Waukesha City

Last Updated: Reporting For: 5/23/2023 **2022**

Influent Flow and Loading

1	 Monthly Average Flows and BOD Loadings Verify the following monthly flows and BOD loadings to your facility. 										
	Influent No. 702	Influe Averag	ent Monthly Je Flow, MGD	x	Influent Mor Average B Concentration	nth OD m	ly g/L	x	8.34	=	Influent Monthly Average BOD Loading, Ibs/day
	January		5.7462	x	300			х	8.34	=	14,359
	February	-	7.2547	х	269			х	8.34	=	16,269
	March	-	7.9096	х	238			х	8.34	=	15,723
	April	1	1.1613	x	206			х	8.34	=	19,151
	May	8	8.7069	х	321			х	8.34	=	23,288
	June	-	7.9020	x	265			х	8.34	=	17,491
	July	-	7.6686	x	224			х	8.34	=	14,301
	August	8	8.2008	x	174			х	8.34	=	11,907
	September	11.5371 x 201			х	8.34	=	19,343			
	October	-	7.4402	x	309			х	8.34	=	19,192
	November	8	8.4367	x	302			х	8.34	=	21,242
	December	8	8.0779	x	184			х	8.34	=	12,376
2	 Maximum Monthly Design Flow and Design BOD Loading Verify the design flow and loading for your facility. 										
	Design			Design Factor		X		%	, 0	=	% of Design
	Max Month Design Flow, MGD		w, MGD	18.5		X		90		=	16.65
				<u> </u>		X		100		=	18.5
	Design BOD, I	bs/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 Number of tir					Number of time	es	Number of times		es	Number of times	
	of flow was gre		flow was great	ater	flow was greate	er	BOD was greater		er	BOD was greater	
		Influent	than 90%	of	than 100% of		than 90% of design		ign	than 100% of design	
	January	1	0		0		0			0	
	Hebruary	1	0		0				0		0
		1	0		0	+			0		0
	Mav	1	0		0	\neg	0			0	
	- /	1	-		-						-

Total Numb	Fotal Number of Points0							
Points	Points 0 0 0 0							
Exceedances		0	0	0	0			
Points per ea	ch	2	1	3	2			
December	1	0	0	0	0			
November	1	0	0	0	0			
October	1	0	0	0	0			
September	1	0	0	0	0			
August	1	0	0	0	0			
July	1	0	0	0	0			
June	1	0	0	0	0			
May	1	0	0	0	0			
Аргіі	1	0	0	0	U			

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 3. Flow Meter 3.1 Was the influent Yes No If No, please explai 	t flow meter calibra Enter last calibration 2022-12-21 n:	ated in the last year? on date (MM/DD/YYYY)		
 4. Sewer Use Ordinar 4.1 Did your commu excessive conventior industries, commerc Yes No If No, please expla 	nce nity have a sewer u nal pollutants ((C)B ial users, hauled wa ain:	use ordinance that limited OD, SS, or pH) or toxic s aste, or residences?	d or prohibited the discharg substances to the sewer fro	je of m
 4.2 Was it necessary Yes No If Yes, please expl. Notices of Violatic returned to comp sampling results a multiple violation violations and ret 	v to enforce the ord ain: on were issued to 2 liance after resamp approaching limits. s and was placed o curned to complianc	inance? industrial users for viola oling. A warning letter wa One industrial user was n a compliance schedule. e on 10/12/22.	tion of permit limits. These as sent to one industrial use in Significant Noncomplian They corrected the cause	e users er for ce for of the
5. Septage Receiving 5.1 Did you have rec Septic Tanks	quests to receive se Holding Tanks	eptage at your facility? Grease Traps		
• Yes	• Yes	o Yes		
o No	○ No	• No		
5.2 Did you receive s Septic Tanks • Yes • No	septage at your fac 2,290,203	ility? If yes, indicate volu	ime in gallons.	
Holding Tanks ● Yes	1,714,082	gallons		
Grease Traps O Yes	0	gallons		
 No 5.2.1 If yes to any of these wastes 	of the above, pleas	e explain if plant perform	nance is affected when rece	iving
	was not affected.			
 6. Pretreatment 6.1 Did your facility or hazardous situation commercial or industria o Yes No 	experience operations in the sewer sy trial discharges in t	onal problems, permit vic stem or treatment plant he last year?	plations, biosolids quality contract that were attributable to	oncerns,

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

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

• Yes

o No

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.

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.

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

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Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

Outfall No.	Monthly	90% of	Effluent Monthly	Months of	Permit Limit	90% Permit					
001	Average	Permit Limit	Average (mg/L)	Discharge	Exceedance	Limit					
	10	> 10 (IIIg/L)	0		0						
Fobruary	10	10	1	1	0	0					
March	10	10		1	0	0					
April	10	10	2	1	0	0					
May	7.0	7.0		1	0	0					
lupo	7.9	7.9	1	1	0	0					
July	7.9	7.9	1	1	0	0					
Jury 7.9 1 1 0 0 August 7.9 7.9 0 1 0 0											
August 7.9 0 I 0 0 Sentember 7.9 7.9 1 1 0 0											
September 7.9 1 1 0 0 Optober 7.0 7.0 0 1 0 0											
Nevember	7.9	7.9	0	1	0	0	0				
December	10	10	0	1	0	0					
December	10	10	U Upla limit if limit ia		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 o	discharge inter	mittently to state	waters, the po	oints per montl	nly					
exceedance	e for this section	on shall be bas	sed upon a multipl	ication factor of	of 12 months d	livided by					
of the year	the multiplic	ation factor is	12/6 = 2 0	ewater facility	discharging of	ily o monuns					
1.2 If any v	iolations occur	red, what actio	on was taken to re	gain complian	ce?						
]				
							<u> </u>				
2. Flow Mete	er Calibration			2							
 2.1 was the Yes 	E effluent flow I Enter	last calibrate	n date (MM/DD/Y)	r (YY)							
• 103	2022	-12-21		,							
O No			1								
If No. pleas	se explain:										
3. Treatment Problems											
3.1 What problems, if any, were experienced over the last year that threatened treatment?											
None											
4. Other Mon	itoring and Lir	nits t year was the	re an exceedance	of a permit lin	nit for any oth	er pollutants					
4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?											
• Yes											

o No

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If Yes, please explain:

Our weekly chloride limit of 620 mg/L was exceeded in March (659.6) and April (669). The weekly limit of 570 mg/L was exceeded in May (656.6), June (575.6), July (598.8), October (605.6), and November (579.2). Duplicate split analysis was done starting in August and October and November were under the limit however with the different EPA analysis method. In April a weekly BOD was exceeded at 10.52 however the monthly was not exceeded.

