

# Compliance Maintenance Annual Report

Whitewater Wastewater Treatment Facility

Last Updated: Reporting For:  
5/15/2025 **2024**

## Influent Flow and Loading

### 1. Monthly Average Flows and BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	1.3572	x	236	x	8.34	=	2,669
February	1.6882	x	200	x	8.34	=	2,818
March	2.1035	x	173	x	8.34	=	3,038
April	2.8250	x	142	x	8.34	=	3,350
May	2.0400	x	156	x	8.34	=	2,653
June	1.8707	x	157	x	8.34	=	2,446
July	1.7955	x	209	x	8.34	=	3,125
August	1.4568	x	199	x	8.34	=	2,418
September	1.4309	x	271	x	8.34	=	3,229
October	1.3487	x	294	x	8.34	=	3,309
November	1.3192	x	282	x	8.34	=	3,100
December	1.1923	x	293	x	8.34	=	2,918

### 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	3.8	x	90	=	3.42
		x	100	=	3.8
Design BOD, lbs/day	4015	x	90	=	3613.5
		x	100	=	4015

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

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

0

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## 3. Flow Meter

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

- Yes

Enter last calibration date (MM/DD/YYYY)

2024-08-22

- 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                      1,560,395                      gallons

- No

Holding Tanks

- Yes                      3,413,587                      gallons

- No

Grease Traps

- Yes                      0                      gallons

- No

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

We did not experience any adverse impacts in 2024 due to outside waste customers.

## 6. Pretreatment

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

- Yes

- No

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

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

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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.

330,000 gallons of leachate were accepted in 2024. Additionally, 3,400 gallons of pit water was accepted. The facility didn't experience any operational concerns as a result of these industrial wastes.

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

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## Effluent Quality and Plant Performance (BOD/CBOD)

### 1. Effluent (C)BOD Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	20	18	1	1	0	0
February	20	18	0	1	0	0
March	20	18	1	1	0	0
April	20	18	4	1	0	0
May	10	10	1	1	0	0
June	10	10	0	1	0	0
July	10	10	1	1	0	0
August	10	10	1	1	0	0
September	10	10	0	1	0	0
October	10	10	0	1	0	0
November	20	18	0	1	0	0
December	20	18	0	1	0	0

\* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
<b>Total number of points</b>			<b>0</b>

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

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

### 2. Flow Meter Calibration

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

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

2024-08-22

No

If No, please explain:

### 3. Treatment Problems

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

0

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April of 2024 was wet and resulted in increased flows to the plant. As a result, the influent diluted in strength and caused Bio P processes to perform poorly. This resulted in a high effluent total phosphorus average for the month.

The facility also had a period of poor ammonia removal at the end of September. During this period of poor ammonia removal all other monitored pollutants were at typical levels. At this time, we are still not completely certain as to what caused the disruption in the ammonia treatment, but we believe it was attributed to inadequate RAS rates. We were able to improve ammonia removal by putting additional aeration basins in service to increase aeration and thin out MLSS.

#### 4. Other Monitoring and Limits

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

- Yes
- No

If Yes, please explain:

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

- Yes
- No

If Yes, please explain:

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

- Yes
- No
- N/A

Please explain unless not applicable:

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

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

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?

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

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## Effluent Quality and Plant Performance (Ammonia - NH3)

### 1. Effluent Ammonia Results

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

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	4.4	10.5	.04	0	.047	.02	.013	.08	0
February	4.4	10.6	.045	0	.076	.031	.043	.029	0
March	4.8	11.3	.032	0	.061	.067	0	0	0
April	4.3	9.8	.059	0	.237	0	0	0	0
May	4	9.2	0	0	0	0	0	0	0
June	3.2	6.3	0	0	0	0	0	0	0
July	3	6.3	0	0	0	0	0	0	0
August	3	6.3	0	0	0	0	0	0	0
September	3	6.3	2.044	0	.215	.311	1.078	5.44	0
October	4.1	9.6	0	0	0	0	0	0	0
November	4.5	10.7	0	0	0	0	0	0	0
December	4.4	10.6	0	0	0	0	0	0	0
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
<b>Total Number of Points</b>									<b>0</b>

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?

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

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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	.4	0.163	1	0
February	.4	0.097	1	0
March	.4	0.130	1	0
April	.4	0.284	1	0
May	.4	0.151	1	0
June	.4	0.183	1	0
July	.4	0.114	1	0
August	.4	0.142	1	0
September	.4	0.097	1	0
October	.4	0.110	1	0
November	.4	0.092	1	0
December	.4	0.084	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

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?

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



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## 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?

