

**CITY OF EDGERTON**

**UTILITIES COMMISSION  
EDGERTON CITY HALL  
12 ALBION STREET**

**Monday, July 13, 2020 at 5:30 p.m.**

1. Call to Order; Roll Call.
2. Confirmation of Meeting Notice on Friday, July 10, 2020
3. Personal appearances for non-agenda items limited to 3 minutes.
4. Approve June 8, 2020 Utility Commission Minutes.
5. Approve Change order #1 for GMS Excavators, Inc for the IKI Sewer Easement Sanitary Sewer Relocation project.
6. Approve Pay Request #2 for GMS Excavators, Inc for the IKI Sewer Easement Sanitary Sewer Relocation project.
7. Approve Vouchers Payable.
8. Discuss and Consider Leak Credit for 526 Shearer St.
9. Discuss and Consider Leak Credit for 305 S Main St
10. Discuss and Consider 2019 Compliance Maintenance Report.
11. Operator's Reports.
12. Director's Report.
13. Administrative Report.
14. Adjourn

Cc: All Commission Members                      All Council Members  
Department Heads                                  Newspapers

**NOTICE:** If a person with a disability requires that the meeting be accessible or that materials at the meeting be in an accessible format, call the City Administrator's office at least 6 hours prior to the meeting to request adequate accommodations. Telephone: 884-3341

Notice is hereby given that a majority of the Common Council is expected to be present at the above scheduled noticed meeting to gather information about a subject over which they have decision making responsibility. The only action to be taken at this meeting will be action by the Utilities Commission.

**JUNE 8, 2020 UTILITY COMMISSION MEETING MINUTES  
CITY OF EDGERTON**

Chairperson Kapellen called the meeting to order at 5:30 p.m.

Present: Candy Davis, Jim Kapellen, Janelle Frey, Lawanna Schieldt and Denise Langan

Excused: Anne Radtke and Rick Petersen

Others Present: Utility Director Randy Oren and City Clerk Treasurer Cindy Hegglund

Hegglund confirmed the meeting agenda was properly posted on Friday, June 5, 2020 at the Post Office, Edgerton Library, City Hall and the city's website.

**ELECT CHAIR:** A Langan/Davis motion to nominate Jim Kapellen as Chairperson passed, all voted in favor.

**APPROVAL OF MINUTES:** A Davis/Langan motion to approve the May 11, 2020 Utility Commission meeting minutes passed, all voted in favor.

**OVERPAYMENT REFUND:** A Davis/Schildt motion to approve the overpayment refund at 225 Whitney Way in the amount of \$89.12 and at 923 Hain Rd in the amount of \$182.06 passed on a 5/0 roll call vote.

**APPROVE VOUCHERS PAYABLE:** A Kapellen/Frey motion to approve payment of the bills list in the amount of \$59,838.78 passed on a 5/0 roll call vote.

Being no other business before the Commission, a Schieldt/Langan motion to adjourn passed, all voted in favor.

Randy Oren/wjl  
Utility Director

**SECTION 00 63 63  
CHANGE ORDER**

Change Order No. 1(Final)

Date of Issuance: July 1, 2020	Effective Date: July 1, 2020
Owner: City of Edgerton	Owner's Contract No.:
Contractor: G.M.S. Excavators, Inc.	Contractor's Project No.:
Engineer: Cedar Corporation	Engineer's Project No.: 4894-0060
Project: IKI Sewer Easement Sanitary Sewer Relocation Phase One	Contract Name: IKI Sewer Easement Sanitary Sewer Relocation Phase One

The Contract is modified as follows upon execution of this Change Order:

Description: This Change Order includes final quantity/cost adjustments for work completed to date.  
The Final Quantity Adjustment sheet is attached to this Change Order.

CHANGE IN CONTRACT PRICE	CHANGE IN CONTRACT TIMES <i>[note changes in Milestones if applicable]</i>
Original Contract Price: \$ 18,685.00	Original Contract Times: Substantial Completion: <u>12/20/2018</u> Ready for Final Payment: <u>12/20/2018</u> days or dates
Decrease from previously approved Change Orders No. <u>N/A</u> to No. <u>N/A</u> : \$ 0	[Increase] [Decrease] from previously approved Change Orders No. <u>N/A</u> to No. <u>N/A</u> : Substantial Completion: <u>12/20/2018</u> Ready for Final Payment: <u>12/20/2018</u> days
Contract Price prior to this Change Order: \$ 18,685.00	Contract Times prior to this Change Order: Substantial Completion: <u>12/20/2018</u> Ready for Final Payment: <u>12/20/2018</u> days or dates
Decrease of this Change Order: \$ -2,705.00	[Increase] [Decrease] of this Change Order: Substantial Completion: <u>12/20/2018</u> Ready for Final Payment: <u>12/20/2018</u> days or dates
Contract Price incorporating this Change Order: \$ 15,980.00	Contract Times with all approved Change Orders: Substantial Completion: <u>12/20/2018</u> Ready for Final Payment: <u>12/20/2018</u> days or dates

<b>RECOMMENDED:</b>	<b>ACCEPTED:</b>	<b>ACCEPTED:</b>
By: <u>[Signature]</u> Engineer (if required)	By: _____ Owner (Authorized Signature)	By: <u>[Signature]</u> Contractor (Authorized Signature)
Title: <u>RESIDENT ENG. REP.</u>	Title: _____	Title: <u>Pres. It</u>
Date: <u>7/2/2020</u>	Date: _____	Date: <u>7/2/20</u>

Approved by Funding Agency (if applicable)  
By: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_



# Contractor's Application for Payment No. 2 (Final)

Application Period: 9/30/2019 thru 6/27/2020 From (Contractor): G.M.S. Excavators Inc. Contract: Contractor's Project No:	Application Date: 7/1/2020 Via (Engineer): Cedar Corporation 2820 Walton Commons West, Suite 142 Madison, WI 53718 Engineer's Project No: 4894-0060
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### Application For Payment Change Order Summary

Approved Change Orders	Number	Additions	Deductions
CO#1 Final QTY Adjustment			\$2,705.00
TOTALS			
NET CHANGE BY CHANGE ORDERS			-\$2,705.00