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

o Yes

• No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

o Yes

o No

• N/A

Please explain unless not applicable:

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

Waukesha City

Effluent Quality and Plant Performance (Total Suspended Solids)

Outfall No Monthly 90% of Effluent Monthly Months of Permit Limit 90% Permit								
001	Average	Permit Limit	Average (mg/L)	Discharge	Exceedance	Limit		
	Limit (mg/L)	>10 (mg/L)		with a Limit		Exceedance		
January	10	10	0	1	0	0		
February	10	10	2	1	0	0		
March	10	10	5	1	0	0		
April	10	10	1	1	0	0		
May	10	10	0	1	0	0		
June 10 10 0 1 0 0								
July	10	10	2	1	0	0		
August	10	10	0	1	0	0		
September	10	10	2	1	0	0		
October	10	10	0	1	0	0		
November	10	10	0	1	0	0		
December 10 10 0 1 0 0								
		* Eq	uals limit if limit is	<= 10				
Months of D	ischarge/yr			12				
Points per	each exceed	ance with 12	months of disch	arge:	7	3		
Exceedance	s				0	0		
Points 0 0								
Total Number of Points 0								
NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0								

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

Waukesha City

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

								1	
Monthly Average NH3	Weekly Average NH3	Effluent Monthly Average	Monthly Permit Limit	Effluent Weekly Average	Effluent Weekly Average	Effluent Weekly Average	Effluent Weekly Average	Weekly Permit Limit	
Limit	Limit	NH3	Exceed	for Week	for Week	for Week	for Week	Exceed	
(mg/L)	(mg/L)	(mg/L)	ance	1	2	3	4	ance	
5		.041	0						
5.2		.091	0						
6		.212	0						
5.6		.423	0						
4.9		.023	0						
3.1		.039	0						
2		.011	0						
2.1		0	0						
2.9		.045	0						
4		.044	0						
5.1		.005	0						
4.9		.255	0						
Points per each exceedance of Monthly average:									
Exceedances, Monthly:									
								0	
ach excee	dance of v	veekly ave	erage (whe	en there is	no month	nly averag	e):	2.5	
Exceedances, Weekly:								0	
Points:									
Total Number of Points									
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?									
	Monthly Average NH3 Limit (mg/L) 5 5.2 6 5.6 4.9 3.1 2 2.1 2.9 4 5.1 4.9 ach excee s, Monthly ach excee s, Weekly ber of Poi it exceeda verage limi e even if a not exist, f iolations o	Monthly Average NH3 Limit (mg/L)Weekly Average NH3 Limit (mg/L)5I5.265.265.614.93.122.12.123.112.945.114.93ach exceedance of Ns, Monthly:ach exceedance of vs, Weekly:ber of Pointsit exceedances are of vverage limit exists iteven if a weekly linnot exist, the weekly linnot exist, the weekly liniolations occurred, w	Monthly Average NH3Weekly Average Monthly Average Monthly Average Monthly Must and (mg/L)Effluent Monthly Average (mg/L)5NH3 (mg/L)NH3 (mg/L)5.0415.2.0916.2125.6.4234.9.0233.1.0392.0112.102.9.0454.0445.1.0054.9.255ach exceedance of Monthly average s, Weekly:ber of Pointsit exceedances are considered verage limit exists it will be use e even if a weekly limit also exponentiation occurred, what action	Monthly Average NH3 Limit (mg/L)Weekly Average Monthly Average NH3 (mg/L)Effluent Monthly Permit Limit Exceed ance5.04105.2.04105.2.09106.21205.6.42304.9.02303.1.03902.01102.1002.9.04504.04405.1.00504.9.2550ach exceedance of Monthly average: s, Monthly:s.ber of Pointsit exceedances are considered for month verage limit exists it will be used to dete e even if a weekly limit also exists. When not exist, the weekly limit will be used to iolations occurred, what action was take	Monthly Average NH3 Limit (mg/L)Weekly Average NH3 Limit (mg/L)Effluent Monthly Average NH3 (mg/L)Monthly Permit Limit Exceed anceEffluent Weekly Average for Week ance5.04105.04105.04106.21206.21205.6.42304.9.02303.1.03902.01102.1002.9.04504.04405.1.00504.9.2550ach exceedance of Monthly average s, Weekly:weekly average (when there is s, Weekly:ber of Pointsit exceedances are considered for monthly OR we verage limit exists it will be used to determine exceed e even if a weekly limit also exists. When a weekly not exist, the weekly limit will be used to determine iolations occurred, what action was taken to regain	Monthly Average NH3Weekly Average NH3Effluent Monthly Average NH3Monthly Permit Limit Exceed anceEffluent Weekly Average for Week Average for Week anceEffluent Weekly Average for Week anceEffluent Monthly Average for Week anceEffluent Average for Week anceEffluent Monthly average for Week anceEffluent for Week average for Week average int exceedance of Monthly on a weekly average end exist, the weekly limit will be used to determine exceedances average init exists it will be used to determine exceedances average init asis occurred, what action was taken to regain complia	Monthly Average Imit (mg/L)Effluent Monthly Average Monthly Average (mg/L)Effluent Permit Limit Limit Average Average for Weekly Average for Weekly Average for Weekly Average for Weekly Average for Weekly Average for Weekly Average for Weekly ance 1Effluent Weekly Average for Weekly Average for Weekly Average for Weekly ance 1Effluent Weekly Average for Weekly Average for Week anceEffluent Weekly Average for Week ance 1Effluent Weekly Average for Week a tor Week anceEffluent Weekly Average for Week a tor Week anceEffluent Weekly Average for Week a tor Week anceEffluent Weekly Average for Week a tor Week anceEffluent Weekly Average for Week a tor Week anceEffluent Weekly Average Average for Week anceEffluent Weekly Average for Week a tor Week anceEffluent Weekly Average for Week a tor Week anceEffluent average for Week anceEffluent average for Week average for Week anceEffluent average for Week anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly anceEffluent average for Weekly average for Weekly <br< td=""><td>Monthly Average (mg/L)Effluent Monthly NH3 (mg/L)Effluent NH3 NH3 NH3 (mg/L)Monthly Permit Limit Exceed anceEffluent Weekly Mverage Neverage Neverage Average Average Average Average NeverageEffluent Weekly Average Average Average Average Average Average Average NeverageEffluent Weekly Weekly Average<br <="" td=""/></td></br<>	Monthly Average (mg/L)Effluent Monthly NH3 (mg/L)Effluent NH3 NH3 NH3 (mg/L)Monthly Permit Limit Exceed anceEffluent Weekly Mverage Neverage Neverage Average Average Average Average NeverageEffluent Weekly Average Average Average Average Average Average Average NeverageEffluent Weekly Weekly Average 	

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

Waukesha City

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Effluent Quality and Plant Performance (Phosphorus)

1.	Effluent	Phosphorus	Results
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1.1 Verify the following monthly average effluent values, exceedances, and points for Phosphorus

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	.6	0.035	1	0
February	.6	0.098	1	0
March	.6	0.177	1	0
April	.6	0.074	1	0
May	0			
June	0			
July	.225	0.062	1	0
August	.225	0.045	1	0
September	.225	0.086	1	0
October	.225	0.045	1	0
November	.225	0.039	1	0
December	.225	0.056	1	0
Months of Dischar				
Points per each	10			
Exceedances				0
Total Number of	Points			0
NOTE: For system exceedance for th the number of mo Example: For a w is 12/6 = 2.0	is that discharge inte is section shall be ba onths of discharge. astewater facility disc	rmittently to waters o used upon a multiplicat charging only 6 month	f the state, the point ion factor of 12 mor s of the year, the m	ts per monthly nths divided by ultiplication factor

