

Compliance Maintenance Annual Report

Columbus Wastewater Treatment Facility

Last Updated: Reporting For:

5/19/2025

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. 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	0.9352	x	136	x	8.34	=	1,061
February	1.0894	x	113	x	8.34	=	1,024
March	1.1848	x	108	x	8.34	=	1,067
April	1.5861	x	77	x	8.34	=	1,018
May	1.3735	x	101	x	8.34	=	1,154
June	2.0469	x	77	x	8.34	=	1,313
July	1.6025	x	125	x	8.34	=	1,668
August	0.9407	x	143	x	8.34	=	1,120
September	0.8028	x	149	x	8.34	=	995
October	0.7698	x	172	x	8.34	=	1,105
November	0.9769	x	170	x	8.34	=	1,387
December	0.9049	x	143	x	8.34	=	1,077

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	2.2	x	90	=	1.98
		x	100	=	2.2
Design BOD, lbs/day	1775	x	90	=	1597.5
		x	100	=	1775

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	1	0	0	0
July	1	0	0	1	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		1	0	1	0
Points		2	0	3	0
Total Number of Points					5

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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)

2024-06-17

☐ 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

625,748 gallons

☐ No

Holding Tanks

☒ Yes

3,028,334 gallons

☐ No

Grease Traps

☐ Yes

0 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.

Overall performance was only affected during June and July with the excessive precipitation we received. We had to shutdown the outside haulers during that period.

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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<p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p> <p><input type="radio"/> Yes</p> <p><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></div>	
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Total Points Generated	5
Score (100 - Total Points Generated)	95
Section Grade	A

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Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

Outfall No. 010	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	24	21.6	3	1	0	0
February	24	21.6	3	1	0	0
March	24	21.6	4	1	0	0
April	24	21.6	4	1	0	0
May	12	10.8	6	1	0	0
June	12	10.8	11	1	0	1
July	12	10.8	5	1	0	0
August	12	10.8	4	1	0	0
September	12	10.8	4	1	0	0
October	12	10.8	3	1	0	0
November	24	21.6	3	1	0	0
December	24	21.6	4	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	1
Points		0	3
Total number of points			3

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?

The plant was hydraulically overloaded due to the amount of precipitation. A review of the "blending program" with our contracted engineering firm in order to make future recommendations and process control options.

2. Flow Meter Calibration

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

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

2024-06-17

○ No

If No, please explain:

3. Treatment Problems

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

There were excessive precipitation events during the months of June and July that caused the plant to become hydraulically overloaded.

4. Other Monitoring and Limits

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<p>4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, please explain:</p> <div><p>There were Fecal Coliform plates counts of too numerous to count, TNTC, on 6/25, 6/26, 7/2, 7/3, 7/11, and 7/12.</p></div>	
<p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div></div>	
<p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div></div>	

Total Points Generated	3
Score (100 - Total Points Generated)	97
Section Grade	A

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Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

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

Outfall No. 010	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	24	21.6	2	1	0	0
February	24	21.6	2	1	0	0
March	24	21.6	2	1	0	0
April	24	21.6	2	1	0	0
May	12	10.8	5	1	0	0
June	12	10.8	30	1	1	1
July	12	10.8	14	1	1	1
August	12	10.8	0	1	0	0
September	12	10.8	1	1	0	0
October	12	10.8	0	1	0	0
November	24	21.6	0	1	0	0
December	24	21.6	1	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	2	2	
Points	14	6	
Total Number of Points		20	

20

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?

The plant was hydraulically overloaded in the months of June and July due to the amount of precipitation we received. We have since reviewed the "blending program" with our contracted engineering firm in order to make future recommendations and process control options.

Total Points Generated	20
Score (100 - Total Points Generated)	80
Section Grade	C

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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. 010	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceed ance	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 Exceed ance
January	9.7	15	.019	0	.046	.048	0	0	0
February	9.7	15	.029	0	.031	.028	.027	.03	0
March	9.7	15	.135	0	.024	.146	.336	.033	0
April	6	9	.081	0	.027	.05	.249	.03	0
May	6.4	8.1	.033	0	.032	.027	.041	.035	0
June	6.4	8.1	.06	0	.098	.057	.043	.053	0
July	6.4	8.1	.047	0	.043	.048	.049	.043	0
August	6.4	8.1	.097	0	.046	.243	.051	.049	0
September	6.4	8.1	.048	0	.051	.045	.053	.043	0
October	9.7	15	.043	0	.048	.047	.048	.037	0
November	9.7	15	.042	0	.045	.042	.04	.042	0
December	9.7	15	.059	0	.049	.082	.076	.047	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

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?