1. ORIGINAL CONTRACT PRICE..... \$ 18,685.00
2. Net change by Change Orders..... \$ -2,705.00
3. Current Contract Price (Line 1 ± 2)..... \$ 15,980.00
4. TOTAL COMPLETED AND STORED TO DATE  
(Column I total on Progress Estimates)..... \$ 15,980.00
5. RETAINAGE:
  - a.  \$15,980.00 Work Completed..... \$
  - b.  5% Stored Material..... \$
  - c. Total Retainage (Line 5.a + Line 5.b)..... \$
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5.c)..... \$ 15,980.00
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)..... \$ 14,326.00
8. AMOUNT DUE THIS APPLICATION..... \$ 1,654.00

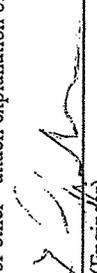
**Contractor's Certification**

The undersigned Contractor certifies, to the best of its knowledge, the following:

- (1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment;
- (2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all Liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such Liens, security interest, or encumbrances); and
- (3) All the Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Contractor Signature	Date: 7/2/20
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Payment of: \$ 1,654.00  
 (Line 8 or other - attach explanation of the other amount)

is recommended by:  (Engineer) 7/2/2020 (Date)

Payment of: \$ 1,654.00  
 (Line 8 or other - attach explanation of the other amount)

is approved by: \_\_\_\_\_ (Owner) \_\_\_\_\_ (Date)

Approved by: \_\_\_\_\_ Funding or Financing Entity (if applicable) \_\_\_\_\_ (Date)



Report Criteria:

Detail report.  
 Invoices with totals above \$0 included.  
 Paid and unpaid invoices included.  
 Invoice Detail.GL Account = "60111000"."60280935340"  
 [Report].Invoice Date = 06/19/2020,07/10/2020  
 [Report].Invoice Date = {OR} {IS NULL}

