

CITY OF EDGERTON

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

Monday, June 11, 2018 at 5:30 p.m.

1. Call to Order; Roll Call.
2. Confirmation of Meeting Notice on Friday, June 8, 2018.
3. Personal appearances for non-agenda items limited to 3 minutes.
4. Approve May 14, 2018 Utility Commission Minutes.
5. Approve over-payment reimbursement for 1081 Hain Rd.
6. Approve Vouchers Payable.
7. Discuss and Consider 2017 Compliance Maintenance Report.
8. Discuss and Consider Quote for Digester Radar Unit from L.W. Allen.
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 14, 2018 UTILITY COMMISSION MEETING MINUTES
CITY OF EDGERTON**

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

Present: Matt McIntyre, Candy Davis, Jim Kapellen, Rick Petersen Janelle Frey, Denise Langan and Lawanna Schieldt.

Others Present: Utility Director Randy Oren, Administrative Assistant Jenny Salvo, Alderperson David Esau, Robert Everly, Sheila Witt, Glenn and Kandy Watson.

Salvo confirmed the meeting agenda was properly posted on Friday, May 11, 2018 at the Post Office, Edgerton Library, City Hall and the website.

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

APPROVAL OF MINUTES: A Davis/McIntyre motion to approve the April 9, 2018 Utility Commission meeting minutes passed, all voted in favor.

APPROVE VOUCHERS PAYABLE: A Kapellen/Schieldt motion to approve payment of the bills in the amount of \$61,396.12 passed on a 7/0 roll call vote.

LEAK CREDIT FOR 10338 HIGHWAY 51: A Kapellen/Petersen motion to approve a \$100 sewer credit for 10338 Highway 51 passed on a 7/0 roll call vote.

LEAK CREDIT FOR 406 CHAMBERLAIN ST: A Kapellen/Petersen motion to approve a \$200.00 sewer credit for 406 Chamberlain St passed on a 7/0 roll call vote.

LEAK CREDIT FOR 407 CHAMBERLAIN ST: A Kapellen/McIntyre motion to approve a \$200.00 sewer credit for 407 Chamberlain St passed on a 7/0 roll call vote.

BILLING ADJUSTMENT FOR 207 E LAWTON: 207 E. Lawton was recently purchased as a foreclosure. The property was vacant for a long period of time therefore, the water was shut off and billing for water and sewer base fees was stopped. When the new owner purchased the property the account was set up in his name. The billing software restarts the charges automatically when the account is set up. The new owner did not have the water turned back on right away so we should not have charged him water & sewer base fees.

A Davis/McIntyre motion to approve a billing credit for 207 E Lawton in the amount of \$71.41 passed on a 7/0 roll call vote.

WWTP DOOR REPLACEMENT: One of the steel doors on an older building that was not part of the upgrade that needs to be replaced. It has rusted away from the chemicals.

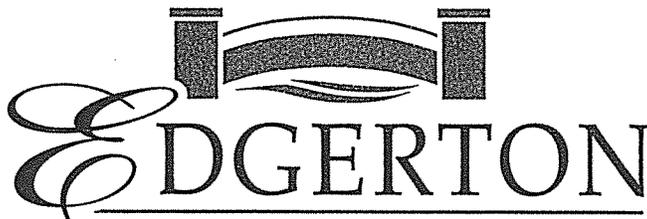
A Davis/Frey motion to approve the quote from Active Glass LLC in the amount of \$2,640 for the door replacement at the WWTP passed on a 7/0 roll call vote.

IKI SEWER MAIN REPLACEMENT: IKI Manufacturing wants to move a sewer main that runs under one of their buildings. This project was budgeted in the 2017 budget for \$230,000. After negotiating with IKI we reduced our cost to \$50,000 which was included in the 2018 budget. The contractor that IKI contracted was the only bidder. The bid came in at about \$18,000. The city is paying for the first 300 feet at a cost of \$18,000 and IKI will pay for the rest of the project.

A Davis/McIntyre motion to approve the quote from GMS Excavators, Inc in an amount not to exceed \$20,000 for the sewer main replacement at IKI Manufacturing passed on a 7/0 roll call vote.

