

Compliance Maintenance Annual Report

Whitewater Wastewater Treatment Facility

Last Updated: Reporting For:
5/28/2024 **2023**

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	1.3456	x	235	x	8.34	=	2,641
February	1.7016	x	241	x	8.34	=	3,421
March	2.1670	x	185	x	8.34	=	3,349
April	2.1765	x	200	x	8.34	=	3,629
May	1.5020	x	215	x	8.34	=	2,687
June	1.1909	x	222	x	8.34	=	2,202
July	1.1112	x	234	x	8.34	=	2,171
August	1.1702	x	258	x	8.34	=	2,521
September	1.2747	x	294	x	8.34	=	3,127
October	1.4064	x	253	x	8.34	=	2,962
November	1.3539	x	248	x	8.34	=	2,795
December	1.2400	x	239	x	8.34	=	2,473

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	1	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	1	0
Points		0	0	3	0
Total Number of Points					3

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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)

2023-08-10

- ☐ 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

1,662,685 gallons

- ☐ No

Holding Tanks

- ☒ Yes

2,491,050 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 have any adverse impacts in 2023 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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<div><div><div>● Yes</div><div>○ No</div></div><div>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.</div><div>The facility accepted 390,000 gallons of leachate in 2023. Additionally 3,100 gallons of pit water were accepted. The facility didn't have any operational concerns as a result of these industrial wastes. Due to staffing challenges these side streams were not monitored as closely as we would like, which will be a goal in 2024.</div></div>	
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Total Points Generated	3
Score (100 - Total Points Generated)	97
Section Grade	A

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Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

Outfall No. 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	1	1	0	0
March	20	18	2	1	0	0
April	20	18	3	1	0	0
May	10	10	2	1	0	0
June	10	10	1	1	0	0
July	10	10	2	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	1	1	0	0

* Equals limit if limit is ≤ 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		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)

2023-08-10

☐ No

If No, please explain:

3. Treatment Problems

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

No problems were great enough to impact treatment. However, we did experience high flows in the spring which can heavily impact our treatment process. In general this most directly affects our Bio P treatment process. We can compensate the lack of biological performance with chemical usage. However, this component will need to be strongly considered in long term phosphorus compliance for the facility. It should be noted, recent historical effluent Total Phosphorus numbers are a result of overall "dry" annual conditions. Consequently, effluent Total Phosphorus expectations going forward should be reflective of that consideration.

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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:

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)

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	1	1	0	0
April	20	18	1	1	0	0
May	10	10	1	1	0	0
June	10	10	3	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
Total Number of Points						0
<p>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 $12/6 = 2.0$</p>						
1.2 If any violations occurred, what action was taken to regain compliance?						

0

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 Exceed ance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceed ance
January	4.4	10.5	0	0	0	0	0	0	0
February	4.4	10.6	.015	0	.035	.011	0	.015	0
March	4.8	11.3	0	0	0	0	0	0	0
April	4.3	9.8	.012	0	0	.049	0	0	0
May	4	9.2	.033	0	0	.082	0	.051	0
June	3.2	6.3	.038	0	.072	0	.03	.049	0
July	3	6.3	.073	0	0	.02	0	.274	0
August	3	6.3	.063	0	.061	.08	.086	.026	0
September	3	6.3	.043	0	.03	.071	.033	.038	0
October	4.1	9.6	.031	0	.062	0	.03	.033	0
November	4.5	10.7	.017	0	0	.029	.026	.014	0
December	4.4	10.6	.026	0	0	.039	.063	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
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	0.124	1	0
February	.4	0.104	1	0
March	.4	0.262	1	0
April	.4	0.207	1	0
May	.4	0.097	1	0
June	.4	0.263	1	0
July	.4	0.151	1	0
August	.4	0.116	1	0
September	.4	0.100	1	0
October	.4	0.083	1	0
November	.4	0.087	1	0
December	.4	0.124	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				0

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

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

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

N/A

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?

