

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:

7/1/2020

2019

## 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. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.4892	x	134	x	8.34	=	548
February	0.5065	x	109	x	8.34	=	460
March	0.6394	x	187	x	8.34	=	997
April	0.7253	x	125	x	8.34	=	753
May	0.7416	x	128	x	8.34	=	790
June	0.6440	x	140	x	8.34	=	754
July	0.7494	x	119	x	8.34	=	741
August	0.5730	x	153	x	8.34	=	731
September	0.5870	x	121	x	8.34	=	594
October	0.6507	x	112	x	8.34	=	605
November	0.5588	x	105	x	8.34	=	489
December	0.6072	x	114	x	8.34	=	576

### 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	1.024	x	90	=	0.9216
		x	100	=	1.024
Design BOD, lbs/day	1275	x	90	=	1147.5
		x	100	=	1275

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
<b>Total Number of Points</b>					<b>0</b>

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)  
2019-11-04

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:

## 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       gallons

No

Holding Tanks

Yes       gallons

No

Grease Traps

Yes       gallons

No

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

## 6. Pretreatment

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

- Yes  
 No

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

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

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7/1/2020 2019

<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

## 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	20	18	12	1	0	0
February	20	18	15	1	0	0
March	20	18	9	1	0	0
April	20	18	12	1	0	0
May	10	10	5	1	0	0
June	10	10	5	1	0	0
July	10	10	8	1	0	0
August	10	10	5	1	0	0
September	10	10	3	1	0	0
October	10	10	2	1	0	0
November	20	18	2	1	0	0
December	20	18	5	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
<b>Total number of points</b>			<b>0</b>

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?

### 2. Flow Meter Calibration

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

Yes Enter last calibration date (MM/DD/YYYY)

2019-11-04

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

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

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:

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

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7/1/2020 2019

## 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	20	18	2	1	0	0
February	20	18	3	1	0	0
March	20	18	7	1	0	0
April	20	18	6	1	0	0
May	10	10	3	1	0	0
June	10	10	2	1	0	0
July	10	10	2	1	0	0
August	10	10	2	1	0	0
September	10	10	1	1	0	0
October	10	10	1	1	0	0
November	20	18	2	1	0	0
December	20	18	2	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
<b>Points per each exceedance with 12 months of discharge:</b>					<b>7</b>	<b>3</b>
Exceedances					0	0
Points					0	0
<b>Total Number of Points</b>						<b>0</b>
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?						

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

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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. 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	4.5		13.726666	66671					
February	4.5		12.445454	45451					
March	4.5		11.635714	2861					
April	4.5		13.035714	2861					
May	2.4		3.984615	385 1					
June	2.4		0	0					
July	2.4		0	0					
August	2.4		.04615384	6 0					
September	2.4		.11538461	5 0					
October	7.3		.30714285	7 0					
November	7.3		3.91	0					
December	7.3		1.075	0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									5
Points:									50
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
<b>Total Number of Points</b>									<b>50</b>
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?									
New operator, operational changes were made to the system to regain compliance.									

50

<b>Total Points Generated</b>	50
<b>Score (100 - Total Points Generated)</b>	50
<b>Section Grade</b>	<b>F</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

## 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:

We have reed bed system so no bio solids were land applied.

### 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.

We have no bio solids storage. We utilize our reed beds for our bio solids.

### 7. Issues

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

Currently working with engineering firm to address bio solids issues with capacity on reed beds.

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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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"><li><input type="radio"/> Yes</li><li><input checked="" type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; padding: 2px;">We had turnover within department, New operator was hired late in the year.</div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; padding: 2px;">Maintenance, daily operations, collection system</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"><li><input type="radio"/> Yes</li><li><input checked="" type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; padding: 2px;">maintenance records are currently being updated and electronically stored. Due to lack of staff maintenance was preformed, but not always recorded.</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"><li><input checked="" type="radio"/> Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/></li><li><input type="radio"/> No (40 points) <input type="checkbox"/><input type="checkbox"/></li></ul> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px;"></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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No (10 points)</li></ul> <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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No (10 points)</li></ul> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Paper file system</li><li><input type="radio"/> Computer system</li><li><input type="radio"/> Both paper and computer system</li></ul>	<b>0</b>
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li><input type="radio"/> Excellent</li><li><input checked="" type="radio"/> Very good</li><li><input type="radio"/> Good</li><li><input type="radio"/> Fair</li><li><input type="radio"/> Poor</li></ul> <p>Describe your rating:</p>	

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

We have a very experienced maintenance man on staff. He is very knowledgeable and pertinent on getting things done when needed, but due to lack of staffing and being required to preform maintenance throughout the entire city he sometimes gets spread thin. In my opinion maintenance at the wastewater plant could be a full time job.