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

Randy Oren/wjl
Utility Director



Connect to Endless Possibilities

BUSINESS • COMMUNITY • RECREATION

May 7, 2018

Chad & Jenny Kaderabek
2949 Venture Dr, Suite 100
Janesville, WI 53546

RE: 1081 Hain Rd

Dear Mr. & Mrs. Kaderabek,

On April 19, 2018 we received a payment of \$293.38, check #97835 for the water bill at the above property. We then received another payment on April 23, 2018 in the amount of \$247.81, check #5024. These payments left a credit on the account of \$247.81. If you would like this amount refunded to you please fill out the form below and return in the provided envelope. Once the form is received by our Utility Billing Department, it will be placed on the next Utility Commission agenda for approval. The Utility Commission meets the 2nd Monday of each month. If you have any questions please contact me at 608-884-3341.

Thank you

Wendy Loveland

Wendy Loveland
Utility Billing Clerk
CITY OF EDGERTON

Please send me a refund check in the amount of \$247.81 for the overpayment at 1081 Hain Rd.
My current address is:

Chad Kaderabek
Name

690 Craig Rd
Address

Address 2

Edgerton WI
City State

53534
Zip

Check No _____
Date Posted _____
Date Pd _____
Dept Head _____
Treasurer _____

Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

Invoice Detail.GL Account = "60111000"."60280935340"

[Report].Invoice Date = 06/08/2018,06/01/2018

Invoice.Batch = "JS","ACH","CC"

