

Compliance Maintenance Annual Report

Watertown Wastewater Treatment Facility

Last Updated: Reporting For:
5/4/2026 **2025**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

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

| Influent No. 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 | 2.3511 | x | 374 | x | 8.34 | = | 7,342 |
| February | 2.2783 | x | 397 | x | 8.34 | = | 7,543 |
| March | 3.1600 | x | 273 | x | 8.34 | = | 7,201 |
| April | 3.7614 | x | 199 | x | 8.34 | = | 6,227 |
| May | 3.3518 | x | 234 | x | 8.34 | = | 6,551 |
| June | 3.0643 | x | 305 | x | 8.34 | = | 7,796 |
| July | 2.8570 | x | 330 | x | 8.34 | = | 7,866 |
| August | 3.4177 | x | 216 | x | 8.34 | = | 6,157 |
| September | 2.8950 | x | 292 | x | 8.34 | = | 7,038 |
| October | 2.5650 | x | 304 | x | 8.34 | = | 6,507 |
| November | 2.2897 | x | 319 | x | 8.34 | = | 6,091 |
| December | 2.4507 | x | 329 | x | 8.34 | = | 6,717 |

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 | 8.8 | x | 90 | = | 7.92 |
| | | x | 100 | = | 8.8 |
| Design BOD, lbs/day | 6600 | x | 90 | = | 5940 |
| | | x | 100 | = | 6600 |

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 | 1 | 1 |
| February | 1 | 0 | 0 | 1 | 1 |
| March | 1 | 0 | 0 | 1 | 1 |
| April | 1 | 0 | 0 | 1 | 0 |
| May | 1 | 0 | 0 | 1 | 0 |
| June | 1 | 0 | 0 | 1 | 1 |
| July | 1 | 0 | 0 | 1 | 1 |
| August | 1 | 0 | 0 | 1 | 0 |
| September | 1 | 0 | 0 | 1 | 1 |
| October | 1 | 0 | 0 | 1 | 0 |
| November | 1 | 0 | 0 | 1 | 0 |
| December | 1 | 0 | 0 | 1 | 1 |
| Points per each | | 2 | 1 | 3 | 2 |
| Exceedances | | 0 | 0 | 12 | 7 |
| Points | | 0 | 0 | 36 | 14 |
| Total Number of Points | | | | | 50 |

50

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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)

○ 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:

The city of Watertown has four (4) active industrial pre-treatment permits issued to businesses with target limits in place. One (1) of those facilities has established Federal pre-treatment limits and a permit issued enforcing requirements to meet all discharge limits.

5. Septage Receiving

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

Septic Tanks

Holding Tanks

Grease Traps

● Yes

● Yes

○ Yes

○ No

○ No

● No

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

Septic Tanks

○ Yes

gallons

● No

Holding Tanks

○ Yes

gallons

● No

Grease Traps

○ Yes

gallons

● No

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

6. Pretreatment

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

○ Yes

● No

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

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| |
|---|
| <div data-bbox="133 205 1461 260" style="border: 1px solid black; height: 26px;"></div> <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 data-bbox="133 441 1461 495" style="border: 1px solid black; height: 26px;"></div> |
|---|

| | |
|---|----------|
| Total Points Generated | 50 |
| Score (100 - Total Points Generated) | 50 |
| Section Grade | F |

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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 | 30 | 27 | 5 | 1 | 0 | 0 |
| February | 30 | 27 | 6 | 1 | 0 | 0 |
| March | 30 | 27 | 4 | 1 | 0 | 0 |
| April | 30 | 27 | 5 | 1 | 0 | 0 |
| May | 30 | 27 | 6 | 1 | 0 | 0 |
| June | 16 | 14.4 | 7 | 1 | 0 | 0 |
| July | 12 | 10.8 | 8 | 1 | 0 | 0 |
| August | 10 | 10 | 4 | 1 | 0 | 0 |
| September | 10 | 10 | 5 | 1 | 0 | 0 |
| October | 12 | 10.8 | 9 | 1 | 0 | 0 |
| November | 25 | 22.5 | 5 | 1 | 0 | 0 |
| December | 29 | 26.1 | 6 | 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 |

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

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

2. Flow Meter Calibration

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

- Yes

Enter last calibration date (MM/DD/YYYY)

2025-10-06

- No

If No, please explain:

3. Treatment Problems

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

Wet weather events spike influent flows, diluting the wastewater and causing issues with normal operations.

