

CITY OF EDGERTON

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

Monday, June 10, 2019 at 5:30 p.m.

1. Call to Order; Roll Call.
2. Confirmation of Meeting Notice on Friday, June 7, 2019.
3. Personal appearances for non-agenda items limited to 3 minutes.
4. Approve May 13, 2019 Utility Commission Minutes.
5. Discuss and Consider Overpayment Refunds:
 - a. 306 Quigley St
 - b. 513 W Rollin St
6. Approve Vouchers Payable.
7. Discuss and Recommend 2018 Compliance Maintenance Annual Report.
8. Discuss credit for 407 N Main St
9. Operator's Reports.
10. Director's Report.
11. Administrative Report.
12. 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.

**MAY 13, 2019 UTILITY COMMISSION MEETING MINUTES
CITY OF EDGERTON**

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

Present: Debbie Olson, Candy Davis, Jim Kapellen, Rick Petersen, Denise Langan and Lawanna Schieldt.

Excused: Jannelle Frey

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

Hegglund confirmed the meeting agenda was properly posted on Friday, May 10, 2019 at the Post Office, Edgerton Library, City Hall and the website.

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

APPROVAL OF MINUTES: A Davis/Schieldt motion to approve the April 8, 2019 Utility Commission meeting minutes passed, all voted in favor.

OVERPAYMENT REFUND: A Davis/Langan motion to approve an overpayment refund for 304 S main St in the amount of \$27.02 and for 702 Hubert St in the amount of \$239.95 passed on a 6/0 roll call vote.

APPROVE VOUCHERS PAYABLE: A Kapellen/Davis motion to approve payment of the bills in the amount of \$55,007.75 passed on a 6/0 roll call vote.

BANKRUPTCY WRITE-OFF: A Davis/Langan motion to approve the bankruptcy write-off at 300 N Main St in the amount of \$280.39 passed on a 6/0 roll call vote.

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

Randy Oren/wjl
Utility Director

Please send me a refund check in the amount of \$327.19 for the overpayment at 306 Quigley St.
My current address is:

Cory R. Johnson
Name

305 S Warren St. P.O. Box 22
Address

Address 2

South Wayne, WI
City State

53587
Zip

City of Edgerton | 12 Albion Street | Edgerton, WI 53534 | Phone: (608) 884-3341 | Fax: (608) 884-8892
www.cityofedgerton.com

Please send me a refund check in the amount of \$171.30 for the overpayment at 513 W Rollin St.
My current address is:

Rex Reeson
Name

109 S. 8th St.
Address

Address 2

Mount Horeb
City State

WI 53572
Zip

City of Edgerton | 12 Albion Street | Edgerton, WI 53534 | Phone: (608) 884-3341 | Fax: (608) 884-8892
www.cityofedgerton.com

Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

Invoice Detail Input Date = 05/10/2019

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
21								
21	ALLIANT ENERGY	FEB 19 357770	357770 GAS CHARGES	05/10/2019	77.37	77.37	05/14/2019	
21	ALLIANT ENERGY	FEB 19 357770	357770 ELECTRIC CHARGES	05/10/2019	1,098.20	1,098.20	05/14/2019	
21	ALLIANT ENERGY	MAR 19 12937	129372 ELECTRIC/GAS CHARG	05/10/2019	428.60	428.60	05/14/2019	
21	ALLIANT ENERGY	MAR 19 21330	213303 ELECTRIC CHARGES	05/10/2019	52.42	52.42	05/14/2019	
21	ALLIANT ENERGY	MAR 19 22700	227005 ELECTRIC CHARGES	05/10/2019	25.41	25.41	05/14/2019	
21	ALLIANT ENERGY	MAR 19 22700	227005 GAS CHARGES	05/10/2019	40.65	40.65	05/14/2019	
21	ALLIANT ENERGY	MAR 19 23641	236416 ELECTRIC CHARGES	05/10/2019	29.62	29.62	05/14/2019	
21	ALLIANT ENERGY	MAR 19 36096	360963 ELECTRIC CHARGES	05/10/2019	837.35	837.35	05/14/2019	
21	ALLIANT ENERGY	MAR 19 37005	370054 ELECTRIC/GAS CHARG	05/10/2019	217.59	217.59	05/14/2019	
21	ALLIANT ENERGY	MAR 19 42290	422906 ELECTRIC CHARGES	05/10/2019	4,576.56	4,576.56	05/14/2019	
21	ALLIANT ENERGY	MAR 19 42290	422906 GAS CHARGES	05/10/2019	298.33	298.33	05/14/2019	
21	ALLIANT ENERGY	MAR 19 48150	481500 ELECTRIC CHARGES	05/10/2019	167.98	167.98	05/14/2019	
21	ALLIANT ENERGY	MAR 19 71524	715243 ELECTRIC CHARGES	05/10/2019	800.49	800.49	05/14/2019	
21	ALLIANT ENERGY	MAR 19 88165	881653 ELECTRIC CHARGES	05/10/2019	1,232.17	1,232.17	05/14/2019	
21	ALLIANT ENERGY	MAR 19 88165	881653 GAS CHARGES	05/10/2019	36.29	36.29	05/14/2019	
Total 21:					9,919.03	9,919.03		
96								
96	BJOIN LIMESTONE INC	71531	LIMESTONE - WATER MAIN BRE	05/10/2019	180.76	180.76	05/14/2019	
Total 96:					180.76	180.76		
130								
130	US CELLULAR	0300425547A	WWTP IPAD MONTHLY SERVIC	05/10/2019	22.50	22.50	05/14/2019	
130	US CELLULAR	0300425547A	WATER DEPARTMENT CELL PH	05/10/2019	11.43	11.43	05/14/2019	
Total 130:					33.93	33.93		
194								
194	DEEGAN'S HARDWARE INC	MARCH 2019A	MAR 2019 CHARGES - SEWER	05/10/2019	30.35	30.35	05/14/2019	
194	DEEGAN'S HARDWARE INC	MARCH 2019A	MAR 2019 CHARGES - WATER	05/10/2019	11.99	11.99	05/14/2019	
194	DEEGAN'S HARDWARE INC	MARCH 2019A	MAR 2019 CHARGES - WELL OP	05/10/2019	17.79	17.79	05/14/2019	
194	DEEGAN'S HARDWARE INC	MARCH 2019A	MAR 2019 CHARGES - WELL PL	05/10/2019	2.79	2.79	05/14/2019	
Total 194:					62.92	62.92		
206								
206	DIGGERS HOTLINE INC	190352801	MARCH 19 LOCATE TICKETS	05/10/2019	35.82	35.82	05/14/2019	
206	DIGGERS HOTLINE INC	190352801	MARCH 19 LOCATE TICKETS	05/10/2019	35.82	35.82	05/14/2019	
Total 206:					71.64	71.64		
231								
231	EDGERTON REPORTER CO INC	2059	CONSUMER CONFIDENCE REP	05/10/2019	210.08	210.08	05/14/2019	
Total 231:					210.08	210.08		
311								
311	FRONTIER COMMUNICATIONS	APRIL 19 833	608-884-8331 TELEPHONE CHA	05/10/2019	65.87	65.87	05/14/2019	

