FINAL DRAFT 6/11/26

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 6/11/2026 Reporting For: **2025**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 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	8.5521	x	171	x	8.34	=	12,212
February	7.7591	x	191	x	8.34	=	12,348
March	11.8390	x	128	x	8.34	=	12,673
April	13.4714	x	113	x	8.34	=	12,640
May	13.3780	x	122	x	8.34	=	13,638
June	10.7029	x	136	x	8.34	=	12,168
July	9.9645	x	141	x	8.34	=	11,683
August	9.1742	x	169	x	8.34	=	12,951
September	8.0152	x	199	x	8.34	=	13,329
October	7.7460	x	209	x	8.34	=	13,475
November	7.5809	x	241	x	8.34	=	15,233
December	8.1311	x	242	x	8.34	=	16,424

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	25.2	x	90	=	22.68
		x	100	=	25.2
Design BOD, lbs/day	27940	x	90	=	25146
		x	100	=	27940

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

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

0

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3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

● Yes Enter last calibration date (MM/DD/YYYY) 2025-07-23

○ 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 399,599 gallons

○ No

Holding Tanks

● Yes 4,114,120 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 unaffected as a result of receiving 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.

For several days in 2025, influent and/or effluent results met the DNR's definition for toxicity, indicated by a "slide" in BOD readings at different dilutions. We communicated with industries and conducted extensive sampling & analysis to try to locate the source, with no definitive outcome in 2025. This also threatened the health of our microorganisms.

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.

We received industrial dairy wastes. Plant performance was unaffected as a result of receiving these wastes.

Industrial Cheese Wastewater: 3,464,500 gallons

Fromm Foods (Pet Food Industrial Wastewater): 277,500 gallons

Port-a-Potty Wastewater: 48,207 gallons

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

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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. 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	25	22.5	1	1	0	0
February	25	22.5	2	1	0	0
March	25	22.5	2	1	0	0
April	25	22.5	1	1	0	0
May	25	22.5	1	1	0	0
June	25	22.5	1	1	0	0
July	25	22.5	1	1	0	0
August	25	22.5	1	1	0	0
September	25	22.5	1	1	0	0
October	25	22.5	1	1	0	0
November	25	22.5	3	1	0	0
December	25	22.5	3	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?

N/A

2. Flow Meter Calibration

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

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

● No

If No, please explain:

We do not have an effluent flow meter.

3. Treatment Problems

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

Other than the toxicity mentioned above, there were no issues with treatment during 2025.

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?

o 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?

- o Yes
- ● No

If Yes, please explain:

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

- o Yes
- o No
- ● N/A

Please explain unless not applicable:

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

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Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance	
January	30	27	4	1	0	0	
February	30	27	5	1	0	0	
March	30	27	4	1	0	0	
April	30	27	4	1	0	0	
May	30	27	4	1	0	0	
June	30	27	4	1	0	0	
July	30	27	4	1	0	0	
August	30	27	4	1	0	0	
September	30	27	3	1	0	0	
October	30	27	2	1	0	0	
November	30	27	5	1	0	0	**0**
December	30	27	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	
Total Number of Points							

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?

N/A

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

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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	23	23	1.729	0	3.703	.588	1.069	1.199	0
February	23	23	2.798	0	1.8	2.065	3.845	3.482	0
March	23	23	1.821	0	3.547	1.253	1.357	1.636	0
April	23	23	.6	0	.329	.065	.943	.973	0
May									0
June									0
July									0
August									0
September									0
October									0
November	23	23	.151	0	.099	.092	.203	.182	0
December	23	23	.75	0	.166	1.984	.217	.792	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**

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?

N/A

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

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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. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	.9	0.366	1	0
February	.9	0.350	1	0
March	.9	0.463	1	0
April	.9	0.347	1	0
May	.9	0.405	1	0
June	.9	0.304	1	0
July	.9	0.480	1	0
August	.9	0.505	1	0
September	.9	0.393	1	0
October	.9	0.386	1	0
November	.9	0.398	1	0
December	.9	0.401	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?

N/A

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

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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:

Biosolids are sold to an outside contractor for use as a soil conditioner.

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 - EQ Dried Sludge - Silo

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	5.4		4			5.3		4.5	5.6		6.1			0	0
Cadmium		39	85	.57		.7			.62		.56	.73		.68			0	0
Copper		1500	4300	320		330			320		310	360		340			0	0
Lead		300	840	31		25			28		26	28		22			0	0
Mercury		17	57	.99		.25			.31		<.037	.39		.45			0	0
Molybdenum	60		75	11		12			12		12	15		15		0		0
Nickel	336		420	32		30			26		28	29		26		0		0
Selenium	80		100	<5.2		<5.5			<5		<5.5	<5.6		<5.4		0		0
Zinc		2800	7500	590		650			580		630	720		700			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:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 02/28/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

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Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

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Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	03/01/2025 - 04/30/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	05/01/2025 - 06/30/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat dying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2025 - 08/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat dying process

Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2025 - 10/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