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

- Yes

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| |
|--|
| <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

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

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Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

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

| Outfall No. 001 | Monthly Average Limit (mg/L) | 90% of Permit Limit >10 (mg/L) | Effluent Monthly Average (mg/L) | Months of Discharge with a Limit | Permit Limit Exceedance | 90% Permit Limit Exceedance |
|--------------------|------------------------------|--------------------------------|---------------------------------|----------------------------------|-------------------------|-----------------------------|
| January | 30 | 27 | 4 | 1 | 0 | 0 |
| February | 30 | 27 | 4 | 1 | 0 | 0 |
| March | 30 | 27 | 2 | 1 | 0 | 0 |
| April | 30 | 27 | 3 | 1 | 0 | 0 |
| May | 30 | 27 | 5 | 1 | 0 | 0 |
| June | 16 | 14.4 | 4 | 1 | 0 | 0 |
| July | 12 | 10.8 | 5 | 1 | 0 | 0 |
| August | 10 | 10 | 3 | 1 | 0 | 0 |
| September | 10 | 10 | 4 | 1 | 0 | 0 |
| October | 12 | 10.8 | 5 | 1 | 0 | 0 |
| November | 25 | 22.5 | 4 | 1 | 0 | 0 |
| December | 29 | 26.1 | 5 | 1 | 0 | 0 |

0

* Equals limit if limit is <= 10

| | | | |
|--|----------|----------|--|
| Months of Discharge/yr | 12 | | |
| Points per each exceedance with 12 months of discharge: | 7 | 3 | |
| Exceedances | 0 | 0 | |
| Points | 0 | 0 | |
| Total Number of Points | | 0 | |

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

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

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

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Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

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

| Outfall No. 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 | 20 | 20 | .09 | 0 | .032 | .051 | .048 | .249 | 0 |
| February | 20 | 20 | .421 | 0 | .306 | .689 | .332 | .355 | 0 |
| March | 20 | 20 | .386 | 0 | .708 | .116 | .612 | .23 | 0 |
| April | | | | | | | | | 0 |
| May | | | | | | | | | 0 |
| June | 17 | 17 | .363 | 0 | .783 | .386 | .116 | .254 | 0 |
| July | 9 | 9 | .345 | 0 | .056 | .186 | 1.265 | .052 | 0 |
| August | 6.4 | 6.4 | .044 | 0 | .058 | .035 | .032 | .048 | 0 |
| September | 8.9 | 8.9 | .255 | 0 | .066 | .076 | .066 | .745 | 0 |
| October | 9.3 | 13 | 1.473 | 0 | .079 | .286 | 3.39 | 1.818 | 0 |
| November | 20 | 20 | .073 | 0 | .18 | .051 | .032 | .037 | 0 |
| December | 20 | 20 | .122 | 0 | .035 | .088 | .258 | .034 | 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?

| | |
|---|------------|
| 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. 001 | Monthly Average phosphorus Limit (mg/L) | Effluent Monthly Average phosphorus (mg/L) | Months of Discharge with a Limit | Permit Limit Exceedance |
|--|---|--|----------------------------------|-------------------------|
| January | 1 | 0.333 | 1 | 0 |
| February | 1 | 0.246 | 1 | 0 |
| March | 1 | 0.171 | 1 | 0 |
| April | .8 | 0.263 | 1 | 0 |
| May | 1 | 0.337 | 1 | 0 |
| June | .8 | 0.249 | 1 | 0 |
| July | 1 | 0.468 | 1 | 0 |
| August | 1 | 0.378 | 1 | 0 |
| September | 1 | 0.357 | 1 | 0 |
| October | 1 | 0.287 | 1 | 0 |
| November | 1 | 0.357 | 1 | 0 |
| December | 1 | 0.185 | 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?

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

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Biosolids Quality and Management

1. Biosolids Use/Disposal

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

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

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

1.1.1 If you checked Other, please describe:

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

2033 acres

2.1.2 How many acres did you use?

acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

Yes (30 points)

No

2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

Yes

No (10 points)