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

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Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

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

Outfall No. 010	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.043	1	0
February	1	0.074	1	0
March	1	0.141	1	0
April	1	0.134	1	0
May	1	0.131	1	0
June	1	0.362	1	0
July	1	0.148	1	0
August	1	0.033	1	0
September	1	0.012	1	0
October	1	0.050	1	0
November	1	0.102	1	0
December	1	0.082	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				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?

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

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Outfall No. 009 - 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

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

Exceedence Points

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

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

- Yes
- No (10 points)

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

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

Exceedence Points

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

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

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

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

4. Pathogen Control (per outfall):

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

Outfall Number:	008
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2024 - 12/31/2024
Density:	80,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Aerobic Digestion
Process Description:	Fecal coliforms tested. Meets limit.

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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? <input type="radio"/> Yes (40 Points) <input checked="" type="radio"/> No If yes, what action was taken? <div></div>	0														
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. <table border="1"><tr><td>Outfall Number:</td><td>008</td></tr><tr><td>Method Date:</td><td>12/31/2024</td></tr><tr><td>Option Used To Satisfy Requirement:</td><td>Incorporation when land apply</td></tr><tr><td>Requirement Met:</td><td>Yes</td></tr><tr><td>Land Applied:</td><td>Yes</td></tr><tr><td>Limit (if applicable):</td><td></td></tr><tr><td>Results (if applicable):</td><td></td></tr></table> 5.2 Was the limit exceeded or the process criteria not met at the time of land application? <input type="radio"/> Yes (40 Points) <input checked="" type="radio"/> No If yes, what action was taken? <div></div>	Outfall Number:	008	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
Outfall Number:	008														
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):															
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? <input type="radio"/> >= 180 days (0 Points) <input checked="" type="radio"/> 150 - 179 days (10 Points) <input type="radio"/> 120 - 149 days (20 Points) <input type="radio"/> 90 - 119 days (30 Points) <input type="radio"/> < 90 days (40 Points) <input type="radio"/> N/A (0 Points) 6.2 If you checked N/A above, explain why. <div></div>	10														
7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overall management: <div></div>															

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	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">● Yes○ No <p>If No, please explain:</p> <div></div> <p>Could use more help/staff for:</p> <div></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none">● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/>○ No (40 points) <input type="checkbox"/><input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none">● Yes○ No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none">● Yes○ Paper file system○ Computer system● Both paper and computer system○ No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none">● Yes○ No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none">● Excellent○ Very good○ Good○ Fair○ Poor <p>Describe your rating:</p>	

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The Columbus WWTP uses a maintenance management software program for scheduling and preventative tasks. The city of Columbus believes that this data-driven system will minimize any crisis situations.

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:

PETER E GALLUN

Certification No:

25216

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				
A4	Ponds, Lagoons and Natural				X
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	NA	NA	NA

0

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

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

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

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

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

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

3. Succession Planning

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

- ☐ One or more additional certified operators on staff

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<div><input checked="" type="checkbox"/> An arrangement with another certified operator</div> <div><input type="checkbox"/> An arrangement with another community with a certified operator</div> <div><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</div> <div><input checked="" type="checkbox"/> A consultant to serve as your certified operator</div> <div><input type="checkbox"/> None of the above (20 points)</div> <div>If "None of the above" is selected, please explain:</div> <div></div>	0
<div>4. Continuing Education Credits</div> <div>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</div> <div>OIT and Basic Certification:</div> <div><input type="radio"/> Averaging 6 or more CECs per year.</div> <div><input type="radio"/> Averaging less than 6 CECs per year.</div> <div>Advanced Certification:</div> <div><input type="radio"/> Averaging 8 or more CECs per year.</div> <div><input checked="" type="radio"/> Averaging less than 8 CECs per year.</div>	

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: <input type="text" value="Krystal Larson"/> Telephone: <input type="text" value="920-623-5900"/> (XXX) XXX-XXXX E-Mail Address (optional): <input type="text"/>										
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) <input type="checkbox"/> <input type="checkbox"/> ○ No (40 points) If No, please explain: <input type="text"/> 2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input type="text" value="2024"/> ● 0-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ 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: <input type="text" value="2024"/> ● 1-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ N/A If N/A, please explain: <input type="text"/>										
3.2 Equipment Replacement Fund Activity 3.2.1 Ending Balance Reported on Last Year's CMAR 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) 3.2.3 Adjusted January 1st Beginning Balance 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)		<table><tr><td>\$</td><td><input type="text" value="1,296,373.53"/></td></tr><tr><td>\$</td><td><input type="text" value="0.00"/></td></tr><tr><td></td><td><input type="text" value="1,296,373.53"/></td></tr><tr><td>+</td><td><input type="text" value="69,343.17"/></td></tr></table>	\$	<input type="text" value="1,296,373.53"/>	\$	<input type="text" value="0.00"/>		<input type="text" value="1,296,373.53"/>	+	<input type="text" value="69,343.17"/>
\$	<input type="text" value="1,296,373.53"/>									
\$	<input type="text" value="0.00"/>									
	<input type="text" value="1,296,373.53"/>									
+	<input type="text" value="69,343.17"/>									

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

\$ 0.00

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

\$ 1,365,716.70

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.