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

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

Waukesha City

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Biosolids Quality and Management

 1. Biosolids Use/Disposal 1.1 How did you use or dispose of your biosolids? (Check all that apply) 	Jch	
 Land Application Site Last Year's Approved and Active Land Application Sites Last Year's Approved and Active Land Application Sites 		
2.1.1 How many acres did you have?		
2.1.2 How many acres did you use?		
351 acres		
2.2 If you did not have enough acres for your land application needs, what action was taken?		
2.3 Did you overapply nitrogen on any of your approved land application sites you used last ye		
• No		
2.4 Have all the sites you used last year for land application been soil tested in the previous 4		
years?		
• Yes		
○ No (10 points)		
o N/A		
3. Biosolids Metals		-
Number of biosolids outfalls in your WPDES permit:		
3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the	last	
calendar year.		
Outfall No. 005 - Liquid Sludge		
Parameter 80% H.Q. Ceiling Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 80% High	Ceiling	
of Limit Limit Value Qualit	1	
Arsenic 41 75 0	0	
Cadmium 39 85 0 0	0	
Copper 1500 4300 0	0	
Lead 300 840 0		
Mercury 17 57 0 Makeh damum C0 75 0		
NICKEI 330 420 0 Selenium 80 100 0 0		
Zinc 2800 7500 0 0 0		
	1 11	

Waukesha City

Outfall No. 002 - Cake SludgeParameter80% bitHi-Q. ceilingCeiling lumitJan lumitFebMar Mar MarApr Mar MayJun JunJul JunAug SepOct NovDec NovBoth Value QualityCeiling QualityArsenic41755.2< <5< <5.2< <8.7000Cadmium39851.4.642.2< <.770000Copper150043006674815735610000Lead30084025.821.922.658.70000Mercury17574.8.31.2110000Mercury107517.514.813.312.40000Nickel33642041.94153.552.50000Selenium8010075.96.6<7.80000Inc2800750010507508989540000Selenium80100.75.96.6<7.80000Selenium80100.77508989540000Solo2.10foints00000000<															5	0/23/	2023		2022
Parameter of ultimitBow ultimitH.Q. LimitCeiling JunJun FebMar MayApr MayMay JunJun JunJun JunAug SepOct NovDec Dec MovBow MaileQualityArsenic4175<5.2<<<<<<<000Cadmium39851.4.64<<<<<<00 <t< th=""><th>Outfall N</th><th>o. 00</th><th>2 - C</th><th>ake S</th><th>ludg</th><th>e</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Outfall N	o. 00	2 - C	ake S	ludg	e													
Limit Arsenic 41 75 <5.2	Parameter	80% of	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Cadmium33851.4.642.2 $<.79$ 00Copper1500430066748157356100Lead30084025.821.922.658.7000Mercury17574.831211000Mickel33642041.94153.552.5000Nickel33642041.94153.552.5000Selenium8010075.96.6<7.8000Zinc2800750010507508989540003.1.1Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0Exceedence Points0(0 Points)0001075.952.60003.1.2If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)000N/A - Did not exceed limits or no HQ limit applies (0 points)01.31.40000001.1000000000001.1900001.21000001.310	Arsenic	Limit	41	75	<5.2			<5			<5.2			<8.7				0	0
Copper 1500 4300 667 481 573 561 0 0 0 Lead 300 840 25.8 21.9 22.6 58.7 0 0 0 Mercury 17 57 .48 .31 .21 1 0 0 0 Molydenum 60 75 17.5 14.8 13.3 12.4 0 0 0 Nickel 336 420 41.9 41 53.5 52.5 0 0 0 Selenium 80 100 7 5.9 6.6 <7.8 0 0 0 Zinc 2800 7500 1050 750 898 954 0 0 0 3.1.1 Number of times any of the metals exceeded the high quality limits, did you cumulatively times oR 80% of the limit for molybdenum, nickel, or selenium = 0 Exceedence Points 0 0 0 0 0 0 0 0 0 0 0	Cadmium		39	85	1.4			.64			2.2			<.79				0	0
Lead 300 840 25.8 21.9 22.6 58.7 0 0 0 Mercury 17 57 .48 .31 .21 1 0 0 0 Molybdenum 60 75 17.5 14.8 13.3 12.4 0 0 0 Nickel 336 420 41.9 41 53.5 52.5 0 0 0 0 0 Selenium 80 100 7 5.9 6.6 <7.8 0 0 0 0 Zinc 2800 7500 1050 750 898 954 0 0 0 3.1.1 Number of times any of the metals exceeded the high quality limits, did you cumulatively limits OR 80% of the limit for molybdenum, nickel, or selenium = 0 Exceedence Points 0	Copper		1500	4300	667			481			573			561				0	0
Mercury 17 57 .48 .31 .21 1 1 0 0 0 Molydenum 60 75 17.5 14.8 13.3 12.4 0 0 0 Nickel 336 420 410 5.9 6.6 <.7.8 0 0 0 0 0 Zinc 2800 750 105 750 898 954 0 0 0 0 Jinckel 2800 750 1050 750 898 954 0 0 0 Jinckel or selenium = 0 750 898 954 0 0 0 0 Silenium or selenium = 0 0 <td>Lead</td> <td></td> <td>300</td> <td>840</td> <td>25.8</td> <td></td> <td></td> <td>21.9</td> <td></td> <td></td> <td>22.6</td> <td></td> <td></td> <td>58.7</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td>	Lead		300	840	25.8			21.9			22.6			58.7				0	0
Molybdenum 60 75 17.5 14.8 13.3 12.4 0 0 Nickel 336 420 41.9 41 53.5 52.5 0 0 0 Selenium 80 100 7 5.9 6.6 <7.8 0 0 0 Zinc 2800 750 1050 750 898 954 0 0 0 3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0 898 954 0 0 0 Exceedence Points 0 0 0 0 0 0 0 0 0 10 Points) 0 0 0 0 0 0 0 0 10 Points) 0 10 0 0 0 0 0 1.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box) 0 0 0 0 0 0 0 N/A - Did not exceed limits or no HQ limit applies (0 points) 0 <td< th=""><td>Mercury</td><td></td><td>17</td><td>57</td><td>.48</td><td></td><td></td><td>.31</td><td></td><td></td><td>.21</td><td></td><td></td><td>1</td><td></td><td></td><td></td><td>0</td><td>0</td></td<>	Mercury		17	57	.48			.31			.21			1				0	0
Nickel33642041.53.552.5000Selenium8010075.96.6<7.8000Zinc2800750010507508989540003.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0954000Exceedence Points000000010 Points)00000010 Points)00000010 Points)00000010 Points)00000010 Points)00000010 points)0000000000001.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)000N/A - Did not exceed limits or no HQ limit applies (0 points)00000.0 (0 points)00000000000000000000000000000000000000 <td< th=""><td>Molybdenum</td><td>60</td><td></td><td>75</td><td>17.5</td><td></td><td></td><td>14.8</td><td></td><td></td><td>13.3</td><td></td><td></td><td>12.4</td><td></td><td></td><td>0</td><td></td><td>0</td></td<>	Molybdenum	60		75	17.5			14.8			13.3			12.4			0		0
Setenuum 80 100 7 5.9 6.6 <7.8	Nickel	336		420	41.9			41			53.5			52.5			0		0
 2.1.1 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 (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) O Yes No (10 points) N/A - Did not exceed limits or no HQ limit applies (0 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? O Yes (20 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? 	Selenium	80	2000	100	/			5.9			6.6 000			<7.8			0	0	0
	3.1.1 Nu molybdel Exceede • 0 (0 1-2 0 > 2 3.1.2 If y each land 0 Yes 0 No (1 • N/A - 0 N/A - 3.1.3 Nu Exceede • 0 (0 1 (0 > 1 3.1.4 We 0 Yes (2 • No (0 3.1.5 If a Has the s	mber num, ence I 0 Poin (10 P (15 P /ou e: d app 0 poin Did r Did r Did r Did r Did r Did r 0 Poin 10 Pc (15 P ere bio 20 Poin any m sourc	of tin nicke Points oints oints oints not ex not la of tin Points oints) oints oints) oints oints) oints	mes ar el, or s)) ded the on site acceed I nd app mes ar s) ds land limit (l he me	ny of seleni e higl ? (ch imits bly bi ny of l app high tals l	the i um = h qua ieck = cor n osolie the i lied v quali	meta = 0 ality l appli o HQ ds ur meta which ty or iden	imits cable g limi ntil lir ls ex ceili tified	ceed s, did box t app nit w ceed eedeo ng) v ?	you) olies (vas m ed th d the	e hig cumi (0 po let (0 e cei ceilii xcee	h qu ulativ ints) poin ling l ng lir ded a	ality rely t nts) imits nit?	limits rack = 0 y tim	s OR the r e, wl	80% netal	of the	e limit ling at was ta	for ken?
	4.1 Verify under the	the f	follow	ving inf eader	formation in th). ation e left	. If a -side	any ii e mei	nform	natio	n is iı	ncorr	ect,	use t	he R	eport	Issue	e butto	n
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 Nu	Imber	-:										002	2					
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	:										В						
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 T	уре а	and L	imit:								Feca	al Co	liforn	n				
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 D	ates:						01/	01/2	022	- 03/	31/2	022						
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: 01/01/2022 - 03/31/2022	Density:							69,	500		-								
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: 01/01/2022 - 03/31/2022 Density: 69,500	, Sample C	oncer	ntratio	on Am	ount			MPI	V/G 1	ГS									
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: 01/01/2022 - 03/31/2022 Density: 69,500 Sample Concentration Amount: MPN/G TS	Requirem	ent M	let:					Yes											
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: 01/01/2022 - 03/31/2022 Density: 69,500 Sample Concentration Amount: MPN/G TS Requirement Met; Yes	Land Annl	ied ·						No											
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: 01/01/2022 - 03/31/2022 Density: 69,500 Sample Concentration Amount: MPN/G TS Requirement Met: Yes Land Applied: No	Process'							Δn=	eroh	ic Di	nesti	<u>n</u>							
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: 01/01/2022 - 03/31/2022 Density: 69,500 Sample Concentration Amount: MPN/G TS Requirement Met: Yes Land Applied: No Process: Anaerobic Digestion	Process D	Accriv	htion						trifu		mnl	200							
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: 01/01/2022 - 03/31/2022 Density: 69,500 Sample Concentration Amount: MPN/G TS Requirement Met: Yes Land Applied: No Process: Anaerobic Digestion Process: Contrifugo samples	FIUCESS D	COUL	JUOII					Lei	iu ii u	ye sa	ппре	з.							

