



City of Waukesha
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City of Waukesha Cover Sheet

Committee: Board of Public Works	BPW Meeting Date: 5/21/2026
ID Number: ID#26-03644	Ordinance/Resolution Number (if applicable): N/A
Department Submitting: Department of Public Works	Common Council Meeting Date: 6/2/2026
Agenda Item Title: 2025 WDNR Compliance Maintenance Annual Report (CMAR)	

Issue Before the Council: Review and Act on the WDNR Compliance Maintenance Annual Report (CMAR) for the year 2025.
Options & Alternatives: None, see above.
Additional Details: All facilities regulated by a WPDES permit are required by Wis. Admin. Code NR208, to submit a CMAR by June 30th annually. The governing body of a publicly-owned treatment works shall pass a resolution that verify its review of the CMAR, summarizes recommended or corrective actions if necessary and authorizes submittal of the eCMAR form.

What is the Strategic Plan Priority this item relates to:

Financial Sustainability

What impact will this item have on the Strategic Plan Priority?

This report ensures the Clean Water plant continues to stay up to date and in good working condition. This will ensure financial stability for the City's Clean Water Fund by reducing unplanned expenses.

Financial Remarks:

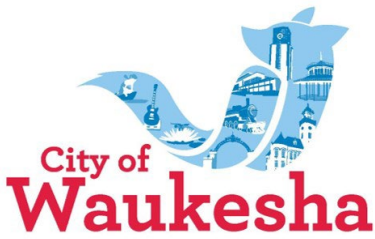
No financial impact to submit report, if corrections are required money would have to be budgeted for CIP, however no corrections will be necessary.

Suggested Motion:

Recommend the adoption of the CMAR Resolution for the year 2025 for the Wastewater Treatment Facility. The annual report was reviewed by the Board of Public Works.

Reviewed By:

Brian Running, City Attorney	Date Reviewed
Joseph P. Ciorro, Finance Director	Date Reviewed
Anthony W. Brown, City Administrator <i>Anthony Brown</i>	Date Reviewed 05/18/2026



Public Works – Clean Water Plant

600 Sentry Dr
Waukesha, Wisconsin 53186

Alex Damien, P.E.,
Director
adamien@waukesha-wi.gov
1-262-524-3625

May 12, 2025

Board of Public Works

Alex Damien, Director of Public Works

Subject: Compliance Maintenance Annual Report

Attached is a copy of the 2025 operating year DNR Compliance Maintenance Annual Report. There are ten categories that we are evaluated on: Influent Loading; Effluent Biological Oxygen Demand (BOD) Quality; Effluent Total Suspended Solids Quality; Effluent Ammonia Quality; Effluent Phosphorus Quality; Bio-solids Management; Preventive Maintenance and Staffing; Operator Certification; Financial Management; and Collection Systems. For the tenth year in a row a score of an “A” was achieved in all ten of the categories resulting in an overall combined score of 4.0.

We appreciate the support of all City Departments and the Board of Public Works in our efforts.

Sincerely,

Wastewater Staff

Department of Public Works

**Common Council
of the
City of Waukesha, Wisconsin
Resolution No. 2026 – 13**

**Resolution Acknowledging Review of the
2025 Compliance Maintenance Annual Report**

Whereas the Department of Natural Resources requires the City, as Owner of its Clean Water Plant, to prepare and submit a Compliance Maintenance Annual Report to the Department for the year 2025; and

Whereas prior to submitting the Compliance Maintenance Annual Report the City of Waukesha Common Council must acknowledge by resolution to the Department of Natural Resources that the Common Council has reviewed it;

Now therefore, be it resolved that the City of Waukesha Common Council acknowledges that it has reviewed the Compliance Maintenance Annual Report for the City of Waukesha Clean Water Plant for 2025, as required by Wisconsin Administrative Code NR 208.04(4). A copy of the Compliance Maintenance Annual Report is attached to this Resolution.

Be it further resolved that the City of Waukesha has completed or will complete the necessary corrective actions as outlined in the Compliance Maintenance Annual Report to maintain effluent requirements contained in its WPDES Permit.

Passed and adopted the ___ day of June, 2026.