[Report].Invoice Date = {OR} {IS NULL}

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
21								
21	ALLIANT ENERGY	APR 18 21330	213303 ELECTRIC CHARGES	06/08/2018	49.93	.00		
21	ALLIANT ENERGY	APR 18 23641	236416 ELECTRIC CHARGES	06/08/2018	31.26	.00		
21	ALLIANT ENERGY	APR 18 35777	357770 ELECTRIC CHARGES	06/08/2018	785.10	.00		
21	ALLIANT ENERGY	APR 18 35777	357770 GAS CHARGES	06/08/2018	5.48	.00		
21	ALLIANT ENERGY	APR 18 37005	370054 ELECTRIC CHARGES	06/08/2018	83.26	.00		
21	ALLIANT ENERGY	APR 18 37005	370054 GAS CHARGES	06/08/2018	26.52	.00		
21	ALLIANT ENERGY	APR 18 71524	715243 ELECTRIC CHARGES	06/08/2018	880.05	.00		
21	ALLIANT ENERGY	MAY 18 48150	48150 ELECTRIC CHARGES	06/08/2018	20.16	.00		
Total 21:					1,881.76	.00		
130								
130	US CELLULAR	245065538	WWTP IPAD MONTHLY SERVIC	06/08/2018	22.50	.00		
130	US CELLULAR	245065538	WATER DEPARTMENT CELL PH	06/08/2018	13.71	.00		
Total 130:					36.21	.00		
206								
206	DIGGERS HOTLINE INC	MAY 2018	MAY 18 LOCATE TICKETS	06/08/2018	101.49	.00		
206	DIGGERS HOTLINE INC	MAY 2018	MAY 18 LOCATE TICKETS	06/08/2018	101.49	.00		
Total 206:					202.98	.00		
231								
231	EDGERTON REPORTER CO IN	27007A	AD FOR BIDS - IKI SEWER	06/08/2018	27.44	.00		
Total 231:					27.44	.00		
311								
311	FRONTIER COMMUNICATIONS	APRIL 18 1968	608-884-1968 TELEPHONE CHA	06/08/2018	21.64	.00		
311	FRONTIER COMMUNICATIONS	APRIL 18 3341	608-884-3341 TELEPHONE CHA	06/08/2018	45.83	.00		
311	FRONTIER COMMUNICATIONS	APRIL 18 3341	608-884-3341 TELEPHONE CHA	06/08/2018	45.83	.00		
311	FRONTIER COMMUNICATIONS	APRIL 18 6531	608-884-6531 TELEPHONE CHA	06/08/2018	260.06	.00		
311	FRONTIER COMMUNICATIONS	APRIL 18 7243	262-002-7243 TELEPHONE CHA	06/08/2018	62.90	.00		
311	FRONTIER COMMUNICATIONS	APRIL 18 7247	262-002-7247 TELEPHONE CHA	06/08/2018	30.60	.00		
311	FRONTIER COMMUNICATIONS	APRIL 18 8331	608-884-8331 TELEPHONE CHA	06/08/2018	64.96	.00		
311	FRONTIER COMMUNICATIONS	MARCH 18 833	608-884-8331 TELEPHONE CHA	06/08/2018	65.08	.00		
311	FRONTIER COMMUNICATIONS	MAY 18 7247	262-002-7247 TELEPHONE CHA	06/08/2018	30.60	.00		
Total 311:					627.50	.00		
406								
406	LW ALLEN LLC	105598	REPAIR ALARM - WWTP	06/08/2018	375.00	.00		
406	LW ALLEN LLC	105614	REPAIRS AT WWTP	06/08/2018	199.57	.00		
Total 406:					574.57	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
410								
410	RICOH AMERICAS CORPORATI	24440387	COPIER	06/08/2018	42.45	.00		
Total 410:					42.45	.00		
490								
490	SECURIAN FINANCIAL GROUP,	JULY 2018	JULY 2018 LIFE INSURANCE	06/08/2018	59.77	.00		
490	SECURIAN FINANCIAL GROUP,	JULY 2018	JULY 2018 LIFE INSURANCE	06/08/2018	70.92	.00		
Total 490:					130.69	.00		
529								
529	OFFICE DEPOT CREDIT CARD	136012910-00	COPY PAPER	06/08/2018	14.61	.00		
529	OFFICE DEPOT CREDIT CARD	136012910-00	COPY PAPER	06/08/2018	14.61	.00		
529	OFFICE DEPOT CREDIT CARD	140885854-00	LETTER FOLDER	06/08/2018	57.50	.00		
529	OFFICE DEPOT CREDIT CARD	140885854-00	LETTER FOLDER	06/08/2018	57.50	.00		
Total 529:					144.22	.00		
747								
747	CORE & MAIN	I724279	(8) 5/8" WATER METER	06/08/2018	1,021.43	.00		
747	CORE & MAIN	I781550	FIRE HYDRANT	06/08/2018	3,522.00	.00		
747	CORE & MAIN	I782725	PARTS FOR HYDRANTS	06/08/2018	41.61	.00		
747	CORE & MAIN	I797916	REPAIR PARTS - MAINS	06/08/2018	109.42	.00		
Total 747:					4,694.46	.00		
779								
779	WI DEPT OF EMPLOYEE TRUST	JULY 2018	JULY 2018 HEALTH INSURANC	06/08/2018	3,314.29	.00		
779	WI DEPT OF EMPLOYEE TRUST	JULY 2018	JULY 2018 HEALTH INSURANC	06/08/2018	3,314.29	.00		
Total 779:					6,628.58	.00		
812								
812	TESTAMERICA LABORATORIES	50171394	WASTEWATER ANALYSIS	06/08/2018	877.80	.00		
Total 812:					877.80	.00		
2209								