3359.8 acres

2.1.2 How many acres did you use?

143 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. 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	21													0	0
Cadmium		39	85	1.4													0	0
Copper		1500	4300	710													0	0
Lead		300	840	22													0	0
Mercury		17	57	<1.8													0	0
Molybdenum	60		75	16											0			0
Nickel	336		420	27											0			0
Selenium	80		100	20											0			0
Zinc		2800	7500	1200													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)

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<ul style="list-style-type: none"> <li>○ 1-2 (10 Points)</li> <li>○ &gt; 2 (15 Points)</li> </ul> <p>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)</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No (10 points)</li> <li>● N/A - Did not exceed limits or no HQ limit applies (0 points)</li> <li>○ N/A - Did not land apply biosolids until limit was met (0 points)</li> </ul> <p>3.1.3 Number of times any of the metals exceeded the ceiling limits = 0</p> <p>Exceedence Points</p> <ul style="list-style-type: none"> <li>● 0 (0 Points)</li> <li>○ 1 (10 Points)</li> <li>○ &gt; 1 (15 Points)</li> </ul> <p>3.1.4 Were biosolids land applied which exceeded the ceiling limit?</p> <ul style="list-style-type: none"> <li>○ Yes (20 Points)</li> <li>● No (0 Points)</li> </ul> <p>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?</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	0
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<p>4. Pathogen Control (per outfall):</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td style="text-align: center;"><b>002</b></td> </tr> <tr> <td>Biosolids Class:</td> <td style="text-align: center;">B</td> </tr> <tr> <td>Bacteria Type and Limit:</td> <td style="text-align: center;">Fecal Coliform</td> </tr> <tr> <td>Sample Dates:</td> <td>01/01/2024 - 12/31/2024</td> </tr> <tr> <td>Density:</td> <td>12,579</td> </tr> <tr> <td>Sample Concentration Amount:</td> <td>CFU/G TS</td> </tr> <tr> <td>Requirement Met:</td> <td>Yes</td> </tr> <tr> <td>Land Applied:</td> <td>Yes</td> </tr> <tr> <td>Process:</td> <td>Anaerobic Digestion</td> </tr> <tr> <td>Process Description:</td> <td>7 Discrete samples were taken from the sludge storage tank while the mixers were in operation. Each sample was analyzed for TS content as well as Fecal Coliforms.</td> </tr> </table> <p>4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.</p> <p>4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?</p> <ul style="list-style-type: none"> <li>○ Yes (40 Points)</li> <li>● No</li> </ul> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Outfall Number:	<b>002</b>	Biosolids Class:	B	Bacteria Type and Limit:	Fecal Coliform	Sample Dates:	01/01/2024 - 12/31/2024	Density:	12,579	Sample Concentration Amount:	CFU/G TS	Requirement Met:	Yes	Land Applied:	Yes	Process:	Anaerobic Digestion	Process Description:	7 Discrete samples were taken from the sludge storage tank while the mixers were in operation. Each sample was analyzed for TS content as well as Fecal Coliforms.	0
Outfall Number:	<b>002</b>																				
Biosolids Class:	B																				
Bacteria Type and Limit:	Fecal Coliform																				
Sample Dates:	01/01/2024 - 12/31/2024																				
Density:	12,579																				
Sample Concentration Amount:	CFU/G TS																				
Requirement Met:	Yes																				
Land Applied:	Yes																				
Process:	Anaerobic Digestion																				
Process Description:	7 Discrete samples were taken from the sludge storage tank while the mixers were in operation. Each sample was analyzed for TS content as well as Fecal Coliforms.																				

<p>5. Vector Attraction Reduction (per outfall):</p> <p>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.</p>	
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Outfall Number:	<b>002</b>	<b>0</b>
Method Date:	12/31/2024	
Option Used To Satisfy Requirement:	Injection when land apply	
Requirement Met:	Yes	
Land Applied:	Yes	
Limit (if applicable):		
Results (if applicable):		
<p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> &gt;= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> &lt; 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Application windows continue to become smaller. Additionally, there has been more concerns by land owners regarding PFAS potential for PFAS contamination in municipal biosolids. Additionally, as more farmers transfer to no-till practices there are less fields available to apply to via injection.</p> </div>		