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
311	FRONTIER COMMUNICATIONS	APRIL 19 1968	608-884-1968 TELEPHONE CHA	05/10/2019	31.42	31.42	05/14/2019	
311	FRONTIER COMMUNICATIONS	APRIL 19 2466	608-884-2466 TELEPHONE CHA	05/10/2019	49.90	49.90	05/14/2019	
311	FRONTIER COMMUNICATIONS	APRIL 19 6531	608-884-6531 TELEPHONE CHA	05/10/2019	279.39	279.39	05/14/2019	
311	FRONTIER COMMUNICATIONS	APRIL 19 7243	262-002-7243 TELEPHONE CHA	05/10/2019	62.90	62.90	05/14/2019	
311	FRONTIER COMMUNICATIONS	APRIL 19 7247	262-002-7247 TELEPHONE CHA	05/10/2019	30.60	30.60	05/14/2019	
311	FRONTIER COMMUNICATIONS	MAR 19 1968	608-884-1968 TELEPHONE CHA	05/10/2019	22.18	22.18	05/14/2019	
311	FRONTIER COMMUNICATIONS	MAR 19 6531	608-884-6531 TELEPHONE CHA	05/10/2019	265.09	265.09	05/14/2019	
311	FRONTIER COMMUNICATIONS	MARCH 19 334	608-884-3341 TELEPHONE CHA	05/10/2019	83.45	83.45	05/14/2019	
311	FRONTIER COMMUNICATIONS	MARCH 19 334	608-884-3341 TELEPHONE CHA	05/10/2019	83.44	83.44	05/14/2019	
311	FRONTIER COMMUNICATIONS	MARCH 19 724	262-002-7247 TELEPHONE CHA	05/10/2019	30.60	30.60	05/14/2019	
Total 311:					1,004.84	1,004.84		
490								
490	SECURIAN FINANCIAL GROUP,	JUNE 2019	JUNE 2019 LIFE INSURANCE	05/10/2019	59.77	59.77	05/14/2019	
490	SECURIAN FINANCIAL GROUP,	JUNE 2019	JUNE 2019 LIFE INSURANCE	05/10/2019	70.92	70.92	05/14/2019	
490	SECURIAN FINANCIAL GROUP,	MAY 2019A	MAY 2019 LIFE INSURANCE	05/10/2019	59.77	59.77	04/18/2019	
490	SECURIAN FINANCIAL GROUP,	MAY 2019A	MAY 2019 LIFE INSURANCE	05/10/2019	70.92	70.92	04/18/2019	
Total 490:					261.38	261.38		
521								
521	NORTH CENTRAL LABS OF WI I	422356	LAB SUPPLIES - WWTP	05/10/2019	273.77	273.77	05/14/2019	
Total 521:					273.77	273.77		
600								
600	ROCK ENERGY COOPERATIVE	APRIL 19 9036	90363001 DALLMAN TOWER	05/10/2019	33.60	33.60	05/14/2019	
600	ROCK ENERGY COOPERATIVE	MARCH 19 903	90363001 DALLMAN TOWER	05/10/2019	155.80	155.80	05/14/2019	
Total 600:					189.40	189.40		
731								
731	BAKER TILLY VIRCHOW KRAUS	BT1393578A	SERVICES 12/31/18 UTILITY FI	05/10/2019	788.50	788.50	05/14/2019	
731	BAKER TILLY VIRCHOW KRAUS	BT1393578A	SERVICES 12/31/18 UTILITY FI	05/10/2019	788.50	788.50	05/14/2019	
Total 731:					1,577.00	1,577.00		
747								
747	CORE & MAIN	K256267	(8) 5/8" WATER METER	05/10/2019	1,000.00	1,000.00	05/14/2019	
747	CORE & MAIN	K293048	(1) 1 1/2" WATER METER AND FI	05/10/2019	1,391.57	1,391.57	05/14/2019	
747	CORE & MAIN	K316042	REPAIR PARTS - WATER SERVI	05/10/2019	27.33	27.33	05/14/2019	
747	CORE & MAIN	K322224	(8) 5/8" WATER METER	05/10/2019	1,000.00	1,000.00	05/14/2019	
Total 747:					3,418.90	3,418.90		
779								
779	WI DEPT OF EMPLOYEE TRUST	JUNE 2019	JUNE 2019 HEALTH INSURANC	05/10/2019	3,099.09	3,099.09	05/14/2019	
779	WI DEPT OF EMPLOYEE TRUST	JUNE 2019	JUNE 2019 HEALTH INSURANC	05/10/2019	3,099.09	3,099.09	05/14/2019	
Total 779:					6,198.18	6,198.18		
812								
812	TESTAMERICA LABORATORIES	5000009052	WASTEWATER ANALYSIS	05/10/2019	504.00	504.00	05/14/2019	
Total 812:					504.00	504.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
934								
934	STAPLES CREDIT PLAN	7216999433A	COPY PAPER	05/10/2019	18.46	18.46	05/14/2019	
934	STAPLES CREDIT PLAN	7216999433A	COPY PAPER	05/10/2019	18.46	18.46	05/14/2019	
Total 934:					36.92	36.92		
1043								
1043	TRANSUNION LLC	APRIL 2019	MEMBERSHIP DUES	05/10/2019	16.67	16.67	05/14/2019	
1043	TRANSUNION LLC	APRIL 2019	MEMBERSHIP DUES	05/10/2019	16.67	16.67	05/14/2019	
1043	TRANSUNION LLC	MARCH 19	MEMBERSHIP DUES	05/10/2019	16.67	16.67	05/14/2019	
1043	TRANSUNION LLC	MARCH 19	MEMBERSHIP DUES	05/10/2019	16.67	16.67	05/14/2019	
Total 1043:					66.68	66.68		
2209								
2209	BAER INSURANCE SERVICES L	2587A	LIABILITY INSURANCE	05/10/2019	3,346.30	3,346.30	05/14/2019	
2209	BAER INSURANCE SERVICES L	2587A	LIABILITY INSURANCE	05/10/2019	920.30	920.30	05/14/2019	
2209	BAER INSURANCE SERVICES L	2587A	AUTO LIABILITY INSURANCE	05/10/2019	496.78	496.78	05/14/2019	
2209	BAER INSURANCE SERVICES L	2587A	AUTO LIABILITY INSURANCE	05/10/2019	499.92	499.92	05/14/2019	
Total 2209:					5,263.30	5,263.30		
2772								
2772	ENERGETICS	0833233	AEON PD FOR BLOWER WWTP	05/10/2019	432.18	432.18	05/14/2019	
Total 2772:					432.18	432.18		
2887								
2887	DELTA DENTAL OF WISCONSIN	MAY 2019A	MAY 2019 DENTAL INSURANCE	05/10/2019	251.19	251.19	05/14/2019	
2887	DELTA DENTAL OF WISCONSIN	MAY 2019A	MAY 2019 DENTAL INSURANCE	05/10/2019	251.19	251.19	05/14/2019	
Total 2887:					502.38	502.38		
3175								
3175	MOTOR PARTS & EXHAUST LLC	1-289707	OIL FILTER - WATER DEPT MO	05/10/2019	5.42	5.42	05/14/2019	
Total 3175:					5.42	5.42		
3404								
3404	BURNS FULL SERVICE LLC	APRIL 2019	APRIL 2019 GAS/DIESEL CHAR	05/10/2019	221.00	221.00	05/14/2019	
3404	BURNS FULL SERVICE LLC	APRIL 2019	APRIL 2019 GAS/DIESEL CHAR	05/10/2019	304.50	304.50	05/14/2019	
Total 3404:					525.50	525.50		
3534								
3534	CHARTER COMMUNICATIONS	000115032119	WATER DEPARTMENT INTERNE	05/10/2019	27.49	27.49	05/14/2019	
Total 3534:					27.49	27.49		
3557								
3557	DAVE'S MILTON ACE HARDWAR	J45741	DISTILLED WATER/SHIPPING O	05/10/2019	46.23	46.23	05/14/2019	
3557	DAVE'S MILTON ACE HARDWAR	J49634	DISTILLED WATER/SHIPPING O	05/10/2019	42.95	42.95	05/14/2019	
Total 3557:					89.18	89.18		
3608								
3608	WI DEPT OF NATURAL RESOUR	5/1/19	RECERTIFICATION FOR NELSO	05/10/2019	45.00	45.00	04/22/2019	