2209	BAER INSURANCE SERVICES L	1200A	WORKER'S COMP INSURANCE	06/08/2018	1,301.00	.00		
2209	BAER INSURANCE SERVICES L	1200A	WORKER'S COMP INSURANCE	06/08/2018	1,859.00	.00		
2209	BAER INSURANCE SERVICES L	1200A	LIABILITY INSURANCE	06/08/2018	3,346.30	.00		
2209	BAER INSURANCE SERVICES L	1200A	LIABILITY INSURANCE	06/08/2018	920.30	.00		
2209	BAER INSURANCE SERVICES L	1200A	AUTO LIABILITY INSURANCE	06/08/2018	327.22	.00		
2209	BAER INSURANCE SERVICES L	1200A	AUTO LIABILITY INSURANCE	06/08/2018	654.44	.00		
Total 2209:					8,408.26	.00		
2412								
2412	CRANE ENGINEERING SALES	341352-00	VALVE KIT - WWTP	06/08/2018	528.75	.00		
Total 2412:					528.75	.00		
2433								
2433	AMAZON.COM LLC	9525868	PRESSURE TOOL - WATER DE	06/08/2018	36.40	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
Total 2433:					36.40	.00		
2624								
2624	MARK'S CHEMICAL LLC	12500	SODIUM HYPOCHLORITE/HFS	06/08/2018	864.00	.00		
Total 2624:					864.00	.00		
2688								
2688	WILLIAM/REID LTD LLC	55467	VALVE/GASKET FOR WATER D	06/08/2018	410.75	.00		
Total 2688:					410.75	.00		
2772								
2772	ENERGETICS	0809140A	MOTOR - AIR COMPRESSOR A	06/08/2018	185.85	.00		
Total 2772:					185.85	.00		
2887								
2887	DELTA DENTAL OF WISCONSIN	JUNE 2018A	JUNE 2018 DENTAL INSURANC	06/08/2018	251.19	.00		
2887	DELTA DENTAL OF WISCONSIN	JUNE 2018A	JUNE 2018 DENTAL INSURANC	06/08/2018	251.19	.00		
Total 2887:					502.38	.00		
2890								
2890	PITNEY BOWES PURCHASE PO	5/21/18A	POSTAGE - SEWER DEPT	06/01/2018	17.35	17.35	05/21/2018	
2890	PITNEY BOWES PURCHASE PO	5/21/18A	POSTAGE - WATER DEPT	06/01/2018	17.35	17.35	05/21/2018	
Total 2890:					34.70	34.70		
3002								
3002	MID-AMERICAN RESEARCH CH	0636986-IN	WASP/HORNET KILLER - SEWE	06/08/2018	137.63	.00		
Total 3002:					137.63	.00		
3175								
3175	MOTOR PARTS & EXHAUST LL	MAY 2018A	WATER DEPT MOWER PARTS	06/08/2018	59.20	.00		
3175	MOTOR PARTS & EXHAUST LL	MAY 2018A	OIL FILTER - WATER DEPT	06/08/2018	5.12	.00		
Total 3175:					64.32	.00		
3341								
3341	ROSENBAUM CRUSHING & EX	1973	TOPSOIL - WATER DEPT	06/08/2018	126.00	.00		
Total 3341:					126.00	.00		
3534								
3534	CHARTER COMMUNICATIONS	MAY 2018B	WATER DEPARTMENT INTERN	06/08/2018	27.49	.00		
Total 3534:					27.49	.00		
3557								
3557	DAVE'S MILTON ACE HARDWA	I49896	SHIPMENT OF SAMPLES	06/08/2018	30.18	.00		
3557	DAVE'S MILTON ACE HARDWA	I51357	SHIPMENT OF SAMPLES	06/08/2018	31.63	.00		
3557	DAVE'S MILTON ACE HARDWA	I56991	FREEZER BAGS AND SHIPPING	06/08/2018	36.16	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
Total 3557:					97.97	.00		
3608								
3608	WI DEPT OF NATURAL RESOU	154002090-20	2018 ENVIRONMENTAL FEES	06/08/2018	5,270.54	.00		
3608	WI DEPT OF NATURAL RESOU	WU79055	2018 WATER USE FEES	06/08/2018	125.00	.00		
Total 3608:					5,395.54	.00		
3690								
3690	CEDAR CORPORATION	95909	LEAD COMPLIANCE	06/08/2018	746.00	.00		
3690	CEDAR CORPORATION	95911	SERVICES FOR WWTP	06/08/2018	1,908.62	.00		
3690	CEDAR CORPORATION	95915	IKI SANITARY SEWER RELOCA	06/08/2018	4,005.50	.00		
3690	CEDAR CORPORATION	96187	LEAD COMPLIANCE	06/08/2018	244.00	.00		
3690	CEDAR CORPORATION	96188	WWTP SERVICES	06/08/2018	2,223.12	.00		
3690	CEDAR CORPORATION	96190	BLAINE ST UTILITY UPGRADES	06/08/2018	356.34	.00		
3690	CEDAR CORPORATION	96193	IKI SANITARY SEWER RELOCA	06/08/2018	1,353.00	.00		
Total 3690:					10,836.58	.00		
3951								
3951	WI STATE HYGIENE LABORATO	545292	SAMPLE TESTING	06/08/2018	373.00	.00		
Total 3951:					373.00	.00		
4791								
4791	SUSTAINABLE SUPPLY	SO-10326269	VALVE - WATER DEPT	06/08/2018	63.71	.00		
Total 4791:					63.71	.00		
4792								
4792	KADERABEK, CHAD	2018	OVERPAYMENT OF UTILITY BIL	06/08/2018	247.81	.00		
Total 4792:					247.81	.00		
Grand Totals:					44,209.80	34.70		