Alicia Halvensleben, Mayor

Katie Panella, City Clerk

Compliance Maintenance Annual Report

Waukesha City

Last Updated: Reporting For:
5/15/2026 **2025**

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	7.4777	x	308	x	8.34	=	19,224
February	7.0802	x	298	x	8.34	=	17,620
March	9.8233	x	297	x	8.34	=	24,340
April	11.5447	x	253	x	8.34	=	24,366
May	7.9514	x	370	x	8.34	=	24,545
June	8.5659	x	284	x	8.34	=	20,260
July	6.9997	x	204	x	8.34	=	11,894
August	12.8272	x	192	x	8.34	=	20,512
September	7.4535	x	243	x	8.34	=	15,122
October	6.4140	x	268	x	8.34	=	14,315
November	5.7790	x	282	x	8.34	=	13,584
December	6.3391	x	293	x	8.34	=	15,470

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

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3. Flow Meter

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

2025-11-10

○ 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 were issued to 5 industrial users.

5. Septage Receiving

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

Septic Tanks

Holding Tanks

Grease Traps

● Yes

● Yes

○ Yes

○ No

○ No

● No

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

Septic Tanks

● Yes

562,476

gallons

○ No

Holding Tanks

● Yes

1,060,239

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.

Plant performance was not affected.

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.

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

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<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <p>Categorical metal finisher and landfill leachate only.</p>	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

Compliance Maintenance Annual Report

Waukesha City

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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. 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	0	1	0	0
February	10	10	2	1	0	0
March	10	10	3	1	0	0
April	10	10	1	1	0	0
May	5	5	1	1	0	0
June	5	5	0	1	0	0
July	5	5	0	1	0	0
August	5	5	0	1	0	0
September	5	5	1	1	0	0
October	5	5	1	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0
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	2	1	0	0
March	10	10	3	1	0	0
April	10	10	1	1	0	0
May	7.9	7.9	1	1	0	0
June	7.9	7.9	1	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	1	1	0	0
October	7.9	7.9	1	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0

0

* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
Total number of points			0

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

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

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<p>2. Flow Meter Calibration</p> <p>2.1 Was the effluent flow meter calibrated in the last year?</p> <p><input checked="" type="radio"/> Yes Enter last calibration date (MM/DD/YYYY) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">2025-11-10</div></p> <p><input type="radio"/> No</p> <p>If No, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p>	
<p>3. Treatment Problems</p> <p>3.1 What problems, if any, were experienced over the last year that threatened treatment?</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">High flows during August rain event.</div>	
<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><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></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><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></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><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p>	

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

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Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	10	10	0	1	0	0
February	10	10	2	1	0	0
March	10	10	2	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	0	1	0	0
February	10	10	2	1	0	0
March	10	10	2	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
* 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?

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

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Effluent Quality and Plant Performance (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	.024	0	0	0	.026	0	0
February	5.1	12	.063	0	.037	.213	0	0	0
March	5.5	13	.15	0	.019	.209	.324	.06	0
April	2.4	5.8	.129	0	.103	.089	.076	.273	0
May	2.5	5.7	.052	0	.019	.21	0	0	0
June	1.8	4	.027	0	0	0	0	.116	0
July	1.4	3.3	0	0	0	0	0	0	0
August	1.5	3.5	0	0	0	0	0	0	0
September	1.8	4.2	0	0	0	0	0	0	0
October	2.8	6.7	.04	0	0	0	.179	0	0
November	4	9.7	0	0	0	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	.024	0	0	0	.026	0	0
February	5.2	12	.063	0	.037	.213	0	0	0
March	6	13	.15	0	.019	.209	.324	.06	0
April	5.6	10	.129	0	.103	.089	.104	.244	0
May	4.9	8.5	.052	0	.019	.21	0	0	0
June	3.1	5.6	.027	0	0	0	0	.116	0
July	2	3.9	0	0	0	0	0	0	0
August	2.1	4.2	.003	0	0	.013	0	0	0
September	2.9	5.8	0	0	0	0	0	0	0
October	4	9.2	.04	0	0	0	.179	0	0
November	5.1	12	0	0	0	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

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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

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Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

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

Outfall No. 006	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	.18	0.064	1	0
February	.18	0.098	1	0
March	.18	0.074	1	0
April	.18	0.054	1	0
May	.18	0.035	1	0
June	.18	0.036	1	0
July	.18	0.045	1	0
August	.18	0.044	1	0
September	.18	0.042	1	0
October	.18	0.038	1	0
November	.18	0.036	1	0
December	.18	0.046	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	0.065	1	0
February	.225	0.098	1	0
March	.225	0.074	1	0
April	.225	0.054	1	0
May	.225	0.035	1	0
June	.225	0.036	1	0
July	.225	0.045	1	0
August	.225	0.044	1	0
September	.225	0.042	1	0
October	.225	0.038	1	0
November	.225	0.036	1	0
December	.225	0.046	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?