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Outfall Number:	**004**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	11/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

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Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 02/28/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

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Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	03/01/2025 - 04/30/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	05/01/2025 - 06/30/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat dying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2025 - 08/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat dying process

Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2025 - 10/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

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Outfall Number:	**005**
Biosolids Class:	A
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	11/01/2025 - 12/31/2025
Density:	0
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Heat Drying
Process Description:	Biosolids dried using heat drying process

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?

o 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:	**004**
Method Date:	01/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.5

Outfall Number:	**004**
Method Date:	08/11/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	97.3

Outfall Number:	**004**
Method Date:	01/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.5

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Outfall Number:	**004**
Method Date:	06/23/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	97.7

Outfall Number:	**004**
Method Date:	09/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	99.1

Outfall Number:	**004**
Method Date:	03/24/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.1

Outfall Number:	**004**
Method Date:	11/10/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.6

Outfall Number:	**004**
Method Date:	03/25/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.1

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Outfall Number:	**004**
Method Date:	06/23/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	97.7

Outfall Number:	**004**
Method Date:	08/11/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	97.3

Outfall Number:	**004**
Method Date:	09/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	99.1

Outfall Number:	**004**
Method Date:	11/10/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.6

Outfall Number:	**005**
Method Date:	09/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	98.6

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Outfall Number:	**005**
Method Date:	01/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96

Outfall Number:	**005**
Method Date:	08/11/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	97.4

Outfall Number:	**005**
Method Date:	03/24/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.5

Outfall Number:	**005**
Method Date:	01/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96

Outfall Number:	**005**
Method Date:	06/23/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	98.4

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Outfall Number:	**005**
Method Date:	11/10/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.6

Outfall Number:	**005**
Method Date:	03/25/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.5

Outfall Number:	**005**
Method Date:	06/23/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	98.4

Outfall Number:	**005**
Method Date:	08/11/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	97.4

Outfall Number:	**005**
Method Date:	09/29/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	98.6

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Outfall Number:	**005**
Method Date:	11/10/2025
Option Used To Satisfy Requirement:	Drying With Unstabilized Solids
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>90
Results (if applicable):	96.6

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:

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

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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:

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Our Plant continues to show its age, but an aggressive maintenance, repair and replacement program allow us to continue treating wastewater well.	

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

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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)
- o No (20 points)

Name: TYLER J HOFFMANN

Certification No: 36909

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				
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)
- o 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
- o No
- o 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
- o No
- o 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: o Averaging 6 or more CECs per year. o Averaging less than 6 CECs per year. Advanced Certification: ● Averaging 8 or more CECs per year. o Averaging less than 8 CECs per year.	

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

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Financial Management

1. Provider of Financial Information

Name: Kaitlyn Krueger

Telephone: 920-459-3440 (XXX) XXX-XXXX

E-Mail Address (optional): Kaitlyn.Krueger@sheboyganwi.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: 2025

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

0

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)

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: 2025

- ● 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		$ 1,958,242.32
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		$ 1,958,242.32
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$ 0.00

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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 $ 1,958,242.32

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? $ 1,958,242.32 **0**

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.

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	Sanitary Sewer Lining Projects. The city of Sheboygan is setting aside money annually to line sanitary sewers in conjunction with street replacement projects over the next five years. The estimated cost is the total cost of the work over the next five years.	$4,800,000	2030
2	Replacement aeration blower.	$375,000	2026
3	Upgrade isolation gate gearboxes.	$100,000	2026
4	Transition from chemical disinfection to UV disinfection.	$6,390,000	2027
5	Ferric Chloride Tank Replacement	$150,000	2026
6	Replace heat exchangers for the anaerobic digesters.	$400,000	2026
7	Install fine screens and conveyor in the wet well, to augment the screens already in place downstream of the raw pumps.	$2,000,000	2028
8	Demolish old digester area.	$2,000,000	2027
9	North Avenue lift station electrical upgrade	$100,000	2026
10	Replace administrative building roof.	$400,000	2026
11	Indiana Avenue lift station isolation wet well	$675,000	2028
12	Kentucky Avenue lift station upgrade	$3,500,000	2027
13	Replace Influent building roof, HVAC system.	$800,000	2026
14	Complete small storm sewer projects to reduce I/I ($50,000 budgeted per year for the next five years).	$250,000	2030
15	Complete plant expansion study.	$50,000	2026

16	Replace Lakeshore Interceptor, a 60" concrete pipe between the Kentucky Ave. pump station and the WWTP.	$12,000,000	2026
17	Install Southside Interceptor, a 48" line serving a business park, interstate corridor and expansive housing development in southwest Sheboygan.	$33,700,000	2027
18	Replace final effluent strainer	$50,000	2027
19	Replace floor drains in Solids building	$100,000	2026
20	Sewer televising & manhole inspection (annual, total cost reflects next five years)	$1,250,000	2030
21	Valve replacement & repair (annual program, cost reflects total of five year CIP)	$500,000	2030
22	Upgrade electrical transformers	$1,200,000	2030

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: 5

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	63,138	814
February	55,905	721
March	62,434	393
April	79,128	303
May	68,821	89
June	66,440	15
July	54,703	0
August	45,913	0
September	40,844	5
October	37,839	2
November	39,077	82
December	55,707	516
Total	**669,949**	**2,940**
Average	**55,829**	**294**

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: 2005
By Whom: Focus on Energy
Describe and Comment:

We continue to work with Focus on Energy to track energy usage. Two lift stations had recent improvements that should result in energy savings--the third and final North Ave. pump being converted to a VFD, and new pumps & controls at 6th & Pershing.