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
Total 3608:					45.00	45.00		
3690								
3690	CEDAR CORPORATION	99456	WATER TOWER RESTORATION	05/10/2019	188.00	188.00	05/14/2019	
3690	CEDAR CORPORATION	99459	WWTF OPERATIONS ASSISTAN	05/10/2019	270.00	270.00	05/14/2019	
3690	CEDAR CORPORATION	99460	WATER UTILITY CORROSION S	05/10/2019	304.50	304.50	05/14/2019	
Total 3690:					762.50	762.50		
3951								
3951	WI STATE HYGIENE LABORATO	587387	WATER LEAD TESTING	05/10/2019	986.00	986.00	05/14/2019	
Total 3951:					986.00	986.00		
4467								
4467	MUNICIPAL PROPERTY	2019A	PERSONAL PROPERTY INSURA	05/10/2019	16,783.00	16,783.00	05/14/2019	
4467	MUNICIPAL PROPERTY	2019A	PERSONAL PROPERTY INSURA	05/10/2019	4,386.00	4,386.00	05/14/2019	
Total 4467:					21,169.00	21,169.00		
4659								
4659	CENTURYLINK	1465470430A	LONG DISTANCE CHARGES	05/10/2019	.08	.08	05/14/2019	
4659	CENTURYLINK	1465470430A	LONG DISTANCE CHARGES	05/10/2019	.08	.08	05/14/2019	
Total 4659:					.16	.16		
4880								
4880	BAYSIDE PRINTING, LLC	135049A	1ST QTR 2019 BILLING - INSE	05/10/2019	56.09	56.09	05/14/2019	
4880	BAYSIDE PRINTING, LLC	135049A	1ST QTR 2019 BILLING - INSE	05/10/2019	56.09	56.09	05/14/2019	
4880	BAYSIDE PRINTING, LLC	135265	1ST QTR 2019 BILLING - POSTA	05/10/2019	270.67	270.67	05/14/2019	
4880	BAYSIDE PRINTING, LLC	135265	1ST QTR 2019 BILLING - POSTA	05/10/2019	270.67	270.67	05/14/2019	
4880	BAYSIDE PRINTING, LLC	135265	1ST QTR 2019 BILLING - UTILIT	05/10/2019	136.14	136.14	05/14/2019	
4880	BAYSIDE PRINTING, LLC	135265	1ST QTR 2019 BILLING - UTILIT	05/10/2019	136.14	136.14	05/14/2019	
Total 4880:					925.80	925.80		
4919								
4919	SVEUM, DON	2019	OVERPAYMENT - WATER BILL	05/10/2019	14.05	14.05	05/21/2019	
4919	SVEUM, DON	2019	OVERPAYMENT - WATER BILL	05/10/2019	10.41	10.41	05/21/2019	
Total 4919:					24.46	24.46		
4920								
4920	STEINBACH, NICHOLAS	2019	REFUND OF UTILITY BILL OVER	05/10/2019	239.95	239.95	05/14/2019	
Total 4920:					239.95	239.95		
Grand Totals:					55,007.75	55,007.75		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
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GRAND TOTAL: \$40,282.72
UTILITY COMMISSION MEETING