N/A

3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

Outfall No. 004 - CAKE SLUDGE

| Parameter | 80% of Limit | H.Q. Limit | Ceiling Limit | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 80% Value | High Quality | Ceiling |
|------------|--------------|------------|---------------|-----|-----|-----|------|-----|-----|------|-----|-----|-----|-----|-----|-----------|--------------|---------|
| Arsenic | | 41 | 75 | 26 | | | 24 | | | 34 | | | 42 | | | | 1 | 0 |
| Cadmium | | 39 | 85 | .68 | | | .57 | | | .36 | | | .57 | | | | 0 | 0 |
| Copper | | 1500 | 4300 | 310 | | | 340 | | | 1000 | | | 580 | | | | 0 | 0 |
| Lead | | 300 | 840 | 16 | | | 17 | | | 20 | | | 19 | | | | 0 | 0 |
| Mercury | | 17 | 57 | 1.1 | | | <.29 | | | .31 | | | 2.8 | | | | 0 | 0 |
| Molybdenum | 60 | | 75 | 7.9 | | | 7.6 | | | 8.5 | | | 8.6 | | | 0 | | 0 |
| Nickel | 336 | | 420 | 39 | | | 34 | | | 44 | | | 62 | | | 0 | | 0 |
| Selenium | 80 | | 100 | <11 | | | <12 | | | <14 | | | <22 | | | 0 | | 0 |
| Zinc | | 2800 | 7500 | 620 | | | 700 | | | 640 | | | 760 | | | | 0 | 0 |

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Outfall No. 002 - 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 = 1

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?

Since we take quarterly grab samples the exceedance noted by DNR is not accurate. We spread once last year and used the average of the 4 quarters to calculate the metals loadings. Each year when we land apply we use the average of the quarterly samples, that's always been done so we are curious about how an exceedance for one quarter that is averaged with other samples can count against us. Even if we had spread in the spring, then the average of the 3rd and 4th quarter samples would show no exceedance. We respectfully disagree with the noted exceedance as it's not accurate.

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.

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| | |
|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 01/01/2025 - 12/31/2025 |
| Density: | 34,000 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

| | |
|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 01/01/2025 - 12/31/2025 |
| Density: | 7,200 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

| | |
|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 01/01/2025 - 12/31/2025 |
| Density: | 63,000 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

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|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 01/01/2025 - 12/31/2025 |
| Density: | 3,500 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

| | |
|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 01/01/2025 - 03/31/2025 |
| Density: | 34,000 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | No |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

| | |
|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 04/01/2025 - 06/30/2025 |
| Density: | 7,200 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | No |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

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| | |
|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 07/01/2025 - 09/30/2025 |
| Density: | 63,000 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | No |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

| | |
|------------------------------|---|
| Outfall Number: | 004 |
| Biosolids Class: | B |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 10/01/2025 - 12/31/2025 |
| Density: | 3,500 |
| Sample Concentration Amount: | CFU/G TS |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Process: | Anaerobic Digestion |
| Process Description: | Anaerobic digestion is utilized to meet list 3 requirements prior to land application. Operated mesophilic 95 to 98 degrees Fahrenheit. |

0

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.

4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?

Yes (40 Points)

No

If yes, what action was taken?

5. Vector Attraction Reduction (per outfall):

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

| | |
|-------------------------------------|---------------------------|
| Outfall Number: | 004 |
| Method Date: | 01/15/2025 |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Limit (if applicable): | >= 38 |
| Results (if applicable): | 46.2 |

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| | |
|-------------------------------------|---------------------------|
| Outfall Number: | 004 |
| Method Date: | 04/15/2025 |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Limit (if applicable): | >= 38 |
| Results (if applicable): | 55.5 |

| | |
|-------------------------------------|---------------------------|
| Outfall Number: | 004 |
| Method Date: | 09/12/2025 |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Limit (if applicable): | >= 38 |
| Results (if applicable): | 44.4 |

| | |
|-------------------------------------|---------------------------|
| Outfall Number: | 004 |
| Method Date: | 10/08/2025 |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction |
| Requirement Met: | Yes |
| Land Applied: | Yes |
| Limit (if applicable): | >= 38 |
| Results (if applicable): | 60.6 |

| | |
|-------------------------------------|---------------------------|
| Outfall Number: | 004 |
| Method Date: | 01/15/2025 |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction |
| Requirement Met: | Yes |
| Land Applied: | No |
| Limit (if applicable): | >= 38 |
| Results (if applicable): | 46.2 |

| | |
|-------------------------------------|---------------------------|
| Outfall Number: | 004 |
| Method Date: | 04/15/2025 |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction |
| Requirement Met: | Yes |
| Land Applied: | No |
| Limit (if applicable): | >= 38 |
| Results (if applicable): | 55.5 |