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
<b>21</b>								
21	ALLIANT ENERGY	FEB 20 370054	370054 ELECTRIC/GAS CHARG	07/10/2020	280.06	.00		
21	ALLIANT ENERGY	MAY 20 21330	213303 ELECTRIC CHARGES	07/10/2020	46.65	.00		
21	ALLIANT ENERGY	MAY 20 22700	227005 ELECTRIC CHARGES	07/10/2020	23.59	.00		
21	ALLIANT ENERGY	MAY 20 22700	227005 GAS CHARGES	07/10/2020	15.17	.00		
21	ALLIANT ENERGY	MAY 20 23641	236416 ELECTRIC CHARGES	07/10/2020	32.12	.00		
21	ALLIANT ENERGY	MAY 20 35777	357770 ELECTRIC CHARGES	07/10/2020	1,360.43	.00		
21	ALLIANT ENERGY	MAY 20 35777	357770 GAS CHARGES	07/10/2020	15.17	.00		
21	ALLIANT ENERGY	MAY 20 36096	360963 ELECTRIC CHARGES	07/10/2020	995.19	.00		
21	ALLIANT ENERGY	MAY 20 37005	370054 ELECTRIC/GAS CHARG	07/10/2020	61.10	.00		
21	ALLIANT ENERGY	MAY 20 42290	422906 ELECTRIC CHARGES	07/10/2020	4,594.42	.00		
21	ALLIANT ENERGY	MAY 20 42290	422906 GAS CHARGES	07/10/2020	23.98	.00		
21	ALLIANT ENERGY	MAY 20 48150	481500 ELECTRIC CHARGES	07/10/2020	56.46	.00		
21	ALLIANT ENERGY	MAY 20 71524	715243 ELECTRIC CHARGES	07/10/2020	999.66	.00		
21	ALLIANT ENERGY	MAY 20 88165	881653 ELECTRIC CHARGES	07/10/2020	805.46	.00		
21	ALLIANT ENERGY	MAY 20 88165	881653 GAS CHARGES	07/10/2020	15.59	.00		
Total 21:					9,325.05	.00		
<b>96</b>								
96	BJOIN LIMESTONE INC	76931A	3/4" CRUSHED LIMESTONE FO	07/10/2020	91.92	.00		
Total 96:					91.92	.00		
<b>130</b>								
130	US CELLULAR	0379961208A	WWTP IPAD MONTHLY SERVIC	07/10/2020	22.50	.00		
130	US CELLULAR	0379961208A	UTILITY DEPT CELL PHONE	07/10/2020	.25	.00		
130	US CELLULAR	0379961208A	WATER DEPT/UTILITY CELL PH	07/10/2020	13.25	.00		
Total 130:					36.00	.00		
<b>194</b>								
194	DEEGAN'S HARDWARE INC	MAY 2020A	REPAIR PARTS - WELL	07/10/2020	6.52	.00		
194	DEEGAN'S HARDWARE INC	MAY 2020A	MAY 2020 CHARGES - WATER T	07/10/2020	35.98	.00		
194	DEEGAN'S HARDWARE INC	MAY 2020A	MAY 2020 CHARGES - WWTP	07/10/2020	70.72	.00		
194	DEEGAN'S HARDWARE INC	MAY 2020A	MAY 2020 CHARGES - WELL CH	07/10/2020	12.49	.00		
Total 194:					125.71	.00		
<b>206</b>								
206	DIGGERS HOTLINE INC	200552801	MAY 20 LOCATE TICKETS	07/10/2020	118.41	.00		
206	DIGGERS HOTLINE INC	200552801	MAY 20 LOCATE TICKETS	07/10/2020	118.40	.00		
Total 206:					236.81	.00		
<b>230</b>								
230	EDGERTON POSTMASTER	7/6/20	POSTAGE - WATER SAMPLE SE	07/10/2020	37.95	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
Total 230:					37.95	.00		
<b>311</b>								
311	FRONTIER COMMUNICATIONS	JUNE 2020A	608-884-2466 TELEPHONE CHA	07/10/2020	54.24	.00		
311	FRONTIER COMMUNICATIONS	JUNE 2020A	608-884-3341 TELEPHONE CHA	07/10/2020	87.65	.00		
311	FRONTIER COMMUNICATIONS	JUNE 2020A	608-884-3341 TELEPHONE CHA	07/10/2020	87.65	.00		
311	FRONTIER COMMUNICATIONS	JUNE 2020A	608-884-8331 TELEPHONE CHA	07/10/2020	71.01	.00		
311	FRONTIER COMMUNICATIONS	JUNE 2020A	608-884-6531 TELEPHONE CHA	07/10/2020	283.05	.00		
311	FRONTIER COMMUNICATIONS	JUNE 2020A	608-884-1968 TELEPHONE CHA	07/10/2020	24.20	.00		
311	FRONTIER COMMUNICATIONS	JUNE 2020A	262-002-7247 TELEPHONE CHA	07/10/2020	32.28	.00		
311	FRONTIER COMMUNICATIONS	JUNE 2020A	262-002-7243 TELEPHONE CHA	07/10/2020	66.36	.00		
Total 311:					706.44	.00		
<b>334</b>								
334	HYDRITE CHEMICAL COMPANY	02367508	FERRIC CHLORIDE	07/10/2020	8,173.80	.00		
Total 334:					8,173.80	.00		
<b>490</b>								
490	SECURIAN FINANCIAL GROUP,	AUGUST 2020	AUGUST 2020 LIFE INSURANCE	07/10/2020	71.20	.00		
490	SECURIAN FINANCIAL GROUP,	AUGUST 2020	AUGUST 2020 LIFE INSURANCE	07/10/2020	88.37	.00		
490	SECURIAN FINANCIAL GROUP,	JULY 2020A	JULY 2020 LIFE INSURANCE	06/19/2020	71.20	71.20	06/16/2020	
490	SECURIAN FINANCIAL GROUP,	JULY 2020A	JULY 2020 LIFE INSURANCE	06/19/2020	88.37	88.37	06/16/2020	
Total 490:					319.14	159.57		
<b>514</b>								
514	NELSON-YOUNG LUMBER CO	78845	ROOF/FLASHING SEALANT - W	07/10/2020	10.50	.00		
Total 514:					10.50	.00		
<b>573</b>								
573	QUARLES & BRADY LLP	2020	WATER SYSTEM REVENUE BO	07/10/2020	673.50	.00		
Total 573:					673.50	.00		
<b>747</b>								
747	CORE & MAIN	M282620	CREDIT MEMO (8) 3/4" WATER	07/10/2020	1,155.92-	.00		
747	CORE & MAIN	M288612	(1) HYDRANT METER	07/10/2020	1,577.44	.00		
747	CORE & MAIN	M359473	(8) 5/8" WATER METER	07/10/2020	1,171.99	.00		
747	CORE & MAIN	M359766	REPAIR PARTS - HYDRANTS	07/10/2020	3,811.51	.00		
747	CORE & MAIN	M526369	(2) 6" HYDRANT	07/10/2020	1,148.52	.00		
Total 747:					6,553.54	.00		
<b>779</b>								
779	WI DEPT OF EMPLOYEE TRUST	AUGUST 20	AUGUST 2020 HEALTH INSURA	07/10/2020	3,310.62	.00		
779	WI DEPT OF EMPLOYEE TRUST	AUGUST 20	AUGUST 2020 HEALTH INSURA	07/10/2020	3,310.62	.00		
Total 779:					6,621.24	.00		
<b>812</b>								
812	TESTAMERICA LABORATORIES	5000027466	WASTEWATER ANALYSIS	07/10/2020	252.00	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
Total 812:					252.00	.00		
<b>934</b>								
934	STAPLES CREDIT PLAN	7302272388A	COPY PAPER	07/10/2020	18.46	.00		
934	STAPLES CREDIT PLAN	7302272388A	COPY PAPER	07/10/2020	18.46	.00		
934	STAPLES CREDIT PLAN	7308902516A	BINDERS - UTILITY METER BO	07/10/2020	9.88	.00		
934	STAPLES CREDIT PLAN	7308902516A	BINDERS - UTILITY METER BO	07/10/2020	9.87	.00		
934	STAPLES CREDIT PLAN	7309059986A	COPY PAPER	07/10/2020	18.46	.00		
934	STAPLES CREDIT PLAN	7309059986A	COPY PAPER	07/10/2020	18.46	.00		
Total 934:					93.59	.00		
<b>980</b>								
980	CIVIC SYSTEMS	CVC19378A	SEMI-ANNUAL SOFTWARE SUP	07/10/2020	1,259.20	.00		
980	CIVIC SYSTEMS	CVC19378A	SEMI-ANNUAL SOFTWARE SUP	07/10/2020	1,259.20	.00		
Total 980:					2,518.40	.00		
<b>1043</b>								
1043	TRANSUNION LLC	JUNE 2020A	JUNE 2020 MEMBERSHIP DUES	07/10/2020	16.67	.00		
1043	TRANSUNION LLC	JUNE 2020A	JUNE 2020 MEMBERSHIP DUES	07/10/2020	16.66	.00		
Total 1043:					33.33	.00		
<b>2190</b>								
2190	CITY OF EDGERTON	2ND QTR 20 2	2ND QTR 2020 UTILITY BILL	07/10/2020	5,649.79	.00		
2190	CITY OF EDGERTON	2ND QTR 20 2	2ND QTR 2020 UTILITY BILL	07/10/2020	9,052.97	.00		
2190	CITY OF EDGERTON	2ND QTR 20 2	2ND QTR 2020 UTILITY BILL	07/10/2020	504.19	.00		
2190	CITY OF EDGERTON	2ND QTR 20 5	2ND QTR 2020 UTILITY BILL	07/10/2020	15.20	.00		
2190	CITY OF EDGERTON	2ND QTR 20 5	2ND QTR 2020 UTILITY BILL	07/10/2020	6.00	.00		
2190	CITY OF EDGERTON	2ND QTR 20 5	2ND QTR 2020 UTILITY BILL	07/10/2020	3.30	.00		
2190	CITY OF EDGERTON	2ND QTR 20 5	2ND QTR 2020 UTILITY BILL	07/10/2020	8.30	.00		
2190	CITY OF EDGERTON	2ND QTR 20 5	2ND QTR 2020 UTILITY BILL	07/10/2020	6.50	.00		
2190	CITY OF EDGERTON	2ND QTR 20 6	2ND QTR 2020 UTILITY BILL	07/10/2020	91.71	.00		
Total 2190:					15,337.96	.00		
<b>2858</b>								
2858	BOBCAT OF JANESVILLE	02-155788	HYDRAULIC FLUID	07/10/2020	44.47	.00		
Total 2858:					44.47	.00		
<b>2887</b>								
2887	DELTA DENTAL OF WISCONSIN	JULY 2020	JULY 20 DENTAL INSURANCE	07/10/2020	251.19	.00		
2887	DELTA DENTAL OF WISCONSIN	JULY 2020	JULY 20 DENTAL INSURANCE	07/10/2020	251.19	.00		
Total 2887:					502.38	.00		
<b>3175</b>								
3175	MOTOR PARTS & EXHAUST LLC	1-311581	HAND WASH - WATER DEPT	07/10/2020	18.85	.00		
3175	MOTOR PARTS & EXHAUST LLC	1-311624	RELAY - VACTOR	07/10/2020	10.40	.00		
3175	MOTOR PARTS & EXHAUST LLC	1-312260	ANTIFREEZE - VACTOR	07/10/2020	38.38	.00		
3175	MOTOR PARTS & EXHAUST LLC	4107	SWITCHES - VACTOR	07/10/2020	5.99	.00		
Total 3175:					73.62	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
<b>3404</b>								
3404	BURNS FULL SERVICE LLC	JUNE 2020A	JUNE 2020 GAS/DIESEL CHARG	07/10/2020	207.11	.00		
3404	BURNS FULL SERVICE LLC	JUNE 2020A	JUNE 2020 GAS/DIESEL CHARG	07/10/2020	161.13	.00		
3404	BURNS FULL SERVICE LLC	JUNE 2020A	ICE - WATER DEPT	07/10/2020	3.98	.00		
Total 3404:					372.22	.00		
<b>3534</b>								
3534	CHARTER COMMUNICATIONS	000011506012	WATER DEPARTMENT INTERNE	07/10/2020	32.49	.00		
Total 3534:					32.49	.00		
<b>3557</b>								
3557	DAVE'S MILTON ACE HARDWAR	A70872	SHIPMENT OF SAMPLES	07/10/2020	58.60	.00		
3557	DAVE'S MILTON ACE HARDWAR	A76319	SHIPMENT OF SAMPLES/TAPE/	07/10/2020	82.24	.00		
Total 3557:					140.84	.00		
<b>3690</b>								
3690	CEDAR CORPORATION	104029	WWTF OPERATIONS ASSISTAN	07/10/2020	140.00	.00		
Total 3690:					140.00	.00		
<b>3951</b>								
3951	WI STATE HYGIENE LABORATO	635329	WATER LEAD/FLUORIDE TESTI	07/10/2020	940.00	.00		
Total 3951:					940.00	.00		
<b>3977</b>								
3977	EDWARDSON PLUMBING	4107	CLEAN OUT FLUIDMASTER - SE	07/10/2020	85.00	.00		
Total 3977:					85.00	.00		
<b>4091</b>								
4091	G FOX AND SON	6/7/20	REPAIR SEWER - RIDGEWAY S	07/10/2020	2,550.00	.00		
Total 4091:					2,550.00	.00		
<b>4659</b>								
4659	CENTURYLINK	130328793	LONG DISTANCE CHARGES	07/10/2020	.09	.00		
4659	CENTURYLINK	130328793	LONG DISTANCE CHARGES	07/10/2020	.09	.00		
4659	CENTURYLINK	1492795329A	LONG DISTANCE CHARGES	07/10/2020	.07	.00		
4659	CENTURYLINK	1492795329A	LONG DISTANCE CHARGES	07/10/2020	.07	.00		
Total 4659:					.32	.00		
<b>4661</b>								
4661	HADY ELECTRIC, INC	38891	REPLACE TANKLESS WATER H	07/10/2020	1,195.23	.00		
Total 4661:					1,195.23	.00		
<b>4875</b>								
4875	G.M.S EXCAVATORS, INC	PAY REQ #2 -	FINAL PAY REQUEST - IKI SEW	07/10/2020	1,654.00	.00		
Total 4875:					1,654.00	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
<b>4880</b>								
4880	BAYSIDE PRINTING, LLC	137338A	2ND QTR 20 BILLING - INSERT	07/10/2020	81.80	.00		
4880	BAYSIDE PRINTING, LLC	137338A	2ND QTR 20 BILLING - INSERT	07/10/2020	81.80	.00		
Total 4880:					163.60	.00		
<b>5071</b>								
5071	EMSL ANALYTICAL, INC	87343319	BOTTLE/FREEZER PACK FOR L	07/10/2020	13.87	.00		
Total 5071:					13.87	.00		
Grand Totals:					59,054.92	159.57		

