City of Waukesha
201 Delafield Street
Waukesha, WI 53188
Tel: 262.542.3700
waukesha-wi.gov

City of Waukesha Cover Sheet

Committee: Board of Public Works	**Meeting Date:** 6/17/2025
ID Number: ID #25-00960	**Ordinance/Resolution Number (if applicable):**
Department Submitting: Alex Damien, Director of Public Works	**Submission Date**: 06/05/2025
Agenda Item Title: Review and Act on Adoption of a Resolution for the 2024 WDNR Compliance Maintenance Annual Report (CMAR).	

Issue Before the Council:
All facilities regulated by a WPDES permit are required by Wis. Admin. Code NR208 to submit a resolution for the WDNR CMAR by June 30th annually.

Options & Alternatives:
None, see above.

Additional Details:
The governing body of a publicly-owned treatment works shall pass a resolution that:

•verifies 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
Service in Excellence

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

Financial Sustainability: Ensures enough reserves are in place for equipment replacement funds and future planned projects are accounted for to keep the plant meeting DNR permit requirements moving forward.

Service in Excellence: The report reviews the actions and performance of the operations of the Clean Water Plant and staff achieved an A rating for 2024. Additionally, the report monitors succession planning is in place though operators achieving the proper licensure.

Financial Remarks:
No financial impact to submit report, if corrections are required money would have to be budgeted for in CIP, however last year's activities did not warrant immediate corrections to be funded.

Executive Recommendation:
Recommend approval to adopt a Resolution for the 2024 WDNR Compliance Maintenance Annual Report (CMAR).

Recommended Motion:
Recommend approval to Council to adopt a Resolution for the 2024 WDNR Compliance Maintenance Annual Report (CMAR).

Reviewed By:

Reviewer #1 Name & Title Joseph Ciurro, Finance Director	**Reviewer Signature**
Reviewer #1 Name & Title Brian Running, City Attorney	**Reviewer Signature**
City Administrator	**Reviewer Signature** Anthony Brown

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 21, 2025

Board of Public Works

Alex Damien, Director of Public Works

Subject: Compliance Maintenance Annual Report

Attached is a copy of the 2024 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 ninth 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 did have an exceedance of our 6-month total phosphorus discharge to the Root River in 2024. The limit is 0.06 mg/L and we discharged 0.066 mg/L. We also had one Treatment Facility Overflows (TFO) in 2024 of 50 gallons. We had zero Sanitary Sewer Overflow (SSO) in 2024.

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. 2025 – 15

Resolution Acknowledging Review of the
2024 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 2024; 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 2024, 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 17 day of June, 2025.

Shawn N. Reilly, Mayor

Katie Panella, City Clerk

Compliance Maintenance Annual Report

Waukesha City

Last Updated: 5/28/2025 Reporting For: **2024**

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	7.3385	x	256	x	8.34	=	15,686
February	8.8373	x	242	x	8.34	=	17,844
March	11.1804	x	214	x	8.34	=	19,957
April	14.0630	x	210	x	8.34	=	24,642
May	11.7572	x	204	x	8.34	=	20,006
June	12.7695	x	177	x	8.34	=	18,804
July	7.1983	x	222	x	8.34	=	13,306
August	5.2026	x	217	x	8.34	=	9,425
September	4.9294	x	294	x	8.34	=	12,096
October	6.4943	x	361	x	8.34	=	19,535
November	9.8565	x	275	x	8.34	=	22,631
December	7.2618	x	276	x	8.34	=	16,721

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

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

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

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

0

Compliance Maintenance Annual Report

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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) 2024-12-18

○ No

If No, please explain:

4. Sewer Use Ordinance

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

● Yes

○ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

● Yes

○ No

If Yes, please explain:

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

5. Septage Receiving

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

Septic Tanks	Holding Tanks	Grease Traps
● Yes	● Yes	● Yes
○ No	○ No	○ No

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

Septic Tanks

● Yes 528,577 gallons

○ No

Holding Tanks

● Yes 1,128,546 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.

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

- ● Yes
- ○ 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 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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Last Updated: 5/28/2025 Reporting For: **2024**

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

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

0

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

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

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2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

● Yes Enter last calibration date (MM/DD/YYYY)
2024-12-18

○ No

If No, please explain:

3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

None.

4. Other Monitoring and Limits

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

● No

If Yes, please explain:

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

○ 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?