GRAND TOTAL: \$44,209.80

UTILITY COMMISSION MEETING

Meeting Date: June 11, 2018

Vouchers Payable submitted By: Jenny Salvo, Administrative Assistant

James Kapellen (Chairperson)

Matt McIntyre (Aldersperson)

Candy Davis (Aldersperson)

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
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Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

Invoice Detail.GL Account = "60111000"-"60280935340"

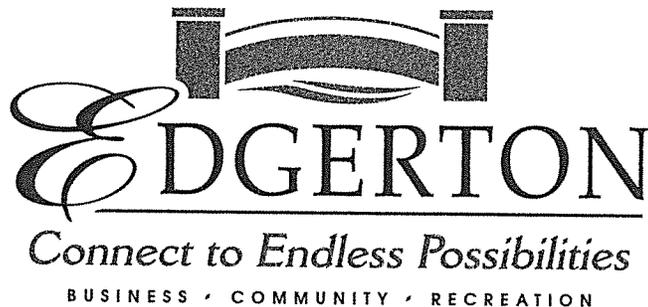
[Report].Invoice Date = 06/08/2018,06/01/2018

Invoice.Batch = "JS","ACH","CC"

[Report].Invoice Date = {OR} {IS NULL}

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	6/1/18



Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:
5/24/2018 2017

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.

Outfall 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	0.5502	x	237	x	8.34	=	1,085
February	0.5251	x	236	x	8.34	=	1,032
March	0.5708	x	245	x	8.34	=	1,165
April	0.9020	x	170	x	8.34	=	1,278
May	0.7648	x	204	x	8.34	=	1,301
June	0.8011	x	230	x	8.34	=	1,539
July	1.1051	x	152	x	8.34	=	1,399
August	0.7628	x	218	x	8.34	=	1,389
September	0.5557	x	242	x	8.34	=	1,123
October	0.6122	x	241	x	8.34	=	1,229
November	0.5616	x	295	x	8.34	=	1,381
December	0.4779	x	261	x	8.34	=	1,038

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:

	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	1	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	1	0
Points		0	0	3	0
Total Number of Points					3

Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:
5/24/2018 2017

<p>3. Flow Meter</p> <p>3.1 Was the influent flow meter calibrated in the last year?</p> <p><input checked="" type="radio"/> Yes Enter last calibration date (MM/DD/YYYY) 2017-04-28</p> <p><input type="radio"/> No</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
<p>4. Sewer Use Ordinance</p> <p>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?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>4.2 Was it necessary to enforce the ordinance?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
<p>5. Septage Receiving</p> <p>5.1 Did you have requests to receive septage at your facility?</p> <table><tr><td>Septic Tanks</td><td>Holding Tanks</td><td>Grease Traps</td></tr><tr><td><input type="radio"/> Yes</td><td><input type="radio"/> Yes</td><td><input type="radio"/> Yes</td></tr><tr><td><input checked="" type="radio"/> No</td><td><input checked="" type="radio"/> No</td><td><input checked="" type="radio"/> No</td></tr></table>	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	<p>5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.</p> <p>Septic Tanks</p> <p><input type="radio"/> Yes <input type="text"/> gallons</p> <p><input checked="" type="radio"/> No</p> <p>Holding Tanks</p> <p><input type="radio"/> Yes <input type="text"/> gallons</p> <p><input checked="" type="radio"/> No</p> <p>Grease Traps</p> <p><input type="radio"/> Yes <input type="text"/> gallons</p> <p><input checked="" type="radio"/> No</p> <p>5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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								
<p>6. Pretreatment</p> <p>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?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the situation and your community's response.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p>									

Compliance Maintenance Annual Report

Edgerton Wastewater Treatment Facility

Last Updated: Reporting For:
5/24/2018 2017

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.