GRAND TOTAL: \$59,054.92  
 UTILITY COMMISSION MEETING

Meeting Date: July 13, 2020  
 Vouchers Payable submitted By: Jenny Salvo, Administrative Assistant

James Kapellen (Chairperson)

Anne Radtke (Aldersperson)

Candy Davis (Aldersperson)

Report Criteria:

- Detail report.
- Invoices with totals above \$0 included.
- Paid and unpaid invoices included.
- Invoice Detail.GL Account = "60111000"- "60280935340"
- [Report].Invoice Date = 06/19/2020,07/10/2020
- [Report].Invoice Date = {OR} {IS NULL}



# Memo

**To:** Utility Commission

**From:** Randy Oren

**Date:** 7/9/2020

**Re:** Leak Credit 526 Shearer St.

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Anita Grana is requesting a leak credit for property she owns at 526 Shearer St. for the second quarter of 2020. She has submitted a letter along with the affidavit form for your review. Her average usage for the last four quarters was 7,000 gallons. The second quarter billing was for 46,000 gallons, so the possible credit she is asking for is on 39,000 gallons.

The maximum possible water credit under our policy would be \$68.25

The maximum possible sewer credit under our policy would be \$218.01

The Commission is under no obligation to award any credits under our policy.

June 24, 2020

City of Edgerton Water Utility

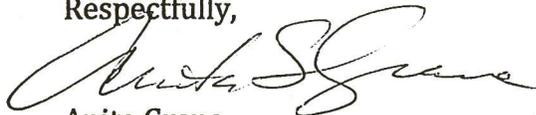
I am writing this letter to request a water leak credit on my water bill.

This spring I planted a new tree in my back yard and put a drip irrigation hose around it to keep it watered adequately for a new plant. Unfortunately, we had a late freeze that caused the supply hose for hose storage box to burst where it was connected to my outdoor faucet. I was aware of the freeze because the blossoms that had budded on my lilac and cherry trees, as well as two potted plants on my deck, had suddenly died.

At that same time, I became ill and did not leave my house for 11 days. Since I am a widow and live alone, the leak went unnoticed for quite a while. Once discovered, I disconnected the supply hose/storage box and hooked my hose directly to the faucet, which was undamaged. I also quit using the drip irrigation hose and just watered the tree with my hose directly, turning off the faucet at the house after use so this would not happen again. I have not found/purchased a replacement for the supply hose and a plumber was not required, so I have no receipts related to this leak.

Thank you for any assistance you can offer me regarding a leak credit on my bill.