○ Yes

○ No

● N/A

Please explain unless not applicable:

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

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Last Updated: 5/28/2025 Reporting For: **2024**

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	3	1	0	0
March	10	10	0	1	0	0
April	10	10	0	1	0	0
May	10	10	0	1	0	0
June	10	10	0	1	0	0
July	10	10	0	1	0	0
August	10	10	0	1	0	0
September	10	10	0	1	0	0
October	10	10	0	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0
Outfall No. 006	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	10	10	0	1	0	0
February	10	10	3	1	0	0
March	10	10	0	1	0	0
April	10	10	0	1	0	0
May	10	10	0	1	0	0
June	10	10	0	1	0	0
July	10	10	0	1	0	0
August	10	10	0	1	0	0
September	10	10	0	1	0	0
October	10	10	0	1	0	0
November	10	10	0	1	0	0
December	10	10	0	1	0	0
* 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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Waukesha City

Last Updated: 5/28/2025

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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	0	0	0	0	0	0	0
February	5.1	12	.004	0	0	0	0	.019	0
March	5.5	13	.004	0	0	0	.019	0	0
April	2.4	5.8	.028	0	.026	.026	0	.01	0
May	2.5	5.7	0	0	0	0	0	0	0
June	1.8	4	0	0	0	0	0	0	0
July	1.4	3.3	.005	0	0	.011	0	.011	0
August	1.5	3.5	.474	0	0	0	2.1	0	0
September	1.8	4.2	.002	0	0	0	.01	0	0
October	2.8	6.7	.034	0	0	.141	.01	0	0
November	4	9.7	.023	0	.07	.029	0	0	0
December	4	9.8	.005	0	0	.021	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	0	0	0	0	0	0	0
February	5.2	12	.004	0	0	0	0	.019	0
March	6	13	.004	0	0	0	.019	0	0
April	5.6	10	.028	0	.026	.026	0	.01	0
May	4.9	8.5	0	0	0	0	0	0	0
June	3.1	5.6	0	0	0	0	0	0	0
July	2	3.9	.005	0	0	.011	0	.011	0
August	2.1	4.2	.474	0	0	0	2.1	0	0
September	2.9	5.8	.002	0	0	0	.01	0	0
October	4	9.2	.034	0	0	.141	.01	0	0
November	5.1	12	.023	0	.07	.029	0	0	0
December	4.9	11	.005	0	0	.021	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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Reporting For: **2024**

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	0.040	1	0
February	.18	0.113	1	0
March	.18	0.104	1	0
April	.18	0.045	1	0
May	.18	0.041	1	0
June	.18	0.047	1	0
July	.18	0.039	1	0
August	.18	0.040	1	0
September	.18	0.042	1	0
October	.18	0.043	1	0
November	.18	0.045	1	0
December	.18	0.057	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	0.040	1	0
February	.225	0.113	1	0
March	.225	0.104	1	0
April	.225	0.045	1	0
May	.225	0.041	1	0
June	.225	0.047	1	0
July	.225	0.039	1	0
August	.225	0.040	1	0
September	.225	0.042	1	0
October	.225	0.043	1	0
November	.225	0.045	1	0
December	.225	0.057	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 2023 - April 2024 Outfall 006 6-month average limit of 0.06mg/L phosphorus was exceeded with an average of 0.066 mg/L. The action of wasting more activated sludge 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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Biosolids Quality and Management

1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- ☒ Land applied under your permit
- ☐ Publicly Distributed Exceptional Quality Biosolids
- ☐ Hauled to another permitted facility
- ☐ Landfilled
- ☐ Incinerated
- ☐ Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

4154.8 acres

2.1.2 How many acres did you use?

526.9 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 year? **0**

- ○ Yes (30 points)
- ● 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)
- ○ 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% 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														0	0
Cadmium		39	85														0	0
Copper		1500	4300														0	0
Lead		300	840														0	0
Mercury		17	57														0	0
Molybdenum	60		75													0		0
Nickel	336		420													0		0
Selenium	80		100													0		0
Zinc		2800	7500														0	0

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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	<5.6			<5.2			7.7			<4.8				0	0
Cadmium		39	85	<.51			<.47			.91			.57				0	0
Copper		1500	4300	506			478			527			460				0	0
Lead		300	840	18.1			15.9			28.7			20.1				0	0
Mercury		17	57	.85			.45			.45			.34				0	0
Molybdenum	60		75	16.4			13			15.1			14.4			0		0
Nickel	336		420	45.3			41.7			40.2			40.1			0		0
Selenium	80		100	10.4			8.9			10.6			7.7			0		0
Zinc		2800	7500	885			819			898			885				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?

