector Attraction Reduction (per outfall):

5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Outfall Number:	002
Method Date:	03/31/2023
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	002
Method Date:	06/30/2023
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	002
Method Date:	09/30/2023
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Outfall Number:	002	0
Method Date:	12/31/2023	
Option Used To Satisfy Requirement:	Incorporation when land apply	
Requirement Met:	Yes	
Land Applied:	Yes	
Limit (if applicable):		
Results (if applicable):		
<p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>6. Biosolids Storage</p> <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> <p><input checked="" type="radio"/> >= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> < 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 5px;">Weather is always a challenge for land application.</div>		

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none">● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/>○ No (40 points) <input type="checkbox"/><input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none">● Yes○ No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none">● Yes<ul style="list-style-type: none">○ Paper file system○ Computer system● Both paper and computer system○ No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none">● Yes○ No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none">○ Excellent● Very good○ Good○ Fair○ Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px;">Phase 3 plant upgrades continue through 2027.</div>	

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Operator Certification and Education

1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

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

Name:

ZACHARY D EISNER

Certification No:

36752

0

2. Certification Requirements

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

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

0

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)

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

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

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

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

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

3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- One or more additional certified operators on staff

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

<input type="checkbox"/> An arrangement with another certified operator <input type="checkbox"/> An arrangement with another community with a certified operator <input checked="" type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year <input type="checkbox"/> A consultant to serve as your certified operator <input type="checkbox"/> None of the above (20 points) If "None of the above" is selected, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	0
--	---

<p>4. Continuing Education Credits</p> <p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>OIT and Basic Certification:</p> <ul style="list-style-type: none"> <input type="radio"/> Averaging 6 or more CECs per year. <input type="radio"/> Averaging less than 6 CECs per year. <p>Advanced Certification:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Averaging 8 or more CECs per year. <input type="radio"/> Averaging less than 8 CECs per year. 	
---	--

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Joseph Ciurro"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="262-524-3851"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="jciurro@waukesha-wi.gov"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2023"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0												
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2023"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 150px;" type="text" value="3,501,977.04"/></td> </tr> <tr> <td>3.2.2 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;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="3,501,977.04"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">+</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="483,000.00"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 150px;" type="text" value="3,501,977.04"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 150px;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 150px;" type="text" value="3,501,977.04"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 150px;" type="text" value="483,000.00"/>	
3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 150px;" type="text" value="3,501,977.04"/>											
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 150px;" type="text" value="0.00"/>											
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 150px;" type="text" value="3,501,977.04"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 150px;" type="text" value="483,000.00"/>											

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

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

\$ 375,342.83

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

\$ 3,609,634.21

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

Garage Floor Coating \$11,790.00
Retractable Lifeline \$4,585.31
240 Pump Rebuild \$17,508.49
UV Hydraulics \$20,257.82
Security Camera Replacement \$15,545.00
Influent/Recycle Sampler \$29,532.78
Blower #5 Rebuild \$31,930.00
2 50 Kw Portable Generators \$124,756.00
150 Air Compressor \$30,466.54
2 Muffin Monsters Replaced \$60,792.03
VFD of Aeration Blower \$28,178.86

0

3.3 What amount should be in your Replacement Fund? \$ 1,698,128.00

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

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

- Yes
- No

If No, please explain.

4. Future Planning

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

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

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Eliminate two lift stations on the south side of city consolidating by gravity into another station which will be completely rebuilt. The complete rebuild of another existing station and upgrades of two other existing stations.	\$14,000,000	2023
2	Facility Plan 11-15 yr. upgrades. Continued upgrades to motor control centers, and sludge drying	\$13,000,000	2026
3	Replace 110/140 bldg. emergency generators	\$3,600,000	2026
4	replace bldg. 510 emergency generators	\$1,200,000	2025
5	Replacement of diffusers and piping in aeration basins 1-3	\$350,000	2026
6	Rebuild/replace bio-solids conveyor	\$400,000	2025