Respectfully,



Anita Grana  
526 Shearer St.  
Edgerton, WI 53534  
(970) 209-2251

# LEAK CREDIT AFFIDAVIT

This form is required if your leak credit request is 20,000-50,000 gallons over your average usage

I, Anita Grana, personally appeared before the undersigned notary public to affirm that either I or my contractor have made repairs to the plumbing or appliance that has caused the leak for which I seek a credit. I affirm the following statements:

Describe the location of the leak. Water leaked from burst supply hose from hose storage box where connected to outside faucet

Describe the probable cause of the leak. Freeze / weather

\*Attach all receipts for materials or repairs related to the leak.

I understand that if a credit is approved, I may not apply for another leak credit for 3 years.

Anita Grana Date: 6/24/2020  
Signature of property owner/tenant

State of Wisconsin  
County of Rock

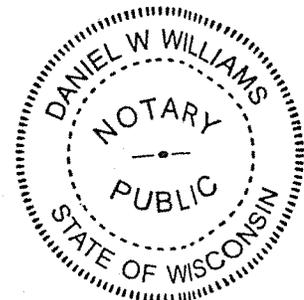
Signed and sworn to (or affirmed) before me on 6/24/20  
Date

by Daniel W. Williams  
Printed name(s) of individual(s) making statement

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Daniel W. Williams  
Notary Public

My commission expires on 5-28-24



METER ID # 608 31421

METER SIZE 3/4"

OCCUPANT Anita Grana

STREET 546 Shaver St

ACCT # 1632924 R# of House

Ave. usage last 4 quarters = 7,000 Gal. or \$182.17

2nd quarter usage = 46,000 Gal.

Possible credits for 39,000 Gal.

Max. possible water credits = \$68.25

Max. possible sewer credits = \$218.01

Total \$286.26

DATE	READER	READING	# OF GALLONS
6-9-20	NOT RECD	0624	410
3-10-20		0578	191
10-5-19		0572	3
9-10-19		0569	8
6-11-19		0561	11
3-6-19	ONE MONTH	451	3,000
12-9-18		0550	3
9-13-18		0547	0
8-20-18	Final	0547	9
6-13-18		0538	13
3-13-18		0525	16
12-6-17		0509	
9-13-17		0493	
6-12-17		0478	

# City of Edgerton Utilities

Phone (608) 884-3341

12 Albion St.  
Edgerton, WI 53534  
www.cityofedgerton.com  
www.facebook.com/cityofedgerton

Monday 8:00 AM - 6:00 PM  
Tuesday - Thursday 8:00 AM - 5:00 PM  
Friday 8:00 AM - 4:00 PM  
Closed daily from 12:00 PM - 1:00 PM

ACCOUNT NO: 1.6329.04

GRANA, ANITA  
526 SHEARER ST  
EDGERTON WI 53534

BILLING DATE	DUE DATE	AMOUNT DUE ▼
07/06/2020	07/20/2020	608.50
<b>AMOUNT DUE AFTER DUE DATE ►</b>		626.75

MAKE CHECK PAYABLE TO CITY OF EDGERTON

PLEASE RETURN TOP PORTION WITH PAYMENT

GRANA, ANITA  
SERVICE ADDRESS 526 SHEARER ST  
ACCOUNT NO: 1.6329.04

07/06/2020

PREVIOUS BALANCE:

TYPE OF SERVICE	READING DATES		METER READING		USAGE IN THOUSANDS	CHARGE PER THOUSANDS	AMOUNT	
	FROM	TO	PRESENT	PREVIOUS				
WATER	03/10/2020	06/10/2020	624	578	46		183.45	
SEWER					46		383.45	
STORM WATER							10.00	
PUBLIC FIRE PROTECTION							31.60	
PENALTY-WATER								
PENALTY-SEWER								
PENALTY-STORM WATER								
TOTAL CURRENT CHARGES:							608.50	
TOTAL AMOUNT DUE NOW:							608.50	
							<b>**AFTER DUE DATE**</b>	626.75

FOR YOUR REFERENCE

**RATES OF WATER DEPARTMENT**

GENERAL SERVICE - QUARTERLY DEMAND CHARGE

5/8" - \$ 23.37	1-1/2" - \$ 44.54	6" - \$ 304.31
3/4" - 23.37	2" - 85.35	8" - 408.22
1" - 26.73	3" - 133.60	10" - 623.46
1-1/4" - 31.91	4" - 204.12	12" - 816.45

VOLUME CHARGE/QUARTER

First	50,000 gals. used quarterly - \$3.48 per 1000 gallons
Next	450,000 gals. used quarterly - \$2.97 per 1000 gallons
Next	500,000 gals. used quarterly - \$2.84 per 1000 gallons
Over	1,000,000 gals. used quarterly - \$1.75 per 1000 gallons

A charge will be made for any damage to meters.  
25% Surcharge for customers outside City Limits

HR - QUARTERLY PUBLIC FIRE PROTECTION CHARGE

5/8" - \$ 31.60	1-1/2" - \$ 155.87	6" - \$ 1,577.24
3/4" - 31.60	2" - 249.88	8" - 2,523.58
1" - 79.04	3" - 467.60	10" - 3,781.67

**3% Late Charge**

**STOP THE LEAKS!**

If Your water bill seems high check immediately for leaks in your system  
A dripping faucet or other unsuspected leaks may be the cause of a high bill

**WATER WASTE AT 40 POUNDS PRESSURE**

a 1/32" leak wastes 170 gallons in 24 hours  
a 1/16" leak wastes 970 gallons in 24 hours  
a 1/8" leak wastes 3600 gallons in 24 hours

*Edgerton Water Works found high levels of lead in drinking water in some homes. Lead can cause serious health problems. For more information please call Edgerton Water Works at 884-3341 or visit cityofedgerton.com*

**SEWER CHARGE**

QUARTERLY BASE CHARGE

5/8" & 3/4" - \$ 40.75	2" - \$ 115.60
1" - 56.47	17" - 191.30
1-1/4" - 67.22	407.21
1-1/2" - 83.34	568.50



# Memo

**To:** Utility Commission  
**From:** Randy Oren/wj  
**Date:** 7/9/2020  
**Re:** Leak Credit 305 S. Main St

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Maria Rojas-Monroy is requesting a leak credit for the property she owns at 305 S Main St for the second quarter of 2020. She submitted a letter along with the affidavit form for your review. Her average usage for the last four quarters was 16,000 gallons. The second quarter billing was for 34,000 gallons, so the possible credit she is asking for is on 18,000 gallons.