Lab Certification Number: 399089350

Waukesha City

	5,25,2625	
Outfall Number:	002	7
Biosolids Class:	В	1
Bacteria Type and Limit:	Fecal Coliform	-
Sample Dates:	04/01/2022 - 06/30/2022	1
Density:	954	1
Sample Concentration Amount:	MPN/G TS	1
Requirement Met:	Yes	1
Land Applied:	Yes	1
Process:	Anaerobic Digestion	1
Process Description:	Storage pile samples. Lab Certification Number: 399089350	
Outfall Number:	002	
Biosolids Class:	В	7
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	04/01/2022 - 06/30/2022	
Density:	488	
Sample Concentration Amount:	MPN/G TS	7
Requirement Met:	Yes	7
Land Applied:	Yes	
Process:	Anaerobic Digestion	7
Process Description:	Storage pile and centrifuge samples. Lab Certification Number: 399089350	
Outfall Number:	002	7
Biosolids Class:	В	
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	07/01/2022 - 09/30/2022	
Density:	57,500	
Sample Concentration Amount:	MPN/G TS	
Requirement Met:	Yes	
Land Applied:	No	
Process:	Anaerobic Digestion	
Process Description:	Centrifuge samples. Lab Certification Number: 399089350	
Outfall Number:	002	
Biosolids Class:	В	
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	10/01/2022 - 12/31/2022	
Density:	23	
Sample Concentration Amount:	MPN/G TS	
Requirement Met:	Yes	
Land Applied:	Yes	
Process:	Anaerobic Digestion	
Process Description:	Storage pile samples. Lab Certification Number: 399089350	

Waukesha	City
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Outfall Number:	002	
Biosolids Class:	В	
Bacteria Type and Limit:	Fecal Coliform	
Sample Dates:	10/01/2022 - 12/31/2022	
Density:	243,000	
Sample Concentration Amount:	MPN/G TS	
Requirement Met:	Yes	
Land Applied:	Yes	
Process:	Anaerobic Digestion	
Process Description:	Centrifuge samples. Lab Certification Number: 399089350	

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:	03/31/2022
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:	06/30/2022
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:	09/30/2022
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Vaukesha City	l	.ast Updated: 5/23/2023	Reporting 2022	For
Outfall Number:	002			
Method Date:	12/31/2022			
Option Used To Satisfy Requirement:	Incorporation when land	apply		
Requirement Met:	Yes			
Land Applied:	Yes			
Limit (if applicable):				
Results (if applicable):				
 No If yes, what action was taken? 				
 6. Biosolids Storage 6.1 How many days of actual, current b facility have either on-site or off-site? >= 180 days (0 Points) 150 - 179 days (10 Points) 120 - 149 days (20 Points) 90 - 119 days (30 Points) < 90 days (40 Points) N/A (0 Points) 6.2 If you checked N/A above, explain v 	iosolids storage capacity did your was	tewater treat	ment	0

7. Issues

7.1 Describe any outstanding biosolids issues with treatment, use or overall management:

Weather is always a challenge for land application.