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

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## Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input checked="" type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; padding: 5px;"><p>The Utility was down one staff member starting in September of 2024. We were able to hire a replacement in November of 2024. Despite these continued staffing challenges the facility maintained permit compliance.</p></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; padding: 5px;"><p>The Utility continues to work on training newer staff members. Specifically, the staff members who had no previous WWTP operation experience still have things to learn. However, they are progressing and continue to gain experience with increased time and exposure.</p></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/></li><li><input type="radio"/> No (40 points) <input type="checkbox"/><input type="checkbox"/></li></ul> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No (10 points)</li></ul> <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><li><input type="radio"/> Paper file system</li><li><input checked="" type="radio"/> Computer system</li><li><input type="radio"/> Both paper and computer system</li></ul></li><li><input type="radio"/> No (10 points)</li></ul>	<b>0</b>
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input checked="" type="radio"/> No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li><input type="radio"/> Excellent</li><li><input checked="" type="radio"/> Very good</li><li><input type="radio"/> Good</li><li><input type="radio"/> Fair</li></ul>	

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Poor

Describe your rating:

In 2024 the Utility worked towards allocating more tasks to the newer staff members as they gained the experience and understanding of the maintenance required for individual pieces of equipment. Through day to day examples we have strived to show them the importance of accurate record keeping and proactive maintenance. It is an ongoing effort to continually update work orders to make sure the information on a given work order is accurate and comprehensible. Additionally, we are working to organize and update our electronic copies of plant SOPs.

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

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## 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:

BENJAMIN R MIELKE

Certification No:

36629

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				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural		X		
A5	Anaerobic Treatment Of Liquid		X		
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen		X		
D	Disinfection	X			X
L	Laboratory	X			X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	X	NA

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"> <li><input type="radio"/> Averaging 6 or more CECs per year.</li> <li><input type="radio"/> Averaging less than 6 CECs per year.</li> </ul> <p>Advanced Certification:</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Averaging 8 or more CECs per year.</li> <li><input type="radio"/> Averaging less than 8 CECs per year.</li> </ul>	
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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 300px;" type="text" value="Jeremiah Thomas"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="262-473-1381"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="jthomas@whitewater-wi.gov"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2024"/></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="2024"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 150px;" type="text" value="2,277,537.00"/></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="2,277,537.00"/></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="94,361.00"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="2,277,537.00"/>	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="2,277,537.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 150px;" type="text" value="94,361.00"/>	+
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="2,277,537.00"/>											
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="2,277,537.00"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 150px;" type="text" value="94,361.00"/>											



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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

\$ 2,371,898.00

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.

ERF not used in 2024.

3.3 What amount should be in your Replacement Fund?

\$ 1,781,301.67

0

Please note: If you had a CWFPP 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	Vanderlip Lift Station, commissioned in 1961, is being planned for replacement. Along with this, flow from an adjacent lift station service area (Fraternity) will be directed to this station. A new force main and numerous laterals replacements round out the road construction portion of this project. Some water main work will also be tackled as part of the larger scope.	\$4,700,000	2025

## 5. Financial Management General Comments

### ENERGY EFFICIENCY AND USE

## 6. Collection System

### 6.1 Energy Usage

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

#### **COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	5,308	12
February	5,576	14
March	5,358	15
April	7,816	13
May	6,444	14
June	5,966	13
July	4,900	10
August	4,888	34
September	4,498	9
October	4,181	8
November	4,231	7
December	6,486	9
<b>Total</b>	<b>65,652</b>	<b>158</b>
<b>Average</b>	<b>5,471</b>	<b>13</b>

## 6.1.2 Comments:

Gas consumption is generally consistent in Lift stations due to standard test runs of generators. August of 2024 we had extended outages causing generators to run.

## 6.2 Energy Related Processes and Equipment

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

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

## 6.2.2 Comments:

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

No

Yes

Year:

By Whom:

Describe and Comment:

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## 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?

The lift station construction project that was to be completed in 2024 is on going. Once this project is completed, 2 existing lift stations will be replaced with one new lift station. This new lift station will utilize VFDs and have a flow meter.

## 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	126,751	42.07	3,013	82.74	1,532	8,235
February	123,222	48.96	2,517	81.72	1,508	8,823
March	128,297	65.21	1,967	94.18	1,362	6,651
April	143,519	84.75	1,693	100.50	1,428	6,588
May	125,966	63.24	1,992	82.24	1,532	3,587
June	125,558	56.12	2,237	73.38	1,711	1,948
July	112,469	55.66	2,021	96.88	1,161	1,249
August	114,142	45.16	2,528	74.96	1,523	1,085
September	115,192	42.93	2,683	96.87	1,189	1,040
October	113,107	41.81	2,705	102.58	1,103	1,178
November	102,314	39.58	2,585	93.00	1,100	2,467
December	132,528	36.96	3,586	90.46	1,465	6,106
<b>Total</b>	<b>1,463,065</b>	<b>622.45</b>		<b>1,069.51</b>		<b>48,957</b>
<b>Average</b>	<b>121,922</b>	<b>51.87</b>	<b>2,461</b>	<b>89.13</b>	<b>1,385</b>	<b>4,080</b>

7.1.2 Comments:

### 7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection

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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?