The maximum possible water credit under our policy would be \$31.50

The maximum possible sewer credit under our policy would be \$100.62

Maria I. Rojas-Monroy  
305 S. Main St.  
Edgerton, WI 53534  
July 8, 2020

Edgerton City Utility Commission,

I am writing to ask for a leak credit on my water bill. I am currently financially providing for my daughter and her family of 5, since they have lost their jobs due to the COVID pandemic. This increase in the water bill cost represents a hardship for me and my family, and I am afraid it will compromise our ability to access other basic needs.

I believe the increase in the volume of water used, was caused by two reasons. The first one was a tap made into the water pipe inside the house, to connect a hose for the refrigerator water. The water inspector reviewed this connection and believed that the leakage was not large enough to cause the over consumption.

The other leakage was caused by a damaged spigot supply shutoff. During a repair that my son in law was making, he realized that the basement was flooded. He proceeded to close the water valve and let the water drain. After the water drained, he realized that water was coming off the water valve in the basement. My house is old and the shutoff valve was rusted and damaged by age. Because of our current monetary situation, we were unable to hire a contractor to do the repair. My son in law is a handyman, so he bought the parts and proceeded to do the repair. We have been inspecting the basement and the leakage has ceased.

The increase in the water volume reading was noticed by the meter inspector about 3 weeks ago. Unfortunately, he told my teenage grandson who forgot to mention it to us. The bill we received shows an increase of 18,000 gallons of water since the last reading. However, there is a good chance that number is greater since it took a while to make the repair from the time of the meter reading.

Thank you for your time and consideration.

Sincerely,

  
Maria I. Rojas-Monroy  
(608) 220-92-98  
07/08/2020

# LEAK CREDIT AFFIDAVIT

This form is required if your leak credit request is 20,000-50,000 gallons over your average usage

I, MARIA T. ROJAS MONROY, personally appeared before the undersigned notary public to affirm that either I or my contractor have made repairs to the plumbing or appliance that has caused the leak for which I seek a credit. I affirm the following statements:

Describe the location of the leak. 305. S. MAIN ST. AT MY HOUSE  
BASEMENT ON THE WATER SPIGOT SUPPLY SHUTOFF.

Describe the probable cause of the leak. SHUTOFF VALVE WAS RUSTED  
AND DAMAGED BY AGE.

**\*Attach all receipts for materials or repairs related to the leak.**

I understand that if a credit is approved, I may not apply for another leak credit for 3 years.

[Signature] Date: 07/08/2020  
Signature of property owner/tenant

State of Wisconsin  
County of ROCK

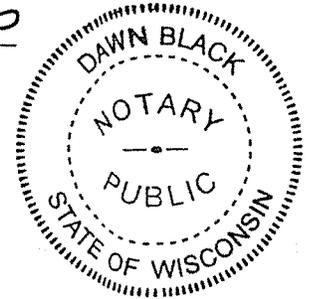
Signed and sworn to (or affirmed) before me on 7/8/2020  
Date

by Maria Isabel Rojas-Monroy  
Printed name(s) of individual(s) making statement

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]  
Notary Public

My commission expires on 2/8/2022



METER ID # 06131080

METER SIZE 5/8"

OCCUPANT Donna Mae Anderson

STREET 305 S Main

ACCT # 181825

Rendert Maria Morrow

DATE	READER	READING	# OF GALLONS
6-8-20	NOTICED	1205	34
3-9-20		1171	18
12-6-19		1153	142
9-10-19		1139	16
6-10-19		1123	16
3-5-19		1107	19
12-3-18		1088	14
5-12-18		1074	12
6/1/18		1062	13
3-12-18		1049	12
12-5-17		1037	0
11-29-17	FINAL	1037	6
9-12-17		1031	4
7-28-17	Final	1027	8
10-9-17		1019	16

Avg usage last 4 quarters = 16,000 gal

And qtr usage = 34,000 gal.

Possible Credit for 18,000 gal

Max possible Water Credit = \$ 31.50

Max possible Sewer Credit = \$ 100.62

Total = \$ 132.12

# City of Edgerton Utilities

Phone (608) 884-3341

12 Albion St.  
Edgerton, WI 53534  
www.cityofedgerton.com  
www.facebook.com/cityofedgerton

Monday 8:00 AM - 6:00 PM  
Tuesday - Thursday 8:00 AM - 5:00 PM  
Friday 8:00 AM - 4:00 PM  
Closed daily from 12:00 PM - 1:00 PM

ACCOUNT NO: 1.8180.05

MONROW, MARIA  
305 S MAIN ST  
EDGERTON WI 53534

BILLING DATE	DUE DATE	AMOUNT DUE Y
07/09/2020	07/20/2020	477.34
<b>AMOUNT DUE AFTER DUE DATE &gt;</b>		491.66

MAKE CHECK PAYABLE TO CITY OF EDGERTON

PLEASE RETURN TOP PORTION WITH PAYMENT

MONROW, MARIA  
SERVICE ADDRESS 305 S MAIN ST  
ACCOUNT NO: 1.8180.05

07/09/2020

PREVIOUS BALANCE:

TYPE OF SERVICE	READING DATES		METER READING		USAGE IN THOUSANDS	CHARGE PER THOUSANDS	AMOUNT
	FROM	TO	PRESENT	PREVIOUS			

WATER	03/10/2020	06/10/2020	1,205	1,171	34		141.69
SEWER					34		294.05
STORM WATER							10.00
PUBLIC FIRE PROTECTION							31.60

PENALTY-WATER  
PENALTY-SEWER  
PENALTY-STORM WATER

TOTAL CURRENT CHARGES: 477.34

TOTAL AMOUNT DUE NOW: 477.34

**\*\*AFTER DUE DATE\*\*** 491.66

## FOR YOUR REFERENCE

### RATES OF WATER DEPARTMENT

#### GENERAL SERVICE - QUARTERLY DEMAND CHARGE

5/8" - \$ 23.37	1-1/2" - \$ 44.54	6" - \$ 304.31
3/4" - 23.37	2" - 85.35	8" - 408.22
1" - 26.73	3" - 133.60	10" - 623.46
1-1/4" - 31.91	4" - 204.12	12" - 816.45

#### VOLUME CHARGE/QUARTER

First	50,000 gals. used quarterly - \$3.48 per 1000 gallons
Next	450,000 gals. used quarterly - \$2.97 per 1000 gallons
Next	500,000 gals. used quarterly - \$2.84 per 1000 gallons
Over	1,000,000 gals. used quarterly - \$1.75 per 1000 gallons

A charge will be made for any damage to meters.  
25% Surcharge for customers outside City Limits