3.3 What amount should be in your Replacement Fund? \$ 1,365,716.70

0

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

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

☒ Yes

☐ No

If No, please explain.

4. Future Planning

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

☒ Yes - If Yes, please provide major project information, if not already listed below. ☐ ☐

☐ No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Rehabilitation/Replacement of several substandard manholes and pipe segments.	\$75,000	2024
2	Filtration system backwash blower replacement	\$50,000	2024
3	PLC upgrade	\$150,000	2024
4	Contracted Jetting/Televising/Repairs T&M	\$900,000	2030
5	Commercial Lift Station (Pumps)	\$160,000	2029
6	Kiwanis Lift Station (Pumps, Valves, Mixer and Piping/Generator)	\$170,000	2027
7	Westside Lift Station (Pump Controls, Pumps and Wet Well Flushing)	\$100,000	2027
8	Birdsey Lift Station (Control Panel)	\$75,000	2025
9	Hughes Lift Station Replacement	\$190,000	2027
10	Hughes Lift Station Forcemain Replacement	\$75,000	2026
11	Street Reconstruction Projects	\$1,000,000	2030
12	Primary Treatment/Headworks	\$20,000	2025
13	Mixer Liquor Ditch Aeration	\$35,000	2025
14	Splitter Box Rehab/Repair	\$100,000	2025
15	Rebuild/Redesign of RAS Wetwell	\$850,000	2026
16	Rehab/Rebuild of Sand Filter System	\$500,000	2025
17	Removing Chemical Disinfection/Replace with Ozone Disinfection or UV	\$2,100,000	2029
18	Sludge Management - Blowers & Piping	\$200,000	2030
19	Dewatering Upgrades and Replacements	\$1,223,208	2025

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20	SCADA System	\$25,000	2025
21	CMMS - Asset Management System	\$75,000	2026
22	PLC/Fiber Installation Upgrade	\$175,000	2025

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:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	10,136	11
February	8,494	8
March	8,232	13
April	8,751	15
May	5,409	13
June	6,812	19
July	6,107	14
August	4,208	10
September	3,347	8
October	3,152	6
November	5,911	3
December	10,725	8
Total	81,284	128
Average	6,774	11

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:

Wet well mixers in two lift stations.

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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:

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?

Energy efficiency is considered in design of new and upgrades to existing pump 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	83,649	28.99	2,885	32.89	2,543	1,791
February	69,243	31.59	2,192	29.70	2,331	1,371
March	66,337	36.73	1,806	33.08	2,005	1,121
April	82,282	47.58	1,729	30.54	2,694	691
May	81,099	42.58	1,905	35.77	2,267	295
June	100,209	61.41	1,632	39.39	2,544	143
July	93,226	49.68	1,877	51.71	1,803	56
August	72,719	29.16	2,494	34.72	2,094	79
September	59,453	24.08	2,469	29.85	1,992	136
October	59,211	23.86	2,482	34.26	1,728	205
November	61,378	29.31	2,094	41.61	1,475	220
December	68,286	28.05	2,434	33.39	2,045	1,616
Total	897,092	433.02		426.91		7,724
Average	74,758	36.09	2,167	35.58	2,127	644

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):

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- ☒ 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:

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?

we are working with Focus on Energy to possibly change all of our lighting fixtures to LED.

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:

2019

By Whom:

Focus on Energy

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<p>Describe and Comment:</p> <div>Focus on Energy provided results of an audit of the facility and how using best management practices can favorably affect energy consumption.</div> <p><input type="checkbox"/> Part of the facility</p> <p>Year: <input type="text"/></p> <p>By Whom: <input type="text"/></p> <p>Describe and Comment:</p> <div></div>
--

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:

The goal of the utility was to clean 25% and televise 10% of the system and perform manhole inspections during the cleaning and televising.

Did you accomplish them?

☐ Yes

☒ No

If No, explain:

The staff were unable to get as much done during the year due to operations at the treatment plant due to excessive precipitation and equipment issues with the jetter truck.