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| | | | |
|--|---------------------------|--|--|
| Outfall Number: | 004 | | |
| Method Date: | 09/12/2025 | | |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction | | |
| Requirement Met: | Yes | | |
| Land Applied: | No | | |
| Limit (if applicable): | >= 38 | | |
| Results (if applicable): | 44.4 | | |
| | | | |
| Outfall Number: | 004 | | |
| Method Date: | 10/08/2025 | | |
| Option Used To Satisfy Requirement: | Volatile Solids Reduction | | |
| Requirement Met: | Yes | | |
| Land Applied: | Yes | | |
| Limit (if applicable): | >= 38 | | |
| Results (if applicable): | 60.6 | | |
| | | | |
| 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 style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | |
| | | | |
| 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 checked="" type="radio"/> >= 180 days (0 Points) <input 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 style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | |
| | | | |
| 7. Issues | | | |
| 7.1 Describe any outstanding biosolids issues with treatment, use or overall management: | | | |
| <div style="border: 1px solid black; padding: 5px;"> PFAS/PFOS rules and regulations are concerning and have generated difficult conversations with land owners and farmers. </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 style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| <p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none">● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/>○ No (40 points) <input type="checkbox"/><input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none">● Yes○ No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none">● Yes<ul style="list-style-type: none">○ Paper file system○ Computer system● Both paper and computer system○ No (10 points) | 0 |
| <p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none">● Yes○ No | |
| <p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none">● Excellent○ Very good○ Good○ Fair○ Poor <p>Describe your rating:</p> | |

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2025

The Watertown Wastewater staff take great pride in their work and the facilities. Come take a tour and see for yourself.

| | |
|---|----------|
| 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 A HARTZ

Certification No:

32167

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 | X | 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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| | |
|---|---|
| <input type="checkbox"/> An arrangement with another certified operator <input type="checkbox"/> An arrangement with another community with a certified operator <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 <input type="checkbox"/> A consultant to serve as your certified operator <input type="checkbox"/> None of the above (20 points) If "None of the above" is selected, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | 0 |
|---|---|

| | |
|---|--|
| <p>4. Continuing Education Credits</p> <p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>OIT and Basic Certification:</p> <ul style="list-style-type: none"> <input type="radio"/> Averaging 6 or more CECs per year. <input type="radio"/> Averaging less than 6 CECs per year. <p>Advanced Certification:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Averaging 8 or more CECs per year. <input type="radio"/> Averaging less than 8 CECs per year. | |
|---|--|

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

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Financial Management

| | | | | | | | | | | | | | |
|--|--|---|---|--|----|---|--|----|---|---|---|---|--|
| <p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Peter Hartz"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="920-262-4085"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="phartz@watertownwi.gov"/></p> | | | | | | | | | | | | | |
| <p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2025"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p> | 0 | | | | | | | | | | | | |
| <p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p> | | | | | | | | | | | | | |
| <p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2025"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | |
| <p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 150px;" type="text" value="975,429.50"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="975,429.50"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">+</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="2,855,670.31"/></td> </tr> </table> | 3.2.1 Ending Balance Reported on Last Year's CMAR | \$ | <input style="width: 150px;" type="text" value="975,429.50"/> | 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) | \$ | <input style="width: 150px;" type="text" value="0.00"/> | 3.2.3 Adjusted January 1st Beginning Balance | \$ | <input style="width: 150px;" type="text" value="975,429.50"/> | 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | + | <input style="width: 150px;" type="text" value="2,855,670.31"/> | |
| 3.2.1 Ending Balance Reported on Last Year's CMAR | \$ | <input style="width: 150px;" type="text" value="975,429.50"/> | | | | | | | | | | | |
| 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) | \$ | <input style="width: 150px;" type="text" value="0.00"/> | | | | | | | | | | | |
| 3.2.3 Adjusted January 1st Beginning Balance | \$ | <input style="width: 150px;" type="text" value="975,429.50"/> | | | | | | | | | | | |
| 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | + | <input style="width: 150px;" type="text" value="2,855,670.31"/> | | | | | | | | | | | |

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

\$ 2,855,670.31

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

\$ 975,429.50

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.

GIS geodatabase updates. Engineering design work; west side interceptor project, sludge dryer project, WIS-DOT Main St / HWY 19, Allerman Lift Station 7 Forcemain project. New UV disinfection system. New primary sludge pumps. New trailer jetter. New combo jet/vac truck. New Adm Build HVAC system. New Solar Array System. New Lift Station pumps Boughton. Completed WWTP Facilities Plan. Purchased and installed three new stand by generators for lift stations. Replaced methane burner on boiler. CIPP work.