#### HR - QUARTERLY PUBLIC FIRE PROTECTION CHARGE

5/8" - \$ 31.60	1-1/2" - \$ 155.87	6" - \$ 1,577.24
3/4" - 31.60	2" - 249.88	8" - 2,523.58
1" - 79.04	3" - 467.60	10" - 3,781.67
1-1/4" - 116.02	4" - 700.17	12" - 5,042.45

## 3% Late Charge

### STOP THE LEAKS!

If Your water bill seems high check immediately for leaks in your system  
A dripping faucet or other unsuspected leaks may be the cause of a high bill  
**WATER WASTE AT 40 POUNDS PRESSURE**

a 1/32" leak wastes 170 gallons in 24 hours  
a 1/16" leak wastes 970 gallons in 24 hours  
a 1/8" leak wastes 3600 gallons in 24 hours

*Edgerton Water Works found high levels of lead in drinking water in some homes. Lead can cause serious health problems. For more information please call Edgerton Water Works at 884-3341 or visit cityofedgerton.com*

### SEWER CHARGE

#### QUARTERLY BASE CHARGE

5/8" & 3/4" - \$ 40.75	2" - \$ 115.60
1" - 56.47	3" - 191.30
1-1/4" - 67.22	4" - 407.21
1-1/2" - 83.34	6" - 568.50

Volume Charge of \$7.45 per 1000 Gallons



# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

## Influent Flow and Loading

### 1. Monthly Average Flows and BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.7005	x	191	x	8.34	=	1,113
February	0.7622	x	205	x	8.34	=	1,301
March	0.9538	x	175	x	8.34	=	1,394
April	0.7512	x	202	x	8.34	=	1,268
May	0.9568	x	178	x	8.34	=	1,424
June	0.7185	x	185	x	8.34	=	1,108
July	0.6637	x	196	x	8.34	=	1,087
August	0.5546	x	215	x	8.34	=	994
September	0.6436	x	199	x	8.34	=	1,066
October	0.8664	x	160	x	8.34	=	1,152
November	0.7321	x	211	x	8.34	=	1,285
December	0.6659	x	207	x	8.34	=	1,149

### 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	1.372	x	90	=	1.2348
		x	100	=	1.372
Design BOD, lbs/day	1657	x	90	=	1491.3
		x	100	=	1657

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>

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## 3. Flow Meter

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

- Yes

Enter last calibration date (MM/DD/YYYY)

2019-05-13

- 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

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.

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

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.

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

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## 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	5	1	0	0
March	30	27	4	1	0	0
April	30	27	5	1	0	0
May	30	27	4	1	0	0
June	30	27	3	1	0	0
July	30	27	3	1	0	0
August	30	27	3	1	0	0
September	30	27	3	1	0	0
October	30	27	3	1	0	0
November	30	27	5	1	0	0
December	30	27	5	1	0	0

\* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
<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)  
2019-05-13

No

If No, please explain:

### 3. Treatment Problems

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

None

### 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

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

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>	A

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## 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	6	1	0	0
February	30	27	6	1	0	0
March	30	27	6	1	0	0
April	30	27	5	1	0	0
May	30	27	4	1	0	0
June	30	27	3	1	0	0
July	30	27	3	1	0	0
August	30	27	3	1	0	0
September	30	27	4	1	0	0
October	30	27	4	1	0	0
November	30	27	6	1	0	0
December	30	27	7	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>

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

## 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	24		.044166667	0					
February	24		.175	0					
March	24		.1375	0					
April	24		.094166667	0					
May									
June									
July									
August									
September									
October									
November									
December									
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>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## 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	0.286	1	0
February	1	0.109	1	0
March	1	0.138	1	0
April	1	0.238	1	0
May	1	0.169	1	0
June	1	0.274	1	0
July	1	0.373	1	0
August	1	0.146	1	0
September	1	0.332	1	0
October	1	0.277	1	0
November	1	0.308	1	0
December	1	0.256	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>

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>

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

## 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:

### 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. 003 - SLUDGE - DRYING BEDS SOLIDS

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				3.2										0	0
Cadmium		39	85				.32										0	0
Copper		1500	4300				150										0	0
Lead		300	840				11										0	0
Mercury		17	57				.29										0	0
Molybdenum	60		75				1.9									0		0
Nickel	336		420				10									0		0
Selenium	80		100				2.4									0		0
Zinc		2800	7500				220										0	0

#### Outfall No. 002 - SLUDGE - LIQUID

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	0
Cadmium		39	85	0													0	0
Copper		1500	4300	0													0	0
Lead		300	840	0													0	0
Mercury		17	57	0													0	0
Molybdenum	60		75	0												0		0
Nickel	336		420	0												0		0
Selenium	80		100	0												0		0
Zinc		2800	7500	0													0	0

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

Exceedence Points

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

3.1.2 If you exceeded the high quality limits, did <sup>-33-</sup> cumulatively track the metals loading at each land application site? (check applicable box)

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

- 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:	01/01/2019 - 12/31/2019
Density:	0
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Aerobic Digestion
Process Description:	Aerobic digester retention before discharge is greater than 60 days.

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:	003
Method Date:	04/18/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>=38
Results (if applicable):	91

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

<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>	0
<b>6. Biosolids Storage</b> 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>	0
<b>7. Issues</b> 7.1 Describe any outstanding biosolids issues with treatment, use or overall management: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">None</div>	

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

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## Staffing and Preventative Maintenance (All Treatment Plants)

### 1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

- Yes
- No

If No, please explain:

Could use more help/staff for:

1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?

- Yes
- No

If No, please explain:

### 2. Preventative Maintenance

2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?

- Yes (Continue with question 2)
- No (40 points)

If No, please explain, then go to question 3:

2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?

- Yes
- No (10 points)

2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?

- Yes
  - Paper file system
  - Computer system
  - Both paper and computer system
- No (10 points)

0

### 3. O&M Manual

3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?

- Yes
- No

### 4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

- Excellent
- Very good
- Good
- Fair
- Poor

Describe your rating:

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

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

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## 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:

JAMES K REILLY

Certification No:

31691

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	
		Basic	OIT	Basic	Advanced
A1	Suspended Growth Processes	X			X
A2	Attached Growth Processes				X
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory	X			X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	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, N and A5 not required in 2019; subclass SS is basic level only.)

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

### 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
- An arrangement with another certified operator
- An arrangement with another community with a certified operator
- An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- A consultant to serve as your certified operator
- None of the above (20 points)

If "None of the above" is selected, please explain:

0

### 4. Continuing Education Credits

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?