3381 acres

2.1.2 How many acres did you use?

90 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

0

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		22												0	0
Cadmium		39	85		1.4												0	0
Copper		1500	4300		640												0	0
Lead		300	840		19												0	0
Mercury		17	57		<.81												0	0
Molybdenum	60		75		16											0		0
Nickel	336		420		22											0		0
Selenium	80		100		17											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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☐ 1-2 (10 Points)

☐ > 2 (15 Points)

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

☐ Yes

☐ No (10 points)

● N/A - Did not exceed limits or no HQ limit applies (0 points)

☐ N/A - Did not land apply biosolids until limit was met (0 points)

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

Exceedence Points

● 0 (0 Points)

☐ 1 (10 Points)

☐ > 1 (15 Points)

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

☐ Yes (20 Points)

● No (0 Points)

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

0

4. Pathogen Control (per outfall):

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

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	02/01/2023 - 12/31/2023
Density:	16,960
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	membrane filtration technique used to test for Fecal Coliform. 7 discrete samples were grabbed from the storage tank mixer while actively mixing during the above sample dates. Each sample was analyzed for % solids to get results.

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.

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Outfall Number:	002	0
Method Date:	12/31/2023	
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></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"/> >= 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"/> < 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></div>		0
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div>Application windows continue to become smaller, especially in the spring of the year. Other challenges regarding truck driver availability for contractors was an issue. It seems more contractors are going away from liquid biosolids contracts, so future planning should be considerate of that.</div>		

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

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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"><input type="radio"/> Yes<input checked="" type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; padding: 5px;"><p>The Utility was down one staff member starting in June and two staff members in the middle of June. A new staff member was added in the fall, so the facility remains down one staff member. 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 will continue to work on training new staff members. Some of which have had no previous WWTP operation experience, so training timelines are reflective of that. Once the utility is in a position to take on new personnel, the remaining position will look to be filled.</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"><input checked="" type="radio"/> Yes<input type="radio"/> 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"><input checked="" type="radio"/> Yes (Continue with question 2) <input type="checkbox"/><input type="radio"/> No (40 points) <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"><input checked="" type="radio"/> Yes<input type="radio"/> 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"><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><input type="radio"/> Paper file system<input checked="" type="radio"/> Computer system<input type="radio"/> Both paper and computer system<input type="radio"/> 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"><input type="radio"/> Yes<input checked="" type="radio"/> 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"><input type="radio"/> Excellent<input checked="" type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair	

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○ Poor

Describe your rating:

There is always room for improvement. However, the Utility strives to take a proactive approach rather than reactive when it comes to equipment maintenance. Record keeping and detailed documentation continue to be focal points which can be extremally helpful drivers in equipment maintenance. 2024 will be a challenging year in terms of staff training and role transitions as staffing structure has changed.

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:

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

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

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Financial Management

1. Provider of Financial Information Name: <input type="text" value="Karen Dieter"/> Telephone: <input type="text" value="262-473-1382"/> (XXX) XXX-XXXX E-Mail Address (optional): <input type="text" value="kdieter@whitewater-wi.gov"/>		
2. Treatment Works Operating Revenues 2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ? ● Yes (0 points) <input type="checkbox"/> ○ No (40 points) If No, please explain: <input type="text"/> 2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input type="text" value="2023"/> ● 0-2 years ago (0 points) <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> ○ N/A (private facility) 2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system? ● Yes (0 points) ○ No (40 points)		0
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]		
3. Equipment Replacement Funds 3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input type="text" value="2023"/> ● 1-2 years ago (0 points) <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> ○ N/A If N/A, please explain: <input type="text"/> 3.2 Equipment Replacement Fund Activity 3.2.1 Ending Balance Reported on Last Year's CMAR 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) 3.2.3 Adjusted January 1st Beginning Balance 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)		<div>\$ <input type="text" value="2,225,412.00"/></div> <div>\$ <input type="text" value="0.00"/></div> <div>\$ <input type="text" value="2,225,412.00"/></div> <div>+ \$ <input type="text" value="52,125.00"/></div>

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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

\$ 2,277,537.00

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 2023.

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	2024

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: 7

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	5,484	6
February	6,332	17
March	6,712	16
April	6,707	16
May	4,689	16
June	3,648	16
July	3,756	35
August	3,706	16
September	3,541	21
October	4,181	18
November	5,355	21
December	5,308	12
Total	59,419	210
Average	4,952	18

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

☒ No

☐ Yes

Year:

By Whom:

Describe and Comment:

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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?

In 2024 construction will begin replace two older lift stations with one newly constructed one. The new pumping station will utilize VFD's and will have a flowmeter.