Meeting Date: June 10, 2019
Vouchers Payable submitted By: Jenny Salvo, Administrative Assistant

James Kapellen (Chairperson)

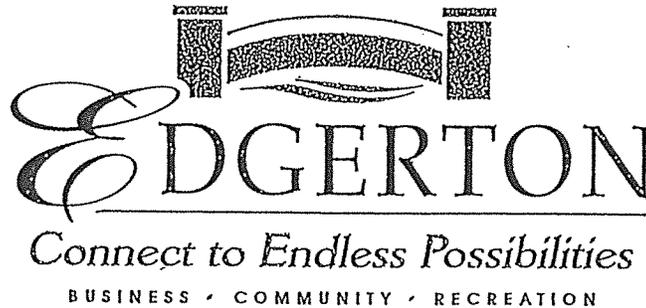
Debbie Olson (Aldersperson)

Candy Davis (Aldersperson)

Report Criteria:
Detail report.
Invoices with totals above \$0 included.
Paid and unpaid invoices included.
Invoice Detail.Input Date = 05/10/2019

Notice: Completion of this report is required under Chapter NR 208, Wis. Adm. Code. Failure to provide requested information may result in a fine of not less than \$10 and not greater than \$10,000, and a false statement on this form may result in the above fine, or imprisonment for not more than 6 months or both. (Source: Secs 283.91(2) and (4), Stats.) Personally identifiable information on this form will be used for administering the wastewater Compliance Maintenance Program and will also be available to requesters per Wisconsin Open Records law (ss. 19.31-19.39 Wis. Stats.)

Facility Name	Edgerton Wastewater Treatment Plant
Permit Number	0020346-6
Address	500 Highway St Edgerton, WI 53534
County	Rock & Dane
Current Population Served	5465
(Person Completing Form) Name	James K Reilly
Title	Operator - In - Charge
Date Completed	5/22/19



Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:

5/22/2019

2018

Influent Flow and Loading

1. Monthly Average Flows and (C)BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average (C)BOD Concentration mg/L	x	8.34	=	Influent Monthly Average (C)BOD Loading, lbs/day
January	0.5168	x	262	x	8.34	=	1,130
February	0.6442	x	250	x	8.34	=	1,344
March	0.5202	x	239	x	8.34	=	1,035
April	0.5653	x	226	x	8.34	=	1,066
May	0.7456	x	203	x	8.34	=	1,262
June	0.8538	x	188	x	8.34	=	1,338
July	0.6203	x	209	x	8.34	=	1,083
August	0.9304	x	195	x	8.34	=	1,514
September	1.0812	x	135	x	8.34	=	1,214
October	1.1998	x	127	x	8.34	=	1,275
November	0.7126	x	207	x	8.34	=	1,230
December	0.6583	x	206	x	8.34	=	1,133

2. Maximum Monthly Design Flow and Design (C)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 (C)BOD, lbs/day	1657	x	90	=	1491.3
		x	100	=	1657

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

Month	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times (C)BOD was greater than 90% of design	Number of times (C)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	1	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

Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:
5/22/2019 2018

3. Flow Meter

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

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

No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

- Yes
 No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

- Yes
 No

If Yes, please explain:

5. Septage Receiving

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

- | Septic Tanks | Holding Tanks | Grease Traps |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| <input checked="" type="radio"/> No | <input checked="" type="radio"/> No | <input checked="" type="radio"/> 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:

5/22/2019

2018

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.