OIT and Basic Certification:

- Averaging 6 or more CECs per year.
- Averaging less than 6 CECs per year.

Advanced Certification:

- Averaging 8 or more CECs per year.
- Averaging less than 8 CECs per year.

<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>

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## Financial Management

### 1. Provider of Financial Information

Name:

Cindy Heggland

Telephone:

608-884-3341

(XXX) XXX-XXXX

E-Mail Address  
(optional):

cheggland@cityofedgerton.com

### 2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- Yes (0 points)
- No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?  
Year:

2019

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

2.3 Did you have a special account (e.g., CWFPP 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:

2019

- 1-2 years ago (0 points)
- 3 or more years ago (20 points)
- N/A

If N/A, please explain:

### 3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR

\$ 59,382.43

3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)

\$ 0.00

3.2.3 Adjusted January 1st Beginning Balance

\$ 59,382.43

3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) -40-

+

\$ 73,137.06

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

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

\$ 132,519.49

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.

None

3.3 What amount should be in your Replacement Fund?

\$ 146,875.00

Please note: If you had a CWF 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.

Repairs to equipment just out of warranty.

## 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	W. Rollin St Relay, S.Main St. Relay	1,600,000	2020

## 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:

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	311	631
February	281	575
March	292	459
April	288	149
May	309	92
June	268	19
July	329	16
August	304	18
September	238	18
October	248	115
November	331	361
December	268	486
<b>Total</b>	<b>3,467</b>	<b>2,939</b>
<b>Average</b>	<b>289</b>	<b>245</b>

## 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:

2017

By Whom:

Cedarcorp

Describe and Comment:

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

## 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?

None at this time.

## 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	311	21.72	14	34.50	9	631
February	281	21.34	13	36.43	8	575
March	292	29.57	10	43.21	7	459
April	288	22.54	13	38.04	8	149
May	309	29.66	10	44.14	7	92
June	268	21.56	12	33.24	8	19
July	329	20.57	16	33.70	10	16
August	304	17.19	18	30.81	10	18
September	238	19.31	12	31.98	7	18
October	248	26.86	9	35.71	7	115
November	331	21.96	15	38.55	9	361
December	268	20.64	13	35.62	8	486
<b>Total</b>	<b>3,467</b>	<b>272.92</b>		<b>435.93</b>		<b>2,939</b>
<b>Average</b>	<b>289</b>	<b>22.74</b>	<b>13</b>	<b>36.33</b>	<b>8</b>	<b>245</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
- Variable Speed Drives

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## 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?

Possible solar power.

## 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:

2017

By Whom:

Cedarcorp

Describe and Comment:

Completed study as part of new plant construction.

Part of the facility

Year:

2016

By Whom:

Cedarcorp

Describe and Comment:

Study was completed on all plant lighting, electric motor options, and VFD drives.

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

<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>

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## 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 50% of sewer system, root cut where necessary, exercise valves, lift station maintenance, easement clearing, equipment maintenance, and grounds keeping.

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?

sewer ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2017-01-01

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

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance
- Operation and Maintenance [NR 210.23 (4) (d)]

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

- Equipment and replacement part inventories
- Up-to-date sewer system map

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

- 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:

## 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="50"/>	% of system/year
Root removal	<input type="text" value="1"/>	% of system/year
Flow monitoring	<input type="text" value="1"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="1"/>	% of system/year
Manhole inspections	<input type="text" value="2"/>	% of system/year
Lift station O&M	<input type="text" value="0"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="1"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

Private sewer I/I removal  % of private services

River or water crossings  % of pipe crossings evaluated or maintained

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

### 3. Performance Indicators

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

<input type="text" value="47.9"/>	Total actual amount of precipitation last year in inches
<input type="text" value="46.58"/>	Annual average precipitation (for your location)
<input type="text" value="36"/>	Miles of sanitary sewer
<input type="text" value="3"/>	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="7"/>	Number of basement backup occurrences
<input type="text" value="10"/>	Number of complaints
<input type="text"/>	Average daily flow in MGD (if available)
<input type="text"/>	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="0.19"/>	Basement backups (number/sewer mile)
<input type="text" value="0.28"/>	Complaints (number/sewer mile)
<input type="text"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text"/>	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 (MG)
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:

5.2 Has infiltration/inflow and resultant high flows-48- cted performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

<ul style="list-style-type: none"><li>• No</li></ul> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:
<div style="border: 1px solid black; padding: 2px;">No changes, still high.</div>
5.4 What is being done to address infiltration/inflow in your collection system?
<div style="border: 1px solid black; padding: 2px;">Manhole and sump pump inspections.</div>

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

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:  
6/23/2020 2019

## Grading Summary

WPDES No: 0020346

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)

# Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

6/23/2020

2019

## 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



## EDGERTON W.W.T.P. REPORT

JUNE 2020

1. Daily lab work.
2. D.N.R. reports.
3. Did sewer and lift station checks.
4. General-plant maintenance was done.
5. Did phosphorus and ammonia sampling for D.N.R. reports.
6. Lawn maintenance was done at the plant and sewer easements.
7. Put root killer out on 2<sup>nd</sup> and 3<sup>rd</sup> Street.
8. Changed oil and filters on the digester blowers. Blower #2 has an oil leak. I have a call into Crane to check on the aeration blower I will have them check this at the same time.
10. Started to work on rebuilding S.E. Sand Bed.
11. Worked on Sewer-Truck it has some electric things going on.
12. Blower #3 in the aeration room stopped working again I have a call into Crane to come and check it out.
13. Upper radiator hose on the sewer truck failed. Replaced the hose all good to go.
14. Worked with Randy on the CMAR Report as required by the DNR.

Thank-You  
*James Reilly*  
Edgerton - W.W.T.P.

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# EDGERTON WATERWORKS

## June Report 2020

1. Monthly samples were taken to the State Lab of Hygiene. All samples were safe.
2. Eliminated a water valve manhole on the corner of Pearl and Wilson. A regular valve box was used and the manhole was filled with gravel.
3. Repaired a hydrant valve box on Lake Dr. It had been hit by a snowplow.
4. Landscaped the two new hydrants on Cherry St.
5. Quarterly meter reading was completed.
6. A water main leak on E Ladd Ln. was fixed. One repair band was used.
7. The swimming pools were filled.
8. A leak at the cemetery was fixed.
9. New houses were wired for meters.
10. Locates were done.
11. Mowing and weed control.
12. Monthly DNR report was submitted.

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Thomas A. Pennekamp/Operator-in-charge