The November 2024 - April 2025 Outfall 006 6-month average limit of 0.06mg/L phosphorus was exceeded with an average of 0.065 mg/L. The action taken was adding additional ferric chloride.

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

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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	6.2			5.4			5.9			4.9				0	0
Cadmium		39	85	.68			.45			.68			1.2				0	0
Copper		1500	4300	469			524			471			431				0	0
Lead		300	840	52.9			22.7			18.8			19.1				0	0
Mercury		17	57	.29			.43			.53			.51				0	0
Molybdenum	60		75	15.3			19.7			21.1			17.2			0		0
Nickel	336		420	43.5			45.3			42.6			40.9			0		0
Selenium	80		100	9.2			8.9			13.7			12			0		0
Zinc		2800	7500	990			959			881			1020				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:	01/01/2025 - 03/31/2025
Density:	22,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Centrifuge samples. Lab Certification Number: 721026460

0

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Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	04/01/2025 - 06/30/2025
Density:	27,000
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:	04/01/2025 - 06/30/2025
Density:	15,000
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:	07/01/2025 - 09/30/2025
Density:	61,000
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:	10/01/2025 - 12/31/2025
Density:	37,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Centrifuge samples. Lab Certification Number: 721026460

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Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	10/01/2025 - 12/31/2025
Density:	290
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:	03/31/2025
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:	06/30/2025
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:	09/30/2025
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

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Outfall Number:	002	0
Method Date:	12/31/2025	
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 applications.</div>		

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

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Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div 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>	

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

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Operator Certification and Education

1. Operator-In-Charge

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

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

Name:

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

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

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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="2025"/></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="2025"/></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: center;"><input style="width: 150px;" type="text" value="3,616,426.21"/></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: center;"><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: center;"><input style="width: 150px;" type="text" value="3,616,426.21"/></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: center;"><input style="width: 150px;" type="text" value="489,148.27"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 150px;" type="text" value="3,616,426.21"/>	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="3,616,426.21"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 150px;" type="text" value="489,148.27"/>	+
3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 150px;" type="text" value="3,616,426.21"/>											
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="3,616,426.21"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 150px;" type="text" value="489,148.27"/>											

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

\$ 136,682.27

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

\$ 3,968,892.21

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.

Aeration Basins DO Meter Replacement: \$50,279.77
 UV Disinfection Lamp Replacement: \$60,111.40
 RAS/WAS Pump Rebuild: \$22,155.05
 Tandem Axel Trailer: \$4,138.00

0

3.3 What amount should be in your Replacement Fund? \$ 3,968,892.21

Please note: If you had a CFWP 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	Facility Plan 11-15 yr. upgrades. Continued upgrades to motor control centers, and sludge drying	\$14,581,000	2026
2	Replace 110/140 bldg. emergency generators	\$3,485,000	2026
3	Replacement of Lift Station Radio Communication to newer ethernet versions	\$680,000	2027
4	Rehab Airport Rd Pump Station and Northview Rd Pump Station	\$1,000,000	2026
5	Rehab Corporate Center Pump Station	\$1,000,000	2027
6	Rehab Patricia Ln Pump Station	\$1,000,000	2028
7	Rehab Tallgrass Pump Station	\$1,000,000	2029
8	Facility Plan 16-20 Yr. Upgrades include continued upgrades to electrical motor controls, service building upgrades, and pipe replacements.	\$4,500,000	2028
9	Sanitary Sewer Rehabilitation or Reconstruction	\$5,120,000	2026
10	RAS Pipe Replacement	\$850,000	2029
11	20 Year Facility Plan	\$300,000	2030

5. Financial Management General Comments

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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	95,701	164
February	94,626	182
March	72,674	99
April	66,913	47
May	44,288	14
June	93,164	9
July	68,020	21
August	91,690	52
September	57,693	8
October	37,326	9
November	64,178	34
December	63,688	151
Total	849,961	790
Average	70,830	66

6.1.2 Comments:

Gas consumption is from emergency generators which are exercised monthly.