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	122,819	41.71	2,945	81.87	1,500	8,416
February	110,493	47.64	2,319	95.79	1,153	7,547
March	144,540	67.18	2,152	103.82	1,392	7,000
April	131,596	65.30	2,015	108.87	1,209	5,002
May	125,475	46.56	2,695	83.30	1,506	2,138
June	106,811	35.73	2,989	66.06	1,617	1,259
July	115,091	34.45	3,341	67.30	1,710	1,129
August	107,534	36.28	2,964	78.15	1,376	1,002
September	103,593	38.24	2,709	93.81	1,104	1,125
October	109,131	43.60	2,503	91.82	1,189	2,714
November	142,055	40.62	3,497	83.85	1,694	6,647
December	126,751	38.44	3,297	76.66	1,653	8,235
Total	1,445,889	535.75		1,031.30		52,214
Average	120,491	44.65	2,786	85.94	1,425	4,351

7.1.2 Comments:

7.2 Energy Related Processes and Equipment

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

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

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☐ 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 have been working on transitioning all building lighting to LED light bulbs.

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:

2003

By Whom:

WI Focus on Energy

Describe and Comment:

Anaerobic Digester Methane to Energy - A Statewide Assessment

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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:

Implement and Maintain the newly created GIS system, Reduce I&I, and address areas of structural concern. Additionally, we established more prescribed methods/maps to maintenance activities in an effort to improve efficiencies.

Did you accomplish them?

☐ Yes

☒ No

If No, explain:

The above noted goals are ongoing. Most of the goals will never truly be completed and will take continual efforts as apart of sound collection system maintenance.

☒ 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) 2019-04-04

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)]

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:

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="1"/>	% 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="0"/>	% of system/year
Manhole inspections	<input type="text" value="34"/>	% 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

Private sewer inspections

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	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0"/>	% of private services
River or water crossings	<input type="text" value="0"/>	% 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="31.68"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.48"/>	Annual average precipitation (for your location)
<input type="text" value="52"/>	Miles of sanitary sewer
<input type="text" value="7"/>	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="5"/>	Number of basement backup occurrences
<input type="text" value="20"/>	Number of complaints
<input type="text" value="1.47"/>	Average daily flow in MGD (if available)
<input type="text" value="1.791"/>	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="0.06"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.10"/>	Basement backups (number/sewer mile)
<input type="text" value="0.38"/>	Complaints (number/sewer mile)
<input type="text" value="1.2"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

	Date	Location	Cause	Estimated Volume
0	4/1/2023 5:30:00 AM - 4/1/2023 11:00:00 AM	1260 W. Tower Hill Pass	Plugged Sewer	1,650
1	8/9/2023 8:20:00 AM - 8/9/2023 8:40:00 AM	1421 W. Main Street	Equipment Failure	300
2	10/29/2023 7:41:00 AM - 10/30/2023 7:33:00 AM	109 county Hwy U, Whitewater, WI 53190	Equipment Failure	25

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

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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 its collection system each year to minimize risk of sewer plugging. Additionally, the utility has developed televising zones for its sewer system to perform visual inspections.

In terms of equipment related issues, the Utility continues to work on proper training, and sound equipment maintenance practices to reduce the risk for TFO/SSO as much as possible.

5. Infiltration / Inflow (I/I)

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

- ☐ Yes
- ☒ No

If Yes, please describe:

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

- ☒ Yes
- ☐ No

If Yes, please describe:

The Utility has been fortunate in that none of the I/I events were not significant enough to cause any hydraulic concerns. However, specifically in the end of Feb. due to snow melt/rain plant flows increased. This I/I event diluted influent strength and caused Bio P process to perform poorly.

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

Overall 2023 was similar to previous years in terms of I/I severity. However, despite being near annual averages for precipitation there were still periods in which I/I adversely impacted plant operation. As a result, I/I issues will continue to be targeted as a long term goal for the Utility.

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

The City continues to inspect for illegally connected sump pumps. Additionally, manhole inspections are regularly performed. The "Sewer Replacement Fund" is also a fund that is used as a resource to minimize I/I issues in the form of pipe replacement, Cured In Place Pipe, manhole grouting, etc.

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

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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
TOTALS			37	148
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)

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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