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

Waukesha City

Last Updated: Reporting For: 5/23/2023 **2022**

Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing	
1.1 Was your wastewater treatment plant adequately staffed last year?	
If No. please explain:	
Could use more help/staff for:	
1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and	
fulfill all wastewater management tasks including recordkeeping?	
• Yes	
○ No	
If No, please explain:	
2. Preventative Maintenance	
2.1 Did your plant have a documented AND implemented plan for preventative maintenance on	
major equipment items? ● Yes (Centinue with question 2) □□	
• Tes (Continue with question 2) $\Box \Box$	
If No, please explain, then go to question 3:	
2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication,	
and other tasks necessary for each piece of equipment?	
• Yes	0
O NO (10 points)	
2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and	
Yes	
• TCS	
O Paper file system	
Both paper and computer system	
• Doth paper and computer system	
3 O&M Manual	+
3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used	
as a reference when needed?	
• Yes	
O NO	
4. Overall Maintenance /Repairs	
4.1 Rate the overall maintenance of your wastewater plant.	
o Fair	
o Poor	
Describe your rating:	
Facility Plan upgrades continued in 2022	

Waukesha City	Last Updated:	Reporting For:
	5/23/2023	2022

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

Waukesha City

Last Updated: Reporting For: 5/23/2023 2022

Operato	Certification and Educa	tion				
1. Operato 1.1 Did yo ● Yes (0 ○ No (2) Name: JE Certificat	or-In-Charge ou have a designated operator-in points) 0 points) FF T HARENDA tion No: 31618	n-charge during the	report year?			0
2. Certifica 2.1 In acc and subcl treatment	ation Requirements cordance with Chapter NR 114.5 ass(es) were required for the op t plant and what level and subcla	6 and 114.57, Wisco erator-in-charge (O ass(es) were held by	onsin Adminis IC) to operat y the operato	strative Code te the waste pr-in-charge?	e, what level water	
Sub	SubClass Description	WWTP	0.77	OIC		
Class		Advanced	OIT	Basic	Advanced	
A1	Suspended Growth Processes	X			X	
AZ	Attached Growth Processes				X	
A3	Recirculating Media Filters		× ×			
	Apporable Treatment Of Liquid		^			
R R	Solids Separation	X			X	
	Biological Solids/Sludges	X			X	0
P	Total Phosphorus	X X			X	
N N	Total Nitrogen					
D	Disinfection	Х			X	
L	Laboratory	Х			Х	
U	Unique Treatment Systems					
SS	Sanitary Sewage Collection	Х	NA	Х	NA	
 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) 						
 3. Succession Planning 3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)? © One or more additional certified operators on staff An arrangement with another certified operator An arrangement with another community with a certified operator An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year A consultant to serve as your certified operator None of the above (20 points) If "None of the above" is selected, please explain:				0		
 4. Continuing Education Credits 4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates? 						

Waukesha City	Last Updated: 5/23/2023	Reporting For: 2022
 OIT and Basic Certification: Averaging 6 or more CECs per year. Averaging less than 6 CECs per year. Advanced Certification: Averaging 8 or more CECs per year. Averaging less than 8 CECs per year. 		

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

Compliance Mai	ntenance Annual Report		
Waukesha City		Last Updated: 5/23/2023	Reporting For 2022
Financial Managen	nent		
 Provider of Financial Name: Telephone: 	Information joseph Ciurro		
relephone.	262-524-3851	(XXX) XXX-XXX	x
E-Mail Address (optional):	jciurro@waukesha-wi.gov]	
 2. Treatment Works Op 2.1 Are User Charges treatment plant AND/C Yes (0 points) □□ o No (40 points) If No, please explain 	perating Revenues or other revenues sufficient to cover O&M ex OR collection system ? :	xpenses for your wastew	ater
2.2 When was the Use Year: 2022 • 0-2 years ago (0 po o 3 or more years ago o N/A (private facility	er Charge System or other revenue source(s) last reviewed and/or re	evised?
2.3 Did you have a sp financial resources ava plant and/or collection	ecial account (e.g., CWFP required segregat ilable for repairing or replacing equipment for system?	ed Replacement Fund, e or your wastewater treat	tc.) or ment

• Yes (0 points)

• No (40 points)

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year:

2022

● 1-2 years ago (0 points)□□

 \circ 3 or more years ago (20 points) \Box

O N/A

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

making up previous shortfall, etc.)

3.2.1	Ending Balance Reported on Last Year's CMAR
3.2.2	Adjustments - if necessary (e.g. earned interest,

audit correction, withdrawal of excess funds, increase

\$ 3,581,523.85
\$ 93,018.32

+

+

\$ 3,674,542.17
\$ 0.00

3.2.4	Additions	to Fund	(e.g.	portion	of User	Fee,
earne	d interest,	etc.)		-		

3.2.3 Adjusted January 1st Beginning Balance

Waukesha City	Last Updated 5/23/2023	I: Reporting For 2022
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	\$ 172,565.	13
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year	\$ 3,501,977.	04
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 150 pump rebuilds \$4,445.15 Man basket for fall protection \$7,304.72 Scale load cells \$20,306.06 140 sampler \$7,581.00 UV hydraulics \$11,238.21 220 Blower #3 rebuild \$27,152.00 240 pump rebuild \$6,030.49 430 gantry crane \$15,270.00 Centrifuge rebuild \$55,255.00 110 Muffin Monster replace \$17,982.50	repairs from 3.2.5 a	<u>bove.</u> 0
 Please note: If you had a CWFP loan, this amount was originally bat Assistance Agreement (FAA) and should be regularly updated as neinstructions and an example can be found by clicking the SectionIn header in the left-side menu. 3.3.1 Is the December 31 Ending Balance in your Replacement Fungreater than the amount that should be in it (#3.3)? Yes No If No, please explain. 	ased on the Financial eeded. Further calcu structions link under d above, (#3.2.6) e	lation r Info qual to, or
 4. Future Planning 4.1 During the next ten years, will you be involved in formal plannin or new construction of your treatment facility or collection system? Yes - If Yes, please provide major project information, if not alre o No 	g for upgrading, reh ady listed below.□□	abilitating,
Project Project Description #	Estimated A Cost (Approximate Construction Year
1 Eliminate two lift stations on the south side of city consolidating by gravity int another station which will be completely rebuilt. The complete rebuild of anot existing station and upgrades of two other existing stations.	to \$14,000,000 her	2023
 Facility Plan 11-15 yr. upgrades. Continued upgrades to motor control centers sludge drying, and biogas utilization. 	s, \$16,000,000	2024
 Facility Plan 11-15 yr. upgrades. Continued upgrades to motor control centers sludge drying, and biogas utilization. Replace 110/140 bldg. emergency generators 	s, \$16,000,000 \$4,000,000	2024
 Facility Plan 11-15 yr. upgrades. Continued upgrades to motor control centers sludge drying, and biogas utilization. Replace 110/140 bldg. emergency generators replace bldg. 510 emergency generators 	s, \$16,000,000 \$4,000,000 \$1,500,000	2024 2024 2024
 Facility Plan 11-15 yr. upgrades. Continued upgrades to motor control centers sludge drying, and biogas utilization. Replace 110/140 bldg. emergency generators replace bldg. 510 emergency generators Replacement of diffusers and piping in aeration basins 1-3 	s, \$16,000,000 \$4,000,000 \$1,500,000 \$500,000	2024 2024 2024 2024 2024
2 Facility Plan 11-15 yr. upgrades. Continued upgrades to motor control centers sludge drying, and biogas utilization. 3 Replace 110/140 bldg. emergency generators 4 replace bldg. 510 emergency generators 5 Replacement of diffusers and piping in aeration basins 1-3 6 Rebuild/replace bio-solids convevor	s, \$16,000,000 \$4,000,000 \$1,500,000 \$500,000 \$400.000	2024 2024 2024 2024 2024 2024

5. Financial Management General Comments

Waukesha City

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	78,785	18
February	87,949	21
March	64,745	145
April	55,047	22
Мау	65,583	53
June	63,556	177
July	54,610	52
August	50,853	82
September	66,709	94
October	72,050	96
November	90,407	86
December	87,290	96
Total	837,584	942
Average	69,799	79

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 seperately, adding the averages of the 3 that are would increase total of 837,584 by 3,092 for a total of 840,676 kWh.