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:

Many pump stations have onsite natural gas generators.

6.2.2 Comments:

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

- No
- Yes

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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.

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	1,826,294	231.81	7,878	595.94	3,065	44,707
February	1,637,282	198.25	8,259	493.36	3,319	36,866
March	1,652,102	304.52	5,425	754.54	2,190	24,712
April	1,912,718	346.34	5,523	730.98	2,617	18,469
May	1,630,044	246.49	6,613	760.90	2,142	5,676
June	1,919,830	256.98	7,471	607.80	3,159	1,584
July	1,717,974	216.99	7,917	368.71	4,659	445
August	1,689,818	397.64	4,250	635.87	2,657	486
September	1,846,076	223.61	8,256	453.66	4,069	1,449
October	1,532,656	198.83	7,708	443.77	3,454	2,022
November	1,511,056	173.37	8,716	407.52	3,708	20,121
December	1,746,000	196.51	8,885	479.57	3,641	38,409
Total	20,621,850	2,991.34		6,732.62		194,946
Average	1,718,488	249.28	7,242	561.05	3,223	16,246

7.1.2 Comments:

Electricity consumed includes energy used to pump effluent back to Lake Michigan watershed.

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

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- 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 and one 1MW natural gas emergency generators are exercised on a regular basis.

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 also have 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

Year:

2020

By Whom:

UW Milwaukee Industrial Assessment Center

Describe and Comment:

A study sponsored by the US Dept. of Energy.

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<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 and solar was further evaluated to compile a Facility Amendment Plan."/>	
--	--

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

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Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

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

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

If No or N/A, explain:

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

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

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

Maintained the system through a rehabilitation/replacement program. Rehabilitated 12,100 LF of mainline, 8,070 LF of laterals, 270 manholes, upgrade 2 pump stations. Clean 30% and televise 10% of the system. Inspect all pump stations weekly.

Did you accomplish them?

- Yes
- No

If No, explain:

All work was accomplished except the televising and the pump stations. The two pump stations will be completed in 2026 due to equipment delays.

- 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

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

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	58	% of system/year
Root removal	1	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	7	% of system/year
Manhole inspections	25	% of system/year
Lift station O&M	31	# per L.S./year
Manhole rehabilitation	25	% of manholes rehabbed
Mainline rehabilitation	1	% of sewer lines rehabbed

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Private sewer inspections % of system/year
 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:

Proposed rehabilitation work for 2026 includes 13,000 LF of mainline, 9,400 LF of laterals, 125 Manholes and 3 pump stations.

3. Performance Indicators

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

<input type="text" value="36.23"/>	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="31"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="1"/>	Number of sewer pipe failures
<input type="text" value="47"/>	Number of basement backup occurrences
<input type="text" value="47"/>	Number of complaints
<input type="text" value="8.195"/>	Average daily flow in MGD (if available)
<input type="text" value="12.827"/>	Peak monthly flow in MGD (if available)
<input type="text" value="50.0"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	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="0.19"/>	Basement backups (number/sewer mile)
<input type="text" value="0.19"/>	Complaints (number/sewer mile)
<input type="text" value="1.6"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="6.1"/>	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	8/10/2025 1:00:00 AM - 8/10/2025 5:00:00 AM	2107 Deer Creek Crossing	Rain, Flooding	9,600
1	12/11/2025 4:24:00 PM - 12/11/2025 5:24:00 PM	W. North Street	Plugged Sewer	25
2	8/10/2025 4:25:00 PM - 8/11/2025 12:30:00 AM	900 Burr Oak Boulevard	Rain, Broken Sewer, Broken Sewer	1,000

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

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

Older lift stations are being removed or replaced. Older sewers are being lined to reduce I/I.

5. Infiltration / Inflow (I/I)

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

- Yes
- No

If Yes, please describe:

We had significant I/I during the August 2025 rain event.

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:

Deer Creek Crossing SSO was due to excess I/I. Many houses were flooded from stormwater and inundated the lift station.

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

For 2025, the average monthly difference in Clean Water Plant influent versus Water Utility pumping was 2.695 MGD. This was less than the 2024 average of 3.875 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

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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)

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

City of Waukesha Common Council

Date of Resolution or
Action Taken:

2026-06-16

Resolution Number:

2026-13

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)

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