☒ 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?

City of Columbus Sewer Use Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2019-03-01

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

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- ☒ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
- ☒ A description of routine operation and maintenance activities (see question 2 below)
- ☒ Capacity assessment program
- ☒ Basement back assessment and correction
- ☒ Regular O&M training

☒ Design and Performance Provisions [NR 210.23 (4) (e)] ☐ ☐

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

- ☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- ☒ Construction, Inspection, and Testing
- ☐ Others:

☒ Overflow Emergency Response Plan [NR 210.23 (4) (f)] ☐ ☐

Does your emergency response capability include:

- ☒ Responsible personnel communication procedures
- ☒ Response order, timing and clean-up
- ☒ Public notification protocols
- ☒ Training
- ☒ Emergency operation protocols and implementation procedures

☒ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)] ☐ ☐

☐ Special Studies Last Year (check only those that apply):

- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Management Plan (SECAP)
- ☐ Lift Station Evaluation Report
- ☐ Others:

0

2. Operation and Maintenance

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

Cleaning	<input type="text" value="12"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="12"/>	% of system/year
Manhole inspections	<input type="text" value="1"/>	% of system/year
Lift station O&M	<input type="text" value="52"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

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Private sewer I/I
removal

% of private services

River or water
crossings

% of pipe crossings evaluated or maintained

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

3. Performance Indicators

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

<input type="text" value="45.92"/>	Total actual amount of precipitation last year in inches
<input type="text" value="36.5"/>	Annual average precipitation (for your location)
<input type="text" value="32"/>	Miles of sanitary sewer
<input type="text" value="11"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="1"/>	Number of sewer pipe failures
<input type="text" value="4"/>	Number of basement backup occurrences
<input type="text" value="4"/>	Number of complaints
<input type="text" value="1.568"/>	Average daily flow in MGD (if available)
<input type="text" value="61.4060"/>	Peak monthly flow in MGD (if available)
<input type="text" value="8.00"/>	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="0.03"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.03"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.13"/>	Basement backups (number/sewer mile)
<input type="text" value="0.13"/>	Complaints (number/sewer mile)
<input type="text" value="39.2"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="5.1"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

	Date	Location	Cause	Estimated Volume
0	11/22/2024 12:00:00 AM - 12/9/2024 2:30:00 PM	337 Middleton St.	Broken Sewer, Broken Sewer	209,814

** 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 occurrences in the future?

The force main pipe for the new Meister Park lift station failed during construction. A boring contractor went under the Crawfish river with a new 162' of 6" piping.

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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I/I was very significant last year. Snowmelt in the spring along with heavy rains in June and July caused the plant to be hydraulically overloaded at times.

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:

I/I overwhelmed the clarifiers, tertiary filters, and caused the plant to go into a "blending mode" numerous times. It also put added stress on the lift stations causing them to pump more frequently.

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

2023 was a very dry year, 33.64" of precipitation, compared to 2024, with 45.92" of precipitation.

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

The utility is working aggressively as a department doing manhole inspections to identify problem structures and have those repairs made.

We also have a five year contract in place with an outside collection system contractor to clean and televise 20% of the system and make repairs accordingly.

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

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Grading Summary

WPDES No: 0021008

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	C	2	5	10
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	B	3	5	15
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			37	133
GRADE POINT AVERAGE (GPA) = 3.59				

Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

City Of Columbus WWTP

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 = C

The plant was hydraulically overloaded in the months of June and July due to the amount of precipitation we received. We have since reviewed the "blending program" with our contracted engineering firm in order to make future recommendations and process control options.

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = B

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)

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On 9 December 2024 at approximately 1420 hours, Columbus Utilities personnel along with project contractors were doing a startup of the pumps at the newly renovated Meister Park Lift Station. It was observed that there was no flow entering the discharge manhole from the force main. Work was immediately stopped. Tracer dye was added to the lift station. Upon restart dye was identified in the Crawfish River. Pumping was again stopped and the DNR and the Spill Hotline were immediately notified.

After pumping had stopped a temporary line was setup from the lift station to the drop-in manhole where it continued to the WWTP. The line was heavily insulated and was under a watchful of the Columbus Police Department during the overnight hours.

On 16 December 2024 a plan was executed to bore under the Crawfish River to facilitate installing a new eight-inch HDPE pipe for the new connection. Everything went according to plan and the new pipe was successfully installed.

According to historical data it was determined that the leak started from 22 November to 9 December 2024 with approximately 209,814 gallons of sanitary sewage and groundwater that was discharged into the Crawfish River.

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. = 3.59