## 8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

## 9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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

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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 televising roughly 1/10 of the City each year, reduce I/I through CIPP of known problem areas, cleaning 1/3 of Collection System, and learn to operate new Lift Station that is being constructed.

Did you accomplish them?

- Yes
- No

If No, explain:

The above noted goals are ongoing. Some of the goals will never truly be completed and take continued efforts. Specific to the construction of the new lift station, the project is behind schedule, so this will become a goal for 2025. We did perform televising and CIPP of problem sewers in 2024.

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

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

- Legal Authority [NR 210.23 (4) (c)]

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

Sewer Use Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2020-04-04

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)]

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

- Equipment and replacement part inventories
- Up-to-date sewer system map
- A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
- A description of routine operation and maintenance activities (see question 2 below)
- Capacity assessment program
- Basement back assessment and correction
- Regular O&M training
- Design and Performance Provisions [NR 210.23 (4) (e)]

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

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

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

Does your emergency response capability include:

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

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

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

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

0

2. Operation and Maintenance

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

Cleaning	<input type="text" value="24"/>	% of system/year
Root removal	<input type="text" value="3"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="7"/>	% of system/year
Manhole inspections	<input type="text" value="25"/>	% of system/year
Lift station O&M	<input type="text" value="60"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="1"/>	% of sewer lines rehabbed

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Private sewer inspections  % of system/year  
 Private sewer I/I removal  % of private services  
 River or water crossings  % of pipe crossings evaluated or maintained

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

### 3. Performance Indicators

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

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

3.2 Performance ratios for the past year:

Lift station failures (failures/year)  
 Sewer pipe failures (pipe failures/sewer mile/yr)  
 Sanitary sewer overflows (number/sewer mile/yr)  
 Basement backups (number/sewer mile)  
 Complaints (number/sewer mile)  
 Peaking factor ratio (Peak Monthly:Annual Daily Avg)  
 Peaking factor ratio (Peak Hourly:Annual Daily Avg)

### 4. Overflows

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

Date	Location	Cause	Estimated Volume
0 5/28/2024 12:15:00 PM - 5/28/2024 3:45:00 PM	1216 West Carriage Drive, Whitewater WI 53190		1,000

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

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

The Utility continues to clean 1/3 of the collections system each year to minimize risk of sewer plugging. Additionally, identified problem areas are cleaned on a monthly basis. A more established "Root" list has also been developed and we have become more prescribed in our root cutting efforts.

The above overflow was caused by construction relating to the replacement of a Lift station. Once the project is completed we will have replaced two aging lift stations with one new lift station which should reduce risks of SSOs overall.



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5. Infiltration / Inflow (I/I)

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

- Yes
- No

If Yes, please describe:

April of 2024, the Utility experienced flows of about 5 MGD. This high flow event caused the influent to become diluted and biological phosphorus removal performed very poorly. As a result the facility relied heavily on chemical phosphorus removal. In instances where bio P has largely become ineffective, the Utility will now utilize other alum dosage locations to minimize the amount of alum pumped for "effluent polishing". This will alleviate some pressure on the filters and lessens the need for filter backwashing, which only exacerbates the issue of diluted influent strength.

During this event, the filter bypass gate also had to operate to prevent hydraulic overloading of the filters. The gate functioned as intended, but consequently we experienced higher than normal effluent TSS. It should be noted that this increase in effluent TSS was attributed more to algae on secondary clarifier weirs and in piping getting sloughed off with increase flow velocities, as opposed to MLSS loss due to lack of settling in secondary's.

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:

Although none of the issues caused by I/I were significant enough to cause an SSO, the Utility experienced unusual number of pump start times and extended run times during high flow events.

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

April of 2024 was more severe in comparison to recent years in terms of I/I. Events such as these serve as reminders of the importance of managing I/I as well as stresses the importance of continued efforts to mitigate I/I. The Utility will continue to budget dollars for collections system maintenance as well as sound record keeping to ensure dollars are being spent as efficiently as possible.

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

The City continues to be vigilant of illegally connected sump pumps, perform manhole inspections, CIPP of damaged sewer piping, and grouting.

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

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## Grading Summary

WPDES No: 0020001

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

### Notes:

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

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## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

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

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

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

### ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

**G.P.A. = 4.00**