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

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## Operator Certification and Education

<p>1. Operator-In-Charge</p> <p>1.1 Did you have a designated operator-in-charge during the report year?</p> <p>● Yes (0 points) ○ No (20 points)</p> <p>Name: <input style="width: 300px;" type="text" value="DANIEL L BURNS"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="31770"/></p>	0																																																																																							
<p>2. Certification Requirements</p> <p>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?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th>WWTP</th> <th colspan="2">OIC</th> </tr> <tr> <th>Advanced</th> <th>OIT</th> <th>Basic</th> <th>Advanced</th> </tr> </thead> <tbody> <tr><td>A1</td><td>Suspended Growth Processes</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>A2</td><td>Attached Growth Processes</td><td></td><td></td><td></td><td></td></tr> <tr><td>A3</td><td>Recirculating Media Filters</td><td></td><td></td><td></td><td></td></tr> <tr><td>A4</td><td>Ponds, Lagoons and Natural</td><td></td><td></td><td></td><td></td></tr> <tr><td>A5</td><td>Anaerobic Treatment Of Liquid</td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td>Solids Separation</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>C</td><td>Biological Solids/Sludges</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>P</td><td>Total Phosphorus</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>N</td><td>Total Nitrogen</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>Disinfection</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>L</td><td>Laboratory</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>U</td><td>Unique Treatment Systems</td><td></td><td></td><td></td><td></td></tr> <tr><td>SS</td><td>Sanitary Sewage Collection</td><td>X</td><td>X</td><td>NA</td><td>NA</td></tr> </tbody> </table> <p>2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS, N and A5 not required in 2019; subclass SS is basic level only.)</p> <p>● Yes (0 points) ○ No (20 points)</p>	Sub Class	SubClass Description	WWTP	OIC		Advanced	OIT	Basic	Advanced	A1	Suspended Growth Processes	X			X	A2	Attached Growth Processes					A3	Recirculating Media Filters					A4	Ponds, Lagoons and Natural					A5	Anaerobic Treatment Of Liquid					B	Solids Separation	X			X	C	Biological Solids/Sludges	X			X	P	Total Phosphorus	X			X	N	Total Nitrogen					D	Disinfection	X			X	L	Laboratory	X			X	U	Unique Treatment Systems					SS	Sanitary Sewage Collection	X	X	NA	NA	0
Sub Class			SubClass Description	WWTP	OIC																																																																																			
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<p>3. Succession Planning</p> <p>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)?</p> <p><input type="checkbox"/> One or more additional certified operators on staff</p> <p><input checked="" type="checkbox"/> An arrangement with another certified operator</p> <p><input type="checkbox"/> An arrangement with another community with a certified operator</p> <p><input 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</p> <p><input checked="" type="checkbox"/> A consultant to serve as your certified operator</p> <p><input type="checkbox"/> None of the above (20 points)</p> <p>If "None of the above" is selected, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0																																																																																							
<p>4. Continuing Education Credits</p>																																																																																								

# Compliance Maintenance Annual Report

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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.

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Cyndi Bergman"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="715-644-5758"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 150px;" type="text"/></p>																
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;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="2019"/></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., CWFP 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="2019"/></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%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 100%;" type="text" value="259,320.89"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="259,320.89"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="221,368.00"/></td> </tr> <tr> <td></td> <td style="text-align: right;">+</td> <td></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="259,320.89"/>	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: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="259,320.89"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="221,368.00"/>		+		
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="259,320.89"/>														
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: 100%;" type="text" value="0.00"/>														
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="259,320.89"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="221,368.00"/>														
	+															

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

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

\$ 24,936.44

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

\$ 455,752.45

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.

2018 Replacement fund should have been 221,368

3.3 What amount should be in your Replacement Fund? \$ 246,304.44

0

Please note: If you had a CWF 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
None reported			

## 5. Financial Management General Comments

### 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:

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	34,973	395
February	32,871	525
March	30,700	375
April	26,257	163
May	35,936	28
June	38,831	7
July	36,920	0
August	41,179	1
September	42,515	0
October	36,947	1
November	31,370	120
December	34,138	312
<b>Total</b>	<b>422,637</b>	<b>1,927</b>
<b>Average</b>	<b>35,220</b>	<b>193</b>

6.1.2 Comments:

## 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:

6.2.2 Comments:

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

- No
- Yes

Year:

By Whom:

Describe and Comment:

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:

7/1/2020

2019

## 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?

## 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	34,973	15.17	2,305	16.99	2,058	395
February	32,871	14.18	2,318	12.88	2,552	525
March	30,700	19.82	1,549	30.91	993	375
April	26,257	21.76	1,207	22.59	1,162	163
May	35,936	22.99	1,563	24.49	1,467	28
June	38,831	19.32	2,010	22.62	1,717	7
July	36,920	23.23	1,589	22.97	1,607	0
August	41,179	17.76	2,319	22.66	1,817	1
September	42,515	17.61	2,414	17.82	2,386	0
October	36,947	20.17	1,832	18.76	1,969	1
November	31,370	16.76	1,872	14.67	2,138	120
December	34,138	18.82	1,814	17.86	1,911	312
<b>Total</b>	<b>422,637</b>	<b>227.59</b>		<b>245.22</b>		<b>1,927</b>
<b>Average</b>	<b>35,220</b>	<b>18.97</b>	<b>1,899</b>	<b>20.44</b>	<b>1,815</b>	<b>193</b>

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:

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

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### 7.2.2 Comments:

### 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?

N/A

## 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:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

## 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:

Clean and jet sewers, update lift station controls to scada system.