Total Points Generated	3
Score (100 - Total Points Generated)	97
Section Grade	A

Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:
5/22/2019 2018

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	25	22.5	4	1	0	0
February	25	22.5	7	1	0	0
March	25	22.5	6	1	0	0
April	25	22.5	7	1	0	0
May	25	22.5	3	1	0	0
June	25	22.5	2	1	0	0
July	25	22.5	1	1	0	0
August	25	22.5	2	1	0	0
September	25	22.5	2	1	0	0
October	30	27	3	1	0	0
November	30	27	4	1	0	0
December	30	27	4	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)

2018-05-02

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

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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)

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	9	1	0	0
February	30	27	12	1	0	0
March	30	27	11	1	0	0
April	30	27	11	1	0	0
May	30	27	8	1	0	0
June	30	27	6	1	0	0
July	30	27	5	1	0	0
August	30	27	6	1	0	0
September	30	27	4	1	0	0
October	30	27	7	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
Total Number of Points						0

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

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

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

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

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Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

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

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January									
February									
March									
April									
May									
June									
July									
August									
September									
October	24		.0875	0					
November	24		.0791666667	0					
December	24		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	0.278	1	0
February	1	0.299	1	0
March	1	0.307	1	0
April	1	0.274	1	0
May	1	0.179	1	0
June	1	0.202	1	0
July	1	0.265	1	0
August	1	0.275	1	0
September	1	0.362	1	0
October	1	0.229	1	0
November	1	0.268	1	0
December	1	0.287	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?

--

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:

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				2										0	0
Cadmium		39	85				1.2										0	0
Copper		1500	4300				360										0	0
Lead		300	840				20										0	0
Mercury		17	57				.31										0	0
Molybdenum	60		75				5.1									0		0
Nickel	336		420				16									0		0
Selenium	80		100				11									0		0
Zinc		2800	7500				550										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
Cadmium		39	85														0	0
Copper		1500	4300														0	0
Lead		300	840														0	0
Mercury		17	57														0	0
Molybdenum	60		75													0		0
Nickel	336		420													0		0
Selenium	80		100													0		0
Zinc		2800	7500														0	0

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

Exceedence Points

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

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

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- 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:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2018 - 12/31/2018
Density:	0
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Aerobic Digestion
Process Description:	Aerobic digestion retention before discharge to the drying beds 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:	05/14/2018
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>=38
Results (if applicable):	83

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

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<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
6. Biosolids Storage 6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site? <input checked="" type="radio"/> >= 180 days (0 Points) <input type="radio"/> 150 - 179 days (10 Points) <input type="radio"/> 120 - 149 days (20 Points) <input type="radio"/> 90 - 119 days (30 Points) <input type="radio"/> < 90 days (40 Points) <input type="radio"/> N/A (0 Points) 6.2 If you checked N/A above, explain why. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	0
7. Issues 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>	

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

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

- Yes
- No

If No, please explain:

Could use more help/staff for:

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

- Yes
- No

If No, please explain:

2. Preventative Maintenance

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

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

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

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

- Yes
- No (10 points)

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

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

0

3. O&M Manual

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

- Yes
- No

4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

- Excellent
- Very good
- Good
- Fair
- Poor

Describe your rating:

-23-

Maintenance is performed quarterly.

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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:
 Certification No:

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	NA	NA

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS, N and A5 not required in 2018; subclass SS is basic level only.)
 Yes (0 points)
 No (20 points)

0

3. Succession Planning
 3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?
 One or more additional certified operators on staff
 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

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2018

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.

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:

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:

2018

- 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., CWF required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

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

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year:

2017

- 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

\$ 0.00

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

\$ 0.00

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

\$ 73,137.06

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

\$ 13,754.63

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

\$ 59,382.43

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.

WWTP Repairs

3.3 What amount should be in your Replacement Fund?

\$ 0.00

0

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

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

- Yes
- No

If No, please explain.