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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:

5/24/2018

2017

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	2	1	0	0
February	25	22.5	3	1	0	0
March	25	22.5	2	1	0	0
April	25	22.5	2	1	0	0
May	25	22.5	1	1	0	0
June	25	22.5	1	1	0	0
July	25	22.5	2	1	0	0
August	25	22.5	1	1	0	0
September	25	22.5	0	1	0	0
October	25	22.5	1	1	0	0
November	25	22.5	1	1	0	0
December	25	22.5	3	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)

2017-04-28

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	7	1	0	0
February	30	27	7	1	0	0
March	30	27	4	1	0	0
April	30	27	6	1	0	0
May	30	27	4	1	0	0
June	30	27	4	1	0	0
July	30	27	8	1	0	0
August	30	27	5	1	0	0
September	30	27	4	1	0	0
October	30	27	6	1	0	0
November	30	27	5	1	0	0
December	30	27	6	1	0	0

* Equals limit if limit is <= 10

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

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 (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	0.148	1	0
February	1	0.857	1	0
March	1	0.494	1	0
April	1	0.783	1	0
May	1	2.089	1	1
June	1	0.404	1	0
July	1	0.396	1	0
August	1	0.131	1	0
September	1	0.127	1	0
October	1	0.284	1	0
November	1	0.232	1	0
December	1	0.241	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				1
Total Number of Points				10

10

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?

Do to set back during construction of new ferric system unable to startup when needed. Operational after repairs.

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	B

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Biosolids Quality and Management

1. Biosolids Use/Disposal

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

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

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

1.1.1 If you checked Other, please describe:

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 - CAKE

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

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										<17				0	0
Cadmium		39	85										6				0	0
Copper		1500	4300										520				0	0
Lead		300	840										27				0	0
Mercury		17	57										<.29				0	0
Molybdenum	60		75										<20			0		0
Nickel	336		420										18			0		0
Selenium	80		100										32			0		0
Zinc		2800	7500										870				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)

- Yes

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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:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2017 - 12/31/2017
Density:	0
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Aerobic Digestion
Process Description:	Aerobic digestion retention before discharge is greater than 60 days.

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?

0

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:	002
Method Date:	10/16/2017
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>=38
Results (if applicable):	40

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;">All issues resolved.</div>	

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

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Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes (Continue with question 2)<input type="radio"/> No (40 points) <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><input type="radio"/> Paper file system<input type="radio"/> Computer system<input checked="" type="radio"/> Both paper and computer system<input type="radio"/> No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><input type="radio"/> Excellent<input checked="" type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 2px;">Maintenance is done quarterly.</div>	

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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 2016; 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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<p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>OIT and Basic Certification:</p> <ul style="list-style-type: none"><input type="radio"/> Averaging 6 or more CECs per year.<input type="radio"/> Averaging less than 6 CECs per year. <p>Advanced Certification:</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Averaging 8 or more CECs per year.<input type="radio"/> Averaging less than 8 CECs per year.	
--	--

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

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Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Cindy Hegglund"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-884-3341"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="chegglund@cityofedgerton.com"/></p>																
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2017"/></p> <ul style="list-style-type: none"> <input checked="" type="radio"/> 0-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> N/A (private facility) <p>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?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) 	0															
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>																
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2017"/></p> <ul style="list-style-type: none"> <input checked="" type="radio"/> 1-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> N/A <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="73,137.00"/></td> </tr> <tr> <td></td> <td style="text-align: right;">+</td> <td></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="73,137.00"/>		+		
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3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>														
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="0.00"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="73,137.00"/>														
	+															