Did you accomplish them?

- Yes
- No

If No, explain:

Due to lack of staffing and turnover within the sewer department not all goals were met.

##### 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?

Sewer Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2019-11-18

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

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

- 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:

- 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:

## 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	<input style="width: 100px; text-align: center;" type="text" value="10"/>	% of system/year
Root removal	<input style="width: 100px; text-align: center;" type="text" value="0"/>	% of system/year
Flow monitoring	<input style="width: 100px; text-align: center;" type="text" value="100"/>	% of system/year
Smoke testing	<input style="width: 100px; text-align: center;" type="text" value="0"/>	% of system/year
Sewer line televising	<input style="width: 100px; text-align: center;" type="text" value="0"/>	% of system/year
Manhole inspections	<input style="width: 100px; text-align: center;" type="text" value="10"/>	% of system/year
Lift station O&M	<input style="width: 100px; text-align: center;" type="text" value="8"/>	# per L.S./year
Manhole rehabilitation	<input style="width: 100px; text-align: center;" type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input style="width: 100px; text-align: center;" type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input style="width: 100px; text-align: center;" type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input style="width: 100px; text-align: center;" type="text" value="0"/>	% of private services

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

River or water crossings  % of pipe crossings evaluated or maintained

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

### 3. Performance Indicators

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

<input type="text" value="46.31"/>	Total actual amount of precipitation last year in inches
<input type="text" value="32.01"/>	Annual average precipitation (for your location)
<input type="text" value="17.3"/>	Miles of sanitary sewer
<input type="text" value="8"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="0"/>	Number of basement backup occurrences
<input type="text" value="0"/>	Number of complaints
<input type="text" value="0.626"/>	Average daily flow in MGD (if available)
<input type="text" value="0.7494"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	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="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="1.2"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	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 (MG)
None reported			

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

### 5. Infiltration / Inflow (I/I)

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

- Yes
- No

If Yes, please describe:

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

- Yes
- No

If Yes, please describe:

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:

7/1/2020

2019

<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <p>none</p>
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <p>we inspect manholes and mains when we clean/jet sewers. We also keep accurate records of influent flow and monitor excessive flows.</p>

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

## Grading Summary

WPDES No: 0021857

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	F	0	5	0
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
<b>TOTALS</b>			<b>34</b>	<b>116</b>
<b>GRADE POINT AVERAGE (GPA) = 3.41</b>				

### 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

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

City of Stanley

Date of Resolution or  
Action Taken:

2020-05-02

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 = F

New Operator was hired on 11/26/2019, operational changes were made to the plant to control the ammonia levels and are on track to maintain limits set by DNR.

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. = 3.41**

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
7/1/2020 2019

## DNR Response to Resolution or Owner's Statement

Name of Governing  
Body or Owner:

City of Stanley

Date of Resolution or  
Action Taken:

2020-05-02

Resolution Number:

Date of Submittal:

7/1/2020

### 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

**Permittee Response:**

**DNR Response:**

Effluent Quality: BOD: Grade = A

**Permittee Response:**

**DNR Response:**

Effluent Quality: TSS: Grade = A

**Permittee Response:**

**DNR Response:**

Effluent Quality: Ammonia: Grade = F

**Permittee Response:**

New Operator was hired on 11/26/2019, operational changes were made to the plant to control the ammonia levels and are on track to maintain limits set by DNR.

**DNR Response:**

The effluent ammonia quality for 2019 was exceeded for the first five months of the year with a maximum as high as 13.7 mg/L which was 304% of the limit. It is stated that operational changes have been made and that the facility is now back on track. Please follow through with your above solutions.

Biosolids Quality and Management: Grade = A

**Permittee Response:**

**DNR Response:**

Staffing: Grade = A

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:

7/1/2020

2019

**Permittee Response:**

**DNR Response:**

Operator Certification: Grade = A

**Permittee Response:**

**DNR Response:**

Financial Management: Grade = A

**Permittee Response:**

**DNR Response:**

Collection Systems: Grade = A

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

**Permittee Response:**

**DNR Response:**

Please remember to audit your CMOM annually to reset goals and identify any problem areas.

**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. = 3.41**

**Permittee Response:**

**DNR G.P.A. Response:**

**DNR CMAR Overall Response:**

Thank you for completing and submitting your 2019 CMAR. The CMAR is an annual self-evaluation of your wastewater treatment plant, collection system and associated wastewater management activities. Thank you for your effort to protect human health and the environment by properly managing wastewater generated by your community.

**DNR Reviewer:** Stephenson, Julia

**Phone:** (608) 785-9981

**Address:** 3550 Mormon Coulee Road, La Crosse, WI 54601

**Date:** 10/14/2020