4. Future Planning

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

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

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	New Treatment plant	11000000	2017

5. Financial Management General Comments

None

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	1,926	48
February	1,704	38
March	1,417	6
April	1,065	27
May	441	1
June	460	1
July	430	1
August	504	0
September	406	1
October	645	3
November	1,321	30
December	1,652	72
Total	11,971	228
Average	998	21

6.1.2 Comments:

All numbers are before multiplier

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:

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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?

None

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	275	16.02	17	35.03	8	544
February	252	18.04	14	37.63	7	491
March	273	16.13	17	32.09	9	331
April	224	16.96	13	31.98	7	253
May	243	23.11	11	39.12	6	28
June	268	25.61	10	40.14	7	19
July	256	19.23	13	33.57	8	15
August	316	28.84	11	46.93	7	17
September	272	32.44	8	36.42	7	40
October	259	37.19	7	39.53	7	114
November	331	21.38	15	36.90	9	338
December	300	20.41	15	35.12	9	414
Total	3,269	275.36		444.46		2,604
Average	272	22.95	13	37.04	8	217

7.1.2 Comments:

All numbers are before multiplier

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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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?

Discussing 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:

Engineering firm completed study in 2017

Part of the facility

Year:

By Whom:

Describe and Comment:

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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:

Jet 50% of sewer system, clean lift stations, root cut/ kill problem areas, exercise valves/gates at WWTP, easement maintenance, Vactor maintenance and lift station maintenance

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

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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=".50"/>	% 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=".25"/>	% of system/year
Manhole inspections	<input type="text" value="5"/>	% of system/year
Lift station O&M	<input type="text" value="0.3"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value=".25"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

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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="59.5"/>	Total actual amount of precipitation last year in inches
<input type="text" value="39"/>	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="4"/>	Number of basement backup occurrences
<input type="text" value="13"/>	Number of complaints
<input type="text" value=".754"/>	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="0.11"/>	Basement backups (number/sewer mile)
<input type="text" value="0.36"/>	Complaints (number/sewer mile)
<input type="text" value="0.0"/>	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) OFERFLOWS 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-35- cted performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

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<ul style="list-style-type: none">• No <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;">More clear water entering system</div>
5.4 What is being done to address infiltration/inflow in your collection system?
<div style="border: 1px solid black; padding: 2px;">Manhole Rehab, grouting and televising</div>

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

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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
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:	<input type="text"/>
Date of Resolution or Action Taken:	<input type="text"/>
Resolution Number:	<input type="text"/>
Date of Submittal:	<input type="text"/>
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	<input type="text"/>
Effluent Quality: BOD: Grade = A	<input type="text"/>
Effluent Quality: TSS: Grade = A	<input type="text"/>
Effluent Quality: Ammonia: Grade = A	<input type="text"/>
Effluent Quality: Phosphorus: Grade = A	<input type="text"/>
Biosolids Quality and Management: Grade = A	<input type="text"/>
Staffing: Grade = A	<input type="text"/>
Operator Certification: Grade = A	<input type="text"/>
Financial Management: Grade = A	<input type="text"/>
Collection Systems: Grade = A (Regardless of grade, response required for Collection Systems if SSOs were reported)	<input type="text"/>
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	
<input type="text"/>	

TO: Utility Commission

FROM: Staff

MEETING DATE: June 10, 2019

GENERAL DESCRIPTION

407 N Main St Billing Credit

In the first quarter of 2011 the meter at 407 N Main St was pulled and the water was shut off. The base fees for the water and sewer service should have been terminated at that time. This address received base fee charges for these services in error. The property was overbilled \$4,940.98.

EDGERTON W.W.T.P. REPORT

MAY 2019

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. Zach and I went to Madison, to take Wastewater Operator Certification Exams. All Exam Results came back with a passing score!
7. The Hospital lift station phone line stopped working. I called frontier to come and check it out. Someone had been digging in the area and cut through the line. They made the repairs to the line.
9. Did the spring maintenance to the lawn mower. Mowed the grass at the plant and to the sewer easements.
10. Randy and I worked on the Compliance Maintenance Annual Report as is required by the DNR.
11. The paddle drive motor failed. We had the motor replaced and the system is back up and running.
12. I have a call into Crane to come and look at blower #3 for the digesters it is leaking oil.
13. Called Paul from Xylem to come back and fix the computer system at the Hospital lift station. It failed to run. They are looking into this. The back up system did not come on when the computer failed. The hole system failed along with our ability to use manual control. We are back running on the float system for now.

Thank-You
James Keilly
Edgerton - W.W.T.P.