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<p>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) -</p> <p style="text-align: right;">\$ 73,137.00</p> <p>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</p> <p style="text-align: right;">\$ 0.00</p> <p>All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.</p> <p>3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.</p> <div style="border: 1px solid black; padding: 2px;">Built new treatment facility.</div> <p>3.3 What amount should be in your Replacement Fund? \$ 0.00</p> <p>Please note: If you had a CWFPP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.</p> <p>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)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If No, please explain.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0								
<p>4. Future Planning</p> <p>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?</p> <p><input type="radio"/> Yes - If Yes, please provide major project information, if not already listed below.</p> <p><input checked="" type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Project #</th> <th style="width: 60%;">Project Description</th> <th style="width: 15%;">Estimated Cost</th> <th style="width: 15%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>New Treatment plant</td> <td style="text-align: center;">11000000</td> <td style="text-align: center;">2017</td> </tr> </tbody> </table>		Project #	Project Description	Estimated Cost	Approximate Construction Year	1	New Treatment plant	11000000	2017
Project #	Project Description	Estimated Cost	Approximate Construction Year						
1	New Treatment plant	11000000	2017						
<p>5. Financial Management General Comments</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
<p>ENERGY EFFICIENCY AND USE</p>									
<p>6. Collection System</p> <p>6.1 Energy Usage</p> <p>6.1.1 Enter the monthly energy usage from the different energy sources:</p> <p>COLLECTION SYSTEM PUMPAGE: Total Power Consumed</p> <p>Number of Municipally Owned Pump/Lift Stations: <input style="width: 50px;" type="text" value="3"/></p>									

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	1,442	
February	1,151	
March	1,169	
April	523	
May	401	
June	316	
July	275	
August	314	
September	274	
October	414	
November	792	
December	1,564	
Total	8,635	0
Average	720	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

No

Yes

Year:

By Whom:

Describe and Comment:

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6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

More efficient pumps and motors as technology changes.

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	67	17.06	4	33.64	2	684
February	65	14.70	4	28.90	2	576
March	72	17.69	4	36.12	2	354
April	54	27.06	2	38.34	1	126
May	59	23.71	2	40.33	1	44
June	60	24.03	2	46.17	1	15
July	61	34.26	2	43.37	1	13
August	61	23.65	3	43.06	1	14
September	57	16.67	3	33.69	2	18
October	57	18.98	3	38.10	1	68
November	55	16.85	3	41.43	1	252
December	69	14.81	5	32.18	2	621
Total	737	249.47		455.33		2,785
Average	61	20.79	3	37.94	1	232

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
- Other:

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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?

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:

Cedar Corporation

Describe and Comment:

Cedar Corp. provided a complete energy study before construction began on new plant.

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

<p>1. Capacity, Management, Operation, and Maintenance (CMOM) Program</p> <p>1.1 Do you have a CMOM program that is being implemented?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>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)?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No (30 points)<input type="radio"/> N/A <p>If No or N/A, explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Goals [NR 210.23 (4)(a)] <p>Describe the major goals you had for your collection system last year:</p> <div style="border: 1px solid black; padding: 5px;">Improve manhole inspections and records. Eliminate I and I as much as possible. Try to televise more sewer main.</div> <p>Did you accomplish them?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input checked="" type="checkbox"/> Organization [NR 210.23 (4) (b)] <p>Does this chapter of your CMOM include:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Organizational structure and positions (eg. organizational chart and position descriptions)<input type="checkbox"/> Internal and external lines of communication responsibilities<input checked="" type="checkbox"/> Person(s) responsible for reporting overflow events to the department and the public <input type="checkbox"/> Legal Authority [NR 210.23 (4) (c)] <p>What is the legally binding document that regulates the use of your sewer system?</p> <div style="border: 1px solid black; padding: 2px;">sewer use ordinance</div> <p>If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) <div style="border: 1px solid black; padding: 2px;">2017-01-01</div></p> <p>Does your sewer use ordinance or other legally binding document address the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Private property inflow and infiltration<input checked="" type="checkbox"/> New sewer and building sewer design, construction, installation, testing and inspection<input checked="" type="checkbox"/> Rehabilitated sewer and lift station installation, testing and inspection<input type="checkbox"/> Sewage flows satellite system and large private users are monitored and controlled, as necessary<input checked="" type="checkbox"/> Fat, oil and grease control<input checked="" type="checkbox"/> Enforcement procedures for sewer use non-compliance <input checked="" type="checkbox"/> Operation and Maintenance [NR 210.23 (4) (d)] <p>Does your operation and maintenance program and equipment include the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Equipment and replacement part inventories<input checked="" type="checkbox"/> 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="1"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="1"/>	% of system/year
Manhole inspections	<input type="text" value="50"/>	% 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="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