5. Financial Management General Comments

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	105,221	88
February	86,698	80
March	103,476	87
April	100,001	112
May	76,778	83
June	69,320	88
July	55,495	109
August	61,120	419
September	55,848	81
October	56,348	73
November	66,559	71
December	86,614	84
Total	923,478	1,375
Average	76,957	115

6.1.2 Comments:

Gas consumption is from 4 onsite emergency generators which are exercised weekly. We have 4 small grinder stations that are not metered separately, adding the averages of the 3 that are would increase the total of 923,478 by 2,781 for a total of 926,259 kWh.

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

Four pump station have onsite natural gas emergency generators.

6.2.2 Comments:

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Continued I&I reduction along with consolidation/elimination of lift stations should reduce electrical consumption.

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

No

Yes

Year:

2021

By Whom:

Donohue

Describe and Comment:

A study was done to eliminate/consolidation of six lift stations on the south side of the City. Energy consumption was factored into this study. Two lift stations will be eliminated by consolidation.

6.4 Future Energy Related Equipment

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

Continued upgrades to lift stations which include VFD's and continued I&I reduction to reduce volume pumped.

7. Treatment Facility

7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	794,694	238.56	3,331	335.14	2,371	33,439
February	711,720	236.95	3,004	347.59	2,048	34,648
March	738,128	362.11	2,038	306.68	2,407	29,459
April	772,419	341.56	2,261	369.27	2,092	11,321
May	721,588	271.40	2,659	465.03	1,552	478
June	754,338	224.26	3,364	425.88	1,771	368
July	704,929	217.86	3,236	434.53	1,622	381
August	790,639	215.02	3,677	524.21	1,508	1,760
September	734,003	197.83	3,710	480.78	1,527	951
October	688,946	211.63	3,255	469.37	1,468	16,620
November	825,568	203.81	4,051	504.27	1,637	18,663
December	965,571	205.58	4,697	486.64	1,984	29,395
Total	9,202,543	2,926.57		5,149.39		177,483
Average	766,879	243.88	3,274	429.12	1,832	14,790

7.1.2 Comments:

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 2023

7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

Eight 300kw natural gas emergency generators which are exercised weekly.

7.2.2 Comments:

Our primary influent and our primary effluent is pumped.

7.3 Future Energy Related Equipment

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

We are replacing our 110 and 140 pump Variable Speed Drives with new units. We have also been replacing older lights with LED lighting.

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

- No
- Yes

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

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

9. Energy Efficiency Study

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

- No
- Yes
 - Entire facility

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Year: <input type="text" value="2020"/>
By Whom: <input type="text" value="UW Milwaukee Industrial Assessment Center"/>
Describe and Comment: <input type="text" value="A student study sponsored by the US Dept. of Energy. They did look at solar in this study and we are looking deeper into that potential."/>
<input checked="" type="checkbox"/> Part of the facility
Year: <input type="text" value="2022"/>
By Whom: <input type="text" value="Strand Associates"/>
Describe and Comment: <input type="text" value="Biogas reuse was further evaluated to compile a Facility Amendment Plan."/>

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 2023

Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

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

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

If No or N/A, explain:

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

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

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

Maintain assets through rehabilitation and replacement program-rehabilitated/replaced: 16,812 LF mainline, 5,674 LF laterals, rehabilitated 90 manholes. Clean 30% of sewers. Televis 10% of sewers. Inspect all pump stations weekly.

Did you accomplish them?

- Yes
- No

If No, explain:

All accomplished except televising work due to scheduling, moving to 2024.

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

Does this chapter of your CMOM include:

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

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

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

Chapter 29

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2024-03-19

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance
- Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- Equipment and replacement part inventories
- Up-to-date sewer system map

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
 A description of routine operation and maintenance activities (see question 2 below)
 Capacity assessment program
 Basement back assessment and correction
 Regular O&M training
 Design and Performance Provisions [NR 210.23 (4) (e)]
 What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?
 State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
 Construction, Inspection, and Testing
 Others:

Sanitary Infrastructure Field Verification & Acceptance Request forms must be submitted and approved prior to acceptance of sanitary infrastructure by the city.