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?

Two lift stations have significant upgrades planned that should result in significant energy efficiency--a full electrical & HVAC upgrade at Kentucky Ave. and an electrical component upgrade at North Ave.

7. Treatment Facility
7.1 Energy Usage
7.1.1 Enter the monthly energy usage from the different energy sources:

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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	504,000	265.12	1,901	378.57	1,331	9,550
February	489,600	217.25	2,254	345.74	1,416	10,709
March	532,000	367.01	1,450	392.86	1,354	17,308
April	579,600	404.14	1,434	379.20	1,528	19,003
May	522,000	414.72	1,259	422.78	1,235	20,090
June	558,000	321.09	1,738	365.04	1,529	13,078
July	554,400	308.90	1,795	362.17	1,531	10,717
August	571,500	284.40	2,009	401.48	1,423	5,524
September	460,800	240.46	1,916	399.87	1,152	4,367
October	519,300	240.13	2,163	417.73	1,243	16,986
November	489,600	227.43	2,153	456.99	1,071	20,696
December	558,000	252.06	2,214	509.14	1,096	31,957
Total	**6,338,800**	**3,542.71**		**4,831.57**		**179,985**
Average	**528,233**	**295.23**	**1,857**	**402.63**	**1,326**	**14,999**

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:

Process water pumping

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?

Installing a fourth aeration blower that can be turned down farther to provide only the amount of air needed. Right-sized process water pumps for various conditions.

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: 2005

By Whom: Focus on Energy

Describe and Comment:

A recent "energy treasure hunt" was just completed at the WWTP by Focus on Energy, as well.

☐ Part of the facility

Year:

By Whom:

Describe and Comment:

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

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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:

Continue to implement a preventative maintenance program and respond to emergency overflows (working with sewershed customers to prevent future incidents). Provide adequate capacity to convey wet-weather flows. Install interceptors to all increased, more reliable service to the north half of the City and to new developments in the southwest.

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?

City of Sheboygan Sewer Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2023-06-06

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

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

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

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

- ☒ Equipment and replacement part inventories

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

☒ Overflow Emergency Response Plan [NR 210.23 (4) (f)]☐☐ **0**
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 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	38	% of system/year
Root removal	1.2	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	1.42	% of system/year
Manhole inspections	59.3	% of system/year
Lift station O&M	57	# per L.S./year
Manhole rehabilitation	1.25	% of manholes rehabbed
Mainline rehabilitation	0.23	% of sewer lines rehabbed
Private sewer inspections		

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	0	% of system/year
Private sewer I/I removal	0	% of private services
River or water crossings	41.0	% 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.

35.8	Total actual amount of precipitation last year in inches
33.4	Annual average precipitation (for your location)
203.8	Miles of sanitary sewer
5	Number of lift stations
0	Number of lift station failures
1	Number of sewer pipe failures
5	Number of basement backup occurrences
44	Number of complaints
9.693	Average daily flow in MGD (if available)
13.471	Peak monthly flow in MGD (if available)
45	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)
0.02	Basement backups (number/sewer mile)
0.22	Complaints (number/sewer mile)
1.4	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
4.6	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
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:

Plant flows can double (or more) during heavy rain or snow melt, especially during heavy rains in July 2025.

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:

While there were no reported SSOs for 2025, I/I continues to lead to the threat of surcharges in the collection system and almost resulted in a WWTP SSO in July 2025.

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

Work practices were changed to minimize the risk of SSOs at the WWTP exacerbated by construction projects.

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

Engineering has placed an increased emphasis on televising/inspecting collection system components with I/I reduction as a significant goal, and placing a higher priority on I/I reduction when selecting lining/reconstruction projects.

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

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 6/11/2026 Reporting For: **2025**

Grading Summary

WPDES No: 0025411

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent				
BOD/CBOD				
TSS				
Ammonia				
Phosphorus				
Biosolids				
Staffing/PM				
OpCert				
Financial				
Collection	A	4	3	12
TOTALS			**3**	**12**
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

Sheboygan Wastewater Treatment Plant

Last Updated: 6/11/2026 Reporting For: **2025**

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 =

Effluent Quality: BOD: Grade =

Effluent Quality: TSS: Grade =

Effluent Quality: Ammonia: Grade =

Effluent Quality: Phosphorus: Grade =

Biosolids Quality and Management: Grade =

Staffing: Grade =

Operator Certification: Grade =

Financial Management: Grade =

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