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Private sewer I/I removal	<input style="width: 90%;" type="text" value="0"/>	% of private services
River or water crossings	<input style="width: 90%;" type="text" value="5"/>	% of pipe crossings evaluated or maintained
Please include additional comments about your sanitary sewer collection system below:		
<input style="width: 100%;" type="text"/>		

3. Performance Indicators

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

53.5	Total actual amount of precipitation last year in inches
35	Annual average precipitation (for your location)
36	Miles of sanitary sewer
3	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
9	Number of basement backup occurrences
12	Number of complaints
.682	Average daily flow in MGD (if available)
<input style="width: 90%;" type="text"/>	Peak monthly flow in MGD (if available)
<input style="width: 90%;" type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.25	Basement backups (number/sewer mile)
0.33	Complaints (number/sewer mile)
0.0	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
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 affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

Yes

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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;">No changes</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.</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
Phosphorus	B	3	3	9
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			32	125
GRADE POINT AVERAGE (GPA) = 3.91				

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)

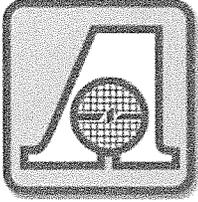
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Resolution or Owner's Statement

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: Phosphorus: Grade = B	<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. = 3.91	
<input type="text"/>	



Altronex Control Systems

A Division of L.W. Allen, Inc.

Excellence By Design

Phone 608.222.8622

Fax 608.222.9414

4633 Tompkins

Madison, WI 53716

Jim Reilly
Edgerton WWTF
500 Highway St.
Edgerton, WI 53534
roren@cityofedgerton.com

PROPOSAL ID: SP103466
REFERENCE: digester 1 radar unit
LOCATION: wwtp
BID DATE: 5/7/2018
MODIFIED: 5/7/2018

TERMS: NET-30 DAYS PER ATTACHED TERMS AND CONDITIONS

FREIGHT IS F.O.B. ORIGIN - ALLOWED

ADDENDUM __ ACKNOWLEDGED

PRICES DO NOT INCLUDE SALES OR USE TAXES

ITEM	QUAN	DESCRIPTION	TOTAL PRICE
		L.W. Allen and its Altronex Control Systems division are pleased to provide a quotation for the following equipment and services.	
A	1	Existing sludge storage tank radar unit needs to be replaced and extended out into tank further.	\$2,945.87

ACCEPTED THIS _____ DAY OF _____, 2018

PRICE FIRM FOR 30 DAYS

CITY OF EDGERTON W.W.T.F.

NAME OF PURCHASER

SUBMITTED THIS:

May 7, 2018

BY:

Randy Dore Utility Director
NAME & TITLE

L.W. ALLEN, INC. - BY:

Jim Seidel

Visit us on the Web at <http://www.lwallen.com>

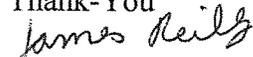
MEMBERS: AWWA - WEF - WRWA - WWOA

EDGERTON W.W.T.P. REPORT

MAY 2018

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. Preventative maintenance is being done on the collection system leading to the plant by jet-cleaning lines and root cutting if necessary.
7. Mowed the grass at the plant and sewer easements.
9. Worked with Randy on our 2017 Compliance Maintenance Annual Report as required by the DNR. This report is to identify any plant deficiencies and to grade the over all plant operations for the year.
10. Digester #87 has been rebuilt and is back in service.
11. B&M Technical Services was here to calibrate the Lab. Equipment and the Influent, Effluent flow meters as required by the DNR.
12. Started to work on cleaning the sludge out of the S.W. sand bed.
13. The radar unit failed in the big digester. Called L.W. Allen to check it out. The unit cannot be repaired. They will price one out for us.
14. Blower #3 has failed and the DO probe in aeration tank #2 stopped working. I have a call into L.W. Allen to come and check on these items.
15. Cleaned out the Effluent channel and cleaned the Effluent sampler changed all hose lines from the channel to the sampler.

Thank-You



Edgerton - W.W.T.P.