3.3 What amount should be in your Replacement Fund? \$ 975,429.50

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

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

- Yes
- No

If No, please explain.

4. Future Planning

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

- Yes - If Yes, please provide major project information, if not already listed below.
- No

| Project # | Project Description | Estimated Cost | Approximate Construction Year |
|-----------|--|----------------|-------------------------------|
| 1 | Install new interceptor sewer for new drainage basin development, but only for part of the west side interceptor service area to include an extension to Highway A / River Rd. from Hoffmann Drive. This is supposed to be a developer-funded sewer extension. | \$8,500,000 | 2028 |
| 2 | GIS enhancements | \$30,000 | 2026 |
| 3 | Continuance of hydraulic study for the sanitary sewer service area. Specific drainage basin model updates for areas anticipated to see development. | \$15,000 | 2026 |
| 4 | Biosolids dryer, design & bidding (installation planned for 2027-2028). | \$10,225,000 | 2027 |
| 5 | Allerman lift station engineering & rehab - controls and pumps | \$4,500,000 | 2028 |
| 6 | WWTP facilities planning update project engineering, design, and process upgrades (yet to be determined) | \$10,000,000 | 2027 |
| 7 | New influent automatic screens | \$2,000,000 | 2026 |
| 8 | New dewatering equipment | \$4,000,000 | 2027 |

5. Financial Management General Comments

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ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

| | Electricity Consumed (kWh) | Natural Gas Consumed (therms) |
|------------------|---------------------------------------|--|
| January | 15,490 | 0 |
| February | 15,130 | 0 |
| March | 16,384 | 0 |
| April | 14,812 | 0 |
| May | 13,685 | 0 |
| June | 13,471 | 0 |
| July | 10,266 | 0 |
| August | 9,826 | 0 |
| September | 12,041 | 0 |
| October | 10,025 | 0 |
| November | 9,638 | 0 |
| December | 14,602 | 0 |
| Total | 155,370 | 0 |
| Average | 12,948 | 0 |

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

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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?

Mixing valves or submersible mixers to be added where needed to help control grease and rags from forming floating mats.

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 | 203,478 | 72.88 | 2,792 | 227.60 | 894 | 11,589 |
| February | 207,772 | 63.79 | 3,257 | 211.20 | 984 | 18,482 |
| March | 201,361 | 97.96 | 2,056 | 223.23 | 902 | 18,566 |
| April | 201,051 | 112.84 | 1,782 | 186.81 | 1,076 | 11,974 |
| May | 215,539 | 103.91 | 2,074 | 203.08 | 1,061 | 9,899 |
| June | 255,025 | 91.93 | 2,774 | 233.88 | 1,090 | 5,915 |
| July | 274,895 | 88.57 | 3,104 | 243.85 | 1,127 | 1,531 |
| August | 270,069 | 105.95 | 2,549 | 190.87 | 1,415 | 2,873 |
| September | 284,290 | 86.85 | 3,273 | 211.14 | 1,346 | 2,538 |
| October | 243,415 | 79.52 | 3,061 | 201.72 | 1,207 | 2,802 |
| November | 184,293 | 68.69 | 2,683 | 182.73 | 1,009 | 3,510 |
| December | 189,244 | 75.97 | 2,491 | 208.23 | 909 | 10,394 |
| Total | 2,730,432 | 1,048.86 | | 2,524.34 | | 100,073 |
| Average | 227,536 | 87.41 | 2,658 | 210.36 | 1,085 | 8,339 |

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

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- 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 commissioned a 495.6 kW/dc solar ground array system in 2025.

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:

2024

By Whom:

UW-Milwaukee & University of Illinois Chicago / US Dept. of Energy

Describe and Comment:

On-site energy production and efficiencies technical assistance report completed.

Part of the facility

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| |
|---|
| Year: <input type="text"/> |
| By Whom: <input type="text"/> |
| Describe and Comment: <input type="text"/> |

| | |
|---|----------|
| 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:

Clean 33% of collection system
Televise collection system as needed
Add new lift station generators in 3 locations
Repair leaks as we find them in manholes or mains

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?