35

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
- \Box Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- ☑ Variable Speed Drives
- Other:

Four pump stations have onsite natural gas emergency generators.

6.2.2 Comments:

Naukesha City	Na	aukesha	City		
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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:						
2	021					
By Who	m:					
	Donohue					
Describe	e and Commen	t:				
A study City. E consoli	y was done to o nergy consump dation.	consider elimina ition was factore	ntion/consolida ed into this stu	tion of six lift st udy. Two lift sta	ations on the so tions will be elir	outh side of minated by
6.4 Future	e Energy Relate	ed Equipment				
		- •				
6.4.1 Wh	nat energy effic	ient equipment	or practices d	o you have plan	ned for the futu	ure for your
pump/lift	t stations?					
Continued upgrades to lift stations which include VFD's and continued I&I reduction to reduce						n to reduce
lyaluma	volume pumped.					
volume 7. Treatme 7.1 Energ	ent Facility y Usage					
volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM	ent Facility y Usage ter the monthly ENT PLANT: 1	v energy usage Fotal Power Co	from the differ	ent energy sou nth Total Influent	rces: Electricity	Natural Gas
volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed	r energy usage Fotal Power Co Total Influent Flow (MG)	from the differ onsumed/Mo Electricity Consumed/	ent energy sou nth Total Influent BOD (1000 lbs)	rces: Electricity Consumed/	Natural Gas Consumed
volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM	ent Facility y Usage ter the monthly IENT PLANT: 1 Electricity Consumed (kWh)	v energy usage Fotal Power Co Total Influent Flow (MG)	from the differ onsumed/Mo Electricity Consumed/ Flow (kWh/MG)	rent energy sou nth Total Influent BOD (1000 lbs)	rces: Electricity Consumed/ Total Influent BOD	Natural Gas Consumed (therms)
volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM	ent Facility y Usage ter the monthly IENT PLANT: 1 Electricity Consumed (kWh)	r energy usage Fotal Power Co Total Influent Flow (MG)	from the differ onsumed/Mo Electricity Consumed/ Flow (kWh/MG)	ent energy sou nth Total Influent BOD (1000 lbs)	rces: Electricity Consumed/ Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM January	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729	v energy usage Fotal Power Co Total Influent Flow (MG) 178.13	from the differ onsumed/Mo Electricity Consumed/ Flow (kWh/MG) 4,579	rent energy sou nth Total Influent BOD (1000 lbs) 445.13	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833	Natural Gas Consumed (therms) 45,636
Volume 7. Treatme 7.1 Energ 7.1.1 Energ 7.1.1 Energ 7.1.2 Energ 7.1.4 Energ 7.	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385	r energy usage of Total Power Co Total Influent Flow (MG) 178.13 203.13	from the differ DNSUMEd/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733	Natural Gas Consumed (therms) 45,636 33,133
Volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM January February March	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076	v energy usage Fotal Power Co Total Influent Flow (MG) 178.13 203.13 245.20	from the differ onsumed/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53 487.41	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600	Natural Gas Consumed (therms) 45,636 33,133 26,893
Volume 7. Treatme 7.1 Energ 7.1.1 Energ 7.1.1 Energ 7.1.1 Energ 7.1.2 Energ 7.1.1 Energ 7.	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887	v energy usage of Total Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84	from the differ Dnsumed/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,375	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53	rces: Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443
volume 7. Treatme 7.1 Energ 7.1.1 Eni TREATM January February March April May	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585	v energy usage Fotal Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91	from the differ onsumed/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 504.55	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567
volume 7. Treatme 7.1 Energ 7.1.1 Energ 7.	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415	v energy usage of Total Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06	from the differ Dnsumed/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 D i i =	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 524.73	rces: Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037 1,626	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595
volume 7. Treatme 7.1 Energ 7.1.1 Eni TREATM January February March April May June July	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415 826,187	r energy usage Total Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06 237.73 245.20	from the differ DISUMED /MO Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 3,475	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 524.73 443.33	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037 1,626 1,864	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595 1,921
volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM January February March April May June July August	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415 826,187 742,083	v energy usage of Fotal Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06 237.73 254.22	from the differ DNSUMEd/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 3,475 2,919	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 524.73 443.33 369.12	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037 1,626 1,864 2,010	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595 1,921 833
volume 7. Treatme 7.1 Energ 7.1.1 Eni TREATM January February March April May June July August September	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415 826,187 742,083 860,892	r energy usage Total Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06 237.73 254.22 346.11	from the differ Dnsumed/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 3,475 2,919 2,487	Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 524.73 443.33 369.12 580.29	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037 1,626 1,864 2,010 1,484	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595 1,921 833 943
volume 7. Treatme 7.1 Energ 7.1.1 Ent TREATM January February March April May June July August September October	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415 826,187 742,083 860,892 741,440	v energy usage Fotal Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06 237.73 254.22 346.11 230.65	from the differ DNSUMEd/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 3,475 2,919 2,487 3,215	Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 524.73 443.33 369.12 580.29 594.95	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037 1,626 1,864 2,010 1,484 1,246	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595 1,921 833 943 6,490
volume 7. Treatme 7.1 Energ 7.1.1 Energ 7.	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415 826,187 742,083 860,892 741,440 830,033	r energy usage a Total Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06 237.73 254.22 346.11 230.65 253.10	from the differ Dnsumed/Mo Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 3,475 2,919 2,487 3,215 3,279	Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 524.73 443.33 369.12 580.29 594.95 637.26	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037 1,626 1,864 2,010 1,484 1,246 1,303	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595 1,921 833 943 6,490 18,554
volume 7. Treatme 7.1 Energ 7.1.1 Eni TREATM January February March April May June July August September October November December	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415 826,187 742,083 860,892 741,440 830,033 711,404	r energy usage a Total Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06 237.73 254.22 346.11 230.65 253.10 250.41	from the differ DISUMED /MO Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 3,475 2,919 2,487 3,215 3,279 2,841	ent energy sou nth Total Influent BOD (1000 lbs) 445.13 445.13 455.53 487.41 574.53 721.93 524.73 443.33 369.12 580.29 594.95 637.26 383.66	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,626 1,864 2,010 1,484 1,246 1,303 1,854	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595 1,921 833 943 6,490 18,554 41,260
volume vo	ent Facility y Usage ter the monthly ENT PLANT: 1 Electricity Consumed (kWh) 815,729 1,700,385 780,076 799,887 748,585 853,415 826,187 742,083 860,892 741,440 830,033 711,404 10,410,116	v energy usage of Total Power Co Total Influent Flow (MG) 178.13 203.13 245.20 334.84 269.91 237.06 237.73 254.22 346.11 230.65 253.10 250.41 3,040.49	from the differ DISUMED / MO Electricity Consumed/ Flow (kWh/MG) 4,579 8,371 3,181 2,389 2,773 3,600 3,475 2,919 2,487 3,215 3,279 2,841	rent energy sou nth Total Influent BOD (1000 lbs) 445.13 455.53 487.41 574.53 721.93 524.73 443.33 369.12 580.29 594.95 637.26 383.66 6,217.87	Electricity Consumed/ Total Influent BOD (kWh/1000lbs) 1,833 3,733 1,600 1,392 1,037 1,626 1,864 2,010 1,484 1,246 1,303 1,854	Natural Gas Consumed (therms) 45,636 33,133 26,893 10,443 1,567 1,595 1,921 833 943 6,490 18,554 41,260 189,268