0

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:	01/01/2024 - 03/31/2024
Density:	68,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
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:	04/01/2024 - 06/30/2024
Density:	8,600
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:	04/01/2024 - 06/30/2024
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

Outfall Number:	**002**
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2024 - 09/30/2024
Density:	12,000
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:	10/01/2024 - 12/31/2024
Density:	81,000
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:	10/01/2024 - 12/31/2024
Density:	1,800
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:	03/31/2024
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:	06/30/2024
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:	09/30/2024
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**
Method Date:	12/31/2024
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

0

5.2 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?

6. Biosolids Storage

6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment 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)

0

6.2 If you checked N/A above, explain why.

7. Issues

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

Weather is always a challenge for land applications.

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

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

- ● Yes
- ○ No

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 (Continue with question 2) ☐☐
- ○ No (40 points)☐☐

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
- ○ No (10 points)

2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?

- ● Yes
  - ○ Paper file system
  - ○ Computer system
  - ● Both paper and computer system
- ○ No (10 points)

0

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
- ○ No

4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

- ○ Excellent
- ● Very good
- ○ Good
- ○ Fair
- ○ Poor

Describe your rating:

Phase 3 plant upgrades continue through 2027.

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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

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

0

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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☐ 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? 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	**A**

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Financial Management

1. Provider of Financial Information

Name: Juseph Ciurro

Telephone: 262-524-3851 (XXX) XXX-XXXX

E-Mail Address (optional): jciurro@waukesha-wi.gov

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- ● Yes (0 points) ☐☐
- ○ No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year: 2024

- ● 0-2 years ago (0 points) ☐☐
- ○ 3 or more years ago (20 points)☐☐
- ○ N/A (private facility)

2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

- ● Yes (0 points)
- ○ No (40 points)

0

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: 2024

- ● 1-2 years ago (0 points)☐☐
- ○ 3 or more years ago (20 points)☐☐
- ○ N/A

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR		$ 3,609,634.21
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)		$ 0.00
3.2.3 Adjusted January 1st Beginning Balance		$ 3,609,634.21
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$ 46,569.98

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - $ 39,777.98

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year $ 3,616,426.21

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.

RAS/WAS Rebuild $15,985.44
Sludge Storage Recirculation Pump $21,647.74
Eyewash Station $2,144.80

3.3 What amount should be in your Replacement Fund? $ 3,616,426.00

Please note: If you had a CWFP 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.

0

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	Replace bldg. 510 emergency generators	$1,200,000	2025
4	Rebuild/replace bio-solids conveyor	$100,000	2025
5	Replacement of Lift Station Radio Communication to newer ethernet versions	$680,000	2027
6	Recoating 4 Primary Clarifier Rotating Assemblies and Submerged Parts	$350,000	2028
7	Recoating 4 Tertiary Clarifier Rotating Assemblies and Submerged Parts	$350,000	2028
8	Rehab Deer Trails Pump Station, Fox Lake Village Pump Station	$1,000,000	2025
9	Rehab Airport Rd Pump Station and Northview Rd Pump Station	$1,000,000	2026
10	Rehab Corporate Center Pump Station	$1,000,000	2027
11	Rehab Patricia Ln Pump Station	$1,000,000	2028
12	Rehab Tallgrass Pump Station	$1,000,000	2029
13	Facility Plan 16-20 Yr. Upgrades include continued upgrades to electrical motor controls, service building upgrades, and pipe replacements.	$4,500,000	2028
14	Bio-Gas Purification for Reuse System	$5,100,000	2029

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: 33

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	96,344	255
February	86,614	27
March	66,559	58
April	56,348	16
May	55,848	18
June	61,120	58
July	55,495	75
August	69,320	89
September	76,778	105
October	100,001	95
November	103,446	105
December	86,698	75
Total	**914,571**	**976**
Average	**76,214**	**81**

6.1.2 Comments:

Gas consumption is from emergency generators which are exercised weekly. We have 4 small grinder station that are not metered separately, adding the averages of the 3 that are metered would increase the total of 914,601 by 2591 for a total of 917,192 kWh.

6.2 Energy Related Processes and Equipment

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

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

Many pump stations have onsite natural gas generators.