Watertown Municipal code 508

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2015-05-05

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)]

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:

the wastewater treatment plant facilities plan was approved by WDNR

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="33"/> | % of system/year |
| Root removal | <input type="text" value="5"/> | % of system/year |
| Flow monitoring | <input type="text" value="10"/> | % of system/year |
| Smoke testing | <input type="text" value="0"/> | % of system/year |
| Sewer line televising | <input type="text" value="7"/> | % of system/year |
| Manhole inspections | <input type="text" value="33"/> | % of system/year |
| Lift station O&M | <input type="text" value="18"/> | # per L.S./year |
| Manhole rehabilitation | <input type="text" value=".25"/> | % of manholes rehabbed |
| Mainline rehabilitation | <input type="text" value="0.5"/> | % of sewer lines rehabbed |
| Private sewer inspections | | |

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| | | |
|---|----------------------------------|---|
| Private sewer I/I removal | <input type="text" value="1"/> | % of system/year |
| River or water crossings | <input type="text" value="0"/> | % of private services |
| | <input type="text" value="100"/> | % of pipe crossings evaluated or maintained |
| Please include additional comments about your sanitary sewer collection system below: | | |
| <input type="text"/> | | |

3. Performance Indicators

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

| | |
|------------------------------------|--|
| <input type="text" value="29.57"/> | Total actual amount of precipitation last year in inches |
| <input type="text" value="36.02"/> | Annual average precipitation (for your location) |
| <input type="text" value="109"/> | Miles of sanitary sewer |
| <input type="text" value="18"/> | Number of lift stations |
| <input type="text" value="0"/> | Number of lift station failures |
| <input type="text" value="0"/> | Number of sewer pipe failures |
| <input type="text" value="2"/> | Number of basement backup occurrences |
| <input type="text" value="19"/> | Number of complaints |
| <input type="text" value="2.87"/> | Average daily flow in MGD (if available) |
| <input type="text" value="6.01"/> | Peak monthly flow in MGD (if available) |
| <input type="text"/> | Peak hourly flow in MGD (if available) |

3.2 Performance ratios for the past year:

| | |
|-----------------------------------|--|
| <input type="text" value="0.00"/> | Lift station failures (failures/year) |
| <input type="text" value="0.00"/> | Sewer pipe failures (pipe failures/sewer mile/yr) |
| <input type="text" value="0.00"/> | Sanitary sewer overflows (number/sewer mile/yr) |
| <input type="text" value="0.02"/> | Basement backups (number/sewer mile) |
| <input type="text" value="0.17"/> | Complaints (number/sewer mile) |
| <input type="text" value="2.1"/> | Peaking factor ratio (Peak Monthly:Annual Daily Avg) |
| <input type="text" value="0.0"/> | Peaking factor ratio (Peak Hourly:Annual Daily Avg) |

4. Overflows

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

| Date | Location | Cause | Estimated Volume |
|---------------|----------|-------|------------------|
| 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:

Wet weather continues to increase flows 4x or greater in a short period of time depending on the soil conditions or time of year.

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

Yes

No

If Yes, please describe:

Foundation drain tiles are connected to private sanitary laterals in large parts of the older city. There are no problems with basement back-ups unless the storm sewer system is overwhelmed and surface flooding happens.

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

No changes, same high flows at the wwtp during extreme wet weather events.

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

We are placing flow meters in the system, doing studies on drainage basins, and working to put together a comprehensive private sanitary lateral replacement program to address issues.

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

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Grading Summary

WPDES No: 0028541

| SECTIONS | LETTER GRADE | GRADE POINTS | WEIGHTING FACTORS | SECTION POINTS |
|---|--------------|--------------|-------------------|----------------|
| Influent | F | 0 | 3 | 0 |
| BOD/CBOD | A | 4 | 10 | 40 |
| TSS | A | 4 | 5 | 20 |
| 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 | 131 |
| GRADE POINT AVERAGE (GPA) = 3.54 | | | | |

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 Watertown Public Works Commission

Date of Resolution or
Action Taken:

2026-05-12

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 = F

The city completed the facility plan, which has been approved by the WDNR. The City is working on the completing several of the projects identified in the facility plan, however nothing is expected to help with our design loading exceedance. Although the influent loadings are exceeding the current design capacities, the plant is continuing to meet the effluent limits outlined in the permit.

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = 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)

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. = 3.54

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The Public Works Commission has recommended the following action regarding the influent BOD design exceedance for loading. To continue working with WDNR to understand how and why the facilities plan update did not address the plant design parameters for BOD, and to continue supporting the wastewater utility staff with equipment and infrastructure improvements when and where necessary, pending available funding.