Waukesha City

5,25,252
We have two natural gas accounts for the plant. One covers six emergency stand-by generators which totaled 6,287 therms. The other account has two emergency stand-by generators on it, in addition to all building heating. The generator portion of that account would estimate to be 2,095 therms resulting in a total of 8,382 therms used for generators and 180,886 therms used for building heat. Process heating was 100% from biogas.
 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 looking at installing a biogas scrubbing system to produce pipeline quality gas for resale or reuse. We are also doing a feasibility study for supplemental solar.
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):
X Building Heat
⊠ Process Heat
Generate Electricity
□ Other:

9. Energy Efficiency Study 9.1 Has an Energy Study been performed for your treatment facility? • No • Yes ⊠ Entire facility Year: 2020 By Whom: UW Milwaukee Industrial Assessment Center Describe and Comment: 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. ⊠ Part of the facility Year: 2022 By Whom: ∑022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	Waukesha City	Last Updated: 5/23/2023	Reporting For: 2022
 9.1 Has an Energy Study been performed for your treatment facility? No Yes ✓ Entire facility Year: 2020 By Whom: UW Milwaukee Industrial Assessment Center Describe and Comment: 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. Ø Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: 	9. Energy Efficiency Study		
 Yes ✓ Entire facility Year: 2020 By Whom: UW Milwaukee Industrial Assessment Center Describe and Comment: 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. ☑ Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan. 	9.1 Has an Energy Study been performed for your treatment facility? • No		
⊠ Entire facility Year: 2020 By Whom: UW Milwaukee Industrial Assessment Center Describe and Comment: 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. ⊠ Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	• Yes		
Year: 2020 By Whom: UW Milwaukee Industrial Assessment Center Describe and Comment: 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. A Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	A Entire facility		
By Whom: UW Milwaukee Industrial Assessment Center Describe and Comment: 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. Image: Strand Associates Image: Strand Associates Describe and Comment: Image: Strand Associates Describe and Comment: Image: Strand Associates Describe and Comment: Image: Strand Associates	2020		
UW Milwaukee Industrial Assessment Center Describe and Comment: 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. ⊠ Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	By Whom:		
Describe and Comment: 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. ⊠ Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	UW Milwaukee Industrial Assessment Center		
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. ☑ Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	Describe and Comment:		
 ☑ Part of the facility Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan. 	A student study sponsored by the US Dept. of Energy. They did look a we are looking deeper into that potential.	t solar in this stu	idy and
Year: 2022 By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	Part of the facility		
By Whom: Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	Year: 2022		
Strand Associates Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	By Whom:		
Describe and Comment: Biogas reuse was further evaluated to compile a Facility Amendment Plan.	Strand Associates		
Biogas reuse was further evaluated to compile a Facility Amendment Plan.	Describe and Comment:		
	Biogas reuse was further evaluated to compile a Facility Amendment F	Plan.	

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

C w

ted: Reporting For: 3 2022

Waukesha City	Last Updated: Report 5/23/2023 20
Sanitary Sewer Collection Systems	
 1. Capacity, Management, Operation, and Maintenance (CMOM) Pr 1.1 Do you have a CMOM program that is being implemented? Yes Na 	ogram
If No, explain:	
 1.2 Do you have a CMOM program that contains all the applicable according to Wisc. Adm Code NR 210.23 (4)? Yes 	e components and items
• No (30 points)	
O N/A If No or N/A explain:	
1.3 Does your CMOM program contain the following components a components and items that apply) ⊠ Goals [NR 210.23 (4)(a)]	and items? (check the
Describe the major goals you had for your collection system last	year:
Maintain assets through rehabilitation and replacement program LF mainline, 4,583 LF laterals, rehabilitate 131 manholes. Clean 30% of sewers. Televise 10% of sewers. Inspect all pump	n-rehabilitated/replaced: 14,237 p stations weekly.
Did you accomplish them?	
If No, explain:	
All accomplished except televising work due to scheduling, m	oving to 2023.
☑ Organization [NR 210.23 (4) (b)]□□	-
Does this chapter of your CMOM include:	
Internal and external lines of communication responsibilities	art and position descriptions)
\boxtimes Person(s) responsible for reporting overflow events to the de	partment and the public
⊠ Legal Authority [NR 210.23 (4) (c)]	
What is the legally binding document that regulates the use of y Chapter 29	our sewer system?
If you have a Sewer Use Ordinance or other similar document, w revised? (MM/DD/YYYY)2022-08-16	when was it last reviewed and
Does your sewer use ordinance or other legally binding documer ⊠ Private property inflow and infiltration Now sower and building sower design_construction_installation	nt address the following:
\boxtimes Rehabilitated sewer and lift station installation, testing and in	nspection
Sewage flows satellite system and large private users are mo necessary	nitored and controlled, as
Fat, oil and grease control	
☑ Enforcement procedures for sewer use non-compliance ☑ Operation and Maintenance [NR 210 23 (4) (4)]	
Does your operation and maintenance [NK 210.25 (4) (d)] Does your operation and maintenance program and equipment i Equipment and replacement part inventories	nclude the following:
Up-to-date sewer system map	