6.2.2 Comments:

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

○ No

● Yes

Year: 2021

By Whom: Donohue

Describe and Comment:

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

6.4 Future Energy Related Equipment

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

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

7. Treatment Facility

7.1 Energy Usage

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

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/ Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/ Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	913,147	227.49	4,014	486.27	1,878	44,708
February	844,981	256.28	3,297	517.48	1,633	33,483
March	849,281	346.59	2,450	618.67	1,373	10,908
April	796,506	421.89	1,888	739.26	1,077	3,500
May	951,986	364.47	2,612	620.19	1,535	1,020
June	916,028	383.09	2,391	564.12	1,624	818
July	1,049,524	223.15	4,703	412.49	2,544	772
August	933,751	161.28	5,790	292.18	3,196	1,497
September	908,467	147.88	6,143	362.88	2,503	3,623
October	991,562	201.32	4,925	605.59	1,637	39,879
November	897,248	295.70	3,034	678.93	1,322	15,919
December	813,292	225.12	3,613	518.35	1,569	14,853
Total	**10,865,773**	**3,254.26**		**6,416.41**		**170,980**
Average	**905,481**	**271.19**	**3,738**	**534.70**	**1,824**	**14,248**

7.1.2 Comments:

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

7.2.2 Comments:

Our primary indluent 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

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By Whom:

UW Milwaukee Industrial Assessment Center

Describe and Comment:

A study sponsored by the US Dept. of Energy.

☒ Part of the facility

Year:

2022

By Whom:

Strand Associates

Describe and Comment:

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:

Waiting on Chris L.

Did you accomplish them?

- ● Yes
- ○ No

If No, explain:

☒ Organization [NR 210.23 (4) (b)]☐☐

Does this chapter of your CMOM include:

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

☒ Legal Authority [NR 210.23 (4) (c)]

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

Chapter 29

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

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

- ☒ Private property inflow and infiltration
- ☒ New sewer and building sewer design, construction, installation, testing and inspection
- ☒ Rehabilitated sewer and lift station installation, testing and inspection
- ☒ Sewage flows satellite system and large private users are monitored and controlled, as necessary
- ☒ Fat, oil and grease control
- ☒ Enforcement procedures for sewer use non-compliance

☒ Operation and Maintenance [NR 210.23 (4) (d)]

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

- ☒ Equipment and replacement part inventories
- ☒ Up-to-date sewer system map
- ☒ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation

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☒ 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

0

☒ 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 Managment Plan (SECAP)
☐ Lift Station Evaluation Report
☐ Others:

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	35	% of system/year
Root removal	1	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	8	% of system/year
Manhole inspections	25	% of system/year
Lift station O&M	50	# per L.S./year
Manhole rehabilitation	1.8	% of manholes rehabbed
Mainline rehabilitation	1.3	% of sewer lines rehabbed
Private sewer inspections	0	% of system/year
Private sewer I/I removal		

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	0	% of private services
River or water crossings	50	% of pipe crossings evaluated or maintained

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

Maintain assets through rehabilitation and replacement/program. Rehabilitated/replaced 16,300 LF of mainline, 6,350 LF of laterals, rehabilitate 130 manholes, replace 2,425 LF force main. Clean 30% of sewers. Televise 10% of sewers. Inspect all pump stations weekly.

3. Performance Indicators

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

43.23	Total actual amount of precipitation last year in inches
34.62	Annual average precipitation (for your location)
251	Miles of sanitary sewer
33	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
43	Number of basement backup occurrences
43	Number of complaints
8.9074	Average daily flow in MGD (if available)
14.063	Peak monthly flow in MGD (if available)
30.0	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.17	Basement backups (number/sewer mile)
0.17	Complaints (number/sewer mile)
1.6	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
3.4	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	2/3/2024 12:01:00 AM - 2/3/2024 9:00:00 AM	600 Sentry Drive	Plugged Sewer	50

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

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

Older lift stations are being removed or replaced. Deerfield and Fox Lake lift stations are being rehabilitated in 2025.

5. Infiltration / Inflow (I/I)

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

- ○ Yes
- ● No

If Yes, please describe:

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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:

Looking at our springtime phosphorus numbers, many of the higher phosphorus numbers correlated with higher flows caused by infiltration/inflow.

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

For 2024, the average monthly difference in Clean Water Plant influent versus Water Utility pumping was 3.875 MGD. This is higher than the historical (2005-2010) average difference of 3.390 MGD. This can be explained by the higher than average rainfall in 2024.

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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Reporting For: **2024**

Grading Summary

WPDES No: 0029971

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

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

Compliance Maintenance Annual Report

Waukesha City

Last Updated: 5/28/2025

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Resolution or Owner's Statement

Name of Governing Body or Owner:

Date of Resolution or Action Taken:

Resolution Number:

Date of Submittal:

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

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A
(Regardless of grade, response required for Collection Systems if SSOs were reported)

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