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

0

2. Operation and Maintenance

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

Cleaning	65	% of system/year
Root removal	1	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	6	% of system/year
Manhole inspections	25	% of system/year
Lift station O&M	50	# per L.S./year
Manhole rehabilitation	1.5	% of manholes rehabbed
Mainline rehabilitation	2	% of sewer lines rehabbed
Private sewer inspections	0	% of system/year

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Private sewer I/I removal % of private services

River or water crossings % of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

Lift Station O&M involves weekly inspections to test equipment and pump down wet wells. Preventive mechanical maintenance and wet well flushing are performed at least annually. 35 calls were received from residents regarding sewer issues, all complaints were investigated, 3 were fault of city.

3. Performance Indicators

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

<input type="text" value="34.04"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.62"/>	Annual average precipitation (for your location)
<input type="text" value="251"/>	Miles of sanitary sewer
<input type="text" value="35"/>	Number of lift stations
<input type="text" value="1"/>	Number of lift station failures
<input type="text" value="2"/>	Number of sewer pipe failures
<input type="text" value="3"/>	Number of basement backup occurrences
<input type="text" value="35"/>	Number of complaints
<input type="text" value="8.018"/>	Average daily flow in MGD (if available)
<input type="text" value="11.681"/>	Peak monthly flow in MGD (if available)
<input type="text" value="20.010"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.03"/>	Lift station failures (failures/year)
<input type="text" value="0.01"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.01"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.01"/>	Basement backups (number/sewer mile)
<input type="text" value="0.14"/>	Complaints (number/sewer mile)
<input type="text" value="1.5"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="2.5"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

	Date	Location	Cause	Estimated Volume
0	3/25/2023 11:30:00 AM - 3/25/2023 11:45:00 AM	3327 Madison Street, Waukesha, WI 53188	Equipment Failure	2
1	6/26/2023 1:30:00 PM - 6/26/2023 2:15:00 PM	0 Bluemound Road Waukesha, WI	Broken Sewer, Broken Sewer	500
2	7/29/2023 12:00:00 PM - 8/1/2023 1:00:00 PM	2064 S. West Ave	Broken Sewer, Broken Sewer	4,300

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

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

Older stations such as West Ave are being removed or replaced. Water spray prevention was installed at Madison to protect equipment. In talks with Pewaukee to replace piping and station Bluemound Rd is hooked up to.

5. Infiltration / Inflow (I/I)

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

- Yes
- No

If Yes, please describe:

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- Yes
- No

If Yes, please describe:

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

For 2023, the average monthly difference in Clean Water Plant influent versus Water Utility pumping was 2.743. This is lower than the historical (2005-2010) average difference of 3.390 MGD by 0.647 MGD.

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

Funds are annually budgeted for lining sewers, manhole rehabilitation, and grouting as necessary.

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 **2023**

Grading Summary

WPDES No: 0029971

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			37	148
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/29/2024 2023

Resolution or Owner's Statement

Name of Governing
Body or Owner:

CITY OF WAUKESHA

Date of Resolution or
Action Taken:

Resolution Number:

Date of Submittal:

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

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

The Madison Street SSO occurred when a pipe leaked inside of the lift station. This sprayed the control cabinets, shutting off the pumps. A spray curtain was installed to prevent the cabinets from getting wet in the future.

The Bluemound Road SSO occurred when the underground force main leaked. The leak was patched, and plans are underway to replace this aging force main.

The West Ave SSO occurred when the force main sheared where it connects to the lift station building. This station is currently being replaced. This is expected to be complete by the end of 2024.

Compliance Maintenance Annual Report

Waukesha City

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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

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