Waukesha City	Last Updated: Reporting F 5/23/2023 2022	or:
 A management system (computer databation for O&M activities, investigation A description of routine operation and matic Capacity assessment program Basement back assessment and correction Regular O&M training Design and Performance Provisions [NR 21 What standards and procedures are established the sewer collection system, including building property? State Plumbing Code, DNR NR 110 Stance Construction, Inspection, and Testing Others: 	<pre>bise and/or file system) for collection system on and rehabilitation aintenance activities (see question 2 below) on 0.23 (4) (e)]□□ hed for the design, construction, and inspection of ng sewers and interceptor sewers on private dards and/or local Municipal Code Requirements</pre>	
Sanitary Infrastructure Field Verification 8 approved prior to acceptance of sanitary	& Acceptance Request forms must be submitted and infrastructure by the city.	
 Overflow Emergency Response Plan [NR 21 Does your emergency response capability in Responsible personnel communication pr Response order, timing and clean-up Public notification protocols Training Emergency operation protocols and imple Annual Self-Auditing of your CMOM Program Special Studies Last Year (check only those Infiltration/Inflow (I/I) Analysis Sewer System Evaluation Survey (SSES) Sewer Evaluation and Capacity Managme Lift Station Evaluation Report Others: 	L0.23 (4) (f)]□□ clude: rocedures ementation procedures m [NR 210.23 (5)]□□ e that apply): ent Plan (SECAP)	
Redesign of four lift stations		
2. Operation and Maintenance 2.1 Did your sanitary sewer collection system maintenance activities? Complete all that apply Cleaning Root removal Flow monitoring Smoke testing Sewer line televising Manhole inspections Lift station O&M Show Solution Manhole rehabilitation Mainline	 maintenance program include the following y and indicate the amount maintained. 72 % of system/year 1 % of system/year 2 % of system/year 5 % of system/year 5 % of system/year 5 % of system/year 6 % of system/year 7 % of system/year 9 % of system/year 	
Private sewer	1 % of sewer lines rehabbed	
inspections	0 % of system/year	

Waukesha City			Last Updated: 5/23/2023	Reporting For 2022
Private sewer I/I removal	0	% of private services		
River or water crossings	100	% of pipe crossings eval	uated or maintai	ned
17% of river crossings v 2022. 5 of those were c mechanical or controls v the station. Lift Station wells. Preventative mec annually. 51 calls were investigated, two were	vere lined. There were ommunications related related issues. All of th O&M involves weekly hanical maintenance a received from residen fault of city.	e 42 after hours call in alar d, 12 were due to power o nese were resolved in the f inspections to test equipm and wet well flushing are p ts regarding sewer issues,	rms for lift statio outages, and 25 w field with no failu ent and pump do erformed at lease all complaints w	ns in were ıre of own wet :t 'ere
3. Performance Indicators3.1 Provide the following of45.81	collection system and a actual amount of pre	flow information for the pa ecipitation last year in inch	ast year. Nes	
34.62 Ann	ual average precipitat	ion (for your location)		
251 Mile	s of sanitary sewer			
35 Nun	nber of lift stations			
0 Nun	nber of lift station failu	ures		
1 Nun	nber of sewer pipe fail	ures		
8 Nun	nber of basement back	kup occurrences		
51 Nun	nber of complaints			
8.580 Ave	rage daily flow in MGD) (if available)		
36.348 Pea	k monthly flow in MGE) (if available)		
50.882 Pea	k hourly flow in MGD ((if available)		
3.2 Performance ratios for 0.00 Lift	the past year: station failures (failure	es/year)		
0.00 Sew	er pipe failures (pipe	failures/sewer mile/yr)		
0.02 San	itary sewer overflows	(number/sewer mile/yr)		
0.03 Bas	ement backups (numb	per/sewer mile)		
0.20 Con	nplaints (number/sewe	er mile)		
4.2 Pea	king factor ratio (Peak	Monthly:Annual Daily Avg))	
5.9 Pea	king factor ratio (Peak	Hourly:Annual Daily Avg)		
4. Overflows				
LIST OF SANITARY SEW	FR (SSO) AND TREAT	MENT FACILITY (TEO) OVE	RELOWS REPOR	TFD **

	LIST OF SANITART SEWER (SSO) AND TREATMENT FACILITY (IFO) OVERFLOWS REPORTED				
	Date	Location	Cause	Estimated Volume	
0	9/12/2022 12:30:00 AM - 9/12/2022 1:10:00 AM	600 Sentry Dr.	Rain, Equipment Failure	1,300,000	
1	9/15/2022 12:30:00 PM - 9/16/2022 10:00:00 AM	3001 MacArthur Rd. Waukesha WI 53188	Plugged Sewer, Other causes	6,000	
2	9/15/2022 12:30:00 PM - 9/16/2022 10:00:00 AM	3001 MacArthur Rd. Waukesha WI 53188	Plugged Sewer, Other causes	12,000	

Waukesha City

	5/25/2025	2022		
3 10/15/2022 9:00:00 AM - 827 Silvernail Road 10/19/2022 9:00:00 AM	Broken Sewer, Broken Sewer	3,000		
4 12/24/2022 1:30:00 AM - 600 Sentry Drive. Waukesha, WI 53186 12/24/2022 11:00:00 AM	Broken Sewer, Broken Sewer	57,000		
** If there were any SSOs or TFOs that are not listed above, please contact the DN corrected.	IR and stop work on this s	ection until		
What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurences in the future? Bolt down covers in remote areas to prevent vandalism. Gasketed and bolt down covers near river. Corrected programming of plant primary influent pumps. Add evaluation of underground piping at plant to next Facility Plan Study.				
 5. Infiltration / Inflow (I/I) 5.1 Was infiltration/inflow (I/I) significant in your community last Yes No If Yes, please describe: 	year?			
 5.2 Has infiltration/inflow and resultant high flows affected perform your collection system, lift stations, or treatment plant at any time. Yes No If Yes, please describe: 	mance or created pro in the past year?	blems in		
Heavy rainfall 9/12/22 caused the river to rise above the constr project of a river siphon. Inflow caused two basement backups equipment failure at the CWP which resulted in a TFO.	uction level during a and the surge caused	lining J an		
5.3 Explain any infiltration/inflow (I/I) changes this year from prev	vious years:			
For 2022, the average monthly difference in Clean Water Plant (Utility pumping was 2.487 MGD. This is lower than the historica difference of 3.390 MGD by 0.903 MGD. Continuing the trend fr difference was lower than the historical monthly average difference This is all despite a contractor related incident on a project near significant amount of river water to enter the system in Septemb precipitation was 11.07 inches above the historical annual total.	CWP) influent versus l (2005-2010) month om 2021, the averag nce for 9 months of t the Fox River which per and a year in which	Water ly average e monthly ne year. permitted a ch the		
The plant accepted approximately 207 million gallons of contami Lake Michigan return flow piping project from February to Septer subtracted off the reported influent flows for these I&I calculatio	nated groundwater fi mber. These amount ns.	rom the s have been		
5.4 What is being done to address infiltration/inflow in your collect	ion system?			
Funds are annually budgeted for lining sewers, manhole rehabilit necessary.	cation, and grouting a	as		

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

Waukesha City

Last Updated: Reporting For: 5/23/2023 **2022**

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)

Waukesha City	Last Updated: 5/23/2023	Reporting For 2022
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 RELA SECTIONS (Optional for grade A or B. Required for grade C, D, or Influent Flow and Loadings: Grade = A	TING TO SPECIFI F):	C CMAR
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)	
Use of bolt down covers in remote areas to prevent vandalism. Gasket be used near river. Programming adjustment of new plant primary infl reliability. An evaluation of underground piping at plant will be added t Study.	ed and bolt down co uent pumps has im to scope of next Fac	overs to proved ility Plan

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**