COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Influent Flow and Loading

Questions	
1.	Monthly average flows and (C)BOD loadings.

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, pounds/day
January	1.112	X	255	X	8.34	=	2360
February	1.195	X	263	X	8.34	=	2620
March	1.178	X	260	X	8.34	=	2550
April	1.293	X	269	X	8.34	=	2896
May	1.307	X	235	X	8.34	=	2557
June	1.221	X	222	X	8.34	=	2259
July	1.163	X	221	X	8.34	=	2147
August	1.133	X	218	X	8.34	=	2062
September	1.203	X	265	X	8.34	=	2656
October	1.223	X	273	X	8.34	=	2781
November	1.195	X	259	X	8.34	=	2579
December	1.167	X	255	X	8.34	=	2482

2.	Maximum month design flow and design (C)BOD loading.

	Design	X	%	=	% of Design
Max Month Design Flow, MGD	1.824	x	90	=	1.6416
		x	100	=	1.824
Design (C)BOD, lbs./day	3152	x	90	=	2836.8
		x	100	=	3152

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Influent Flow and Loading (Continued)

3. Number of times the flow and (C)BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent Flow	Number of times flow was greater than 90% of design	Number of times flow was greater than 100% of design	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	1	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each exceedance		2	1	3	2
Exceedances		0	0	1	0
Points		0	0	3	0
Total Number of Points					3

4. Was the influent flow meter calibrated in the last year?

- ● Yes Enter last calibration date, MM/DD/YYYY: 2/26/2014
- ○ No -explain

5. Sewer Use Ordinance

5.1 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 describe:

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Influent Flow and Loading (Continued)

5.2 Was it necessary to enforce?

○ Yes
● No

If Yes, please describe:

6. Septage Receiving

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

Septic Tanks	Holding Tanks	Grease Traps
● Yes ○ No	● Yes ○ No	● Yes ○ No

6.2 Did you receive septage at your facility? If yes, indicate volume in gallons

Septic Tanks	Holding Tanks	Grease Traps
● Yes ○ No	● Yes ○ No	● Yes ○ No
86,600 gal	13,500 gal	2000 gal

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

No decrease in plant preformance except periods of higher DO demand.

7. Pretreatment

7.1 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 situationand your community's response:

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

● Yes
○ No

If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the plant from the discharge of hauled industrial wastes.

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Influent Flow and Loading (Continued)

	1000 gal Crystal Finishing Required PH neutral

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Effluent Quality and Plant Performance ((C)BOD)

Questions

1. Monthly average effluent values, exceedances, and points for (C)BOD:

Outfall No.001	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	5	1	0	0
February	30	27	7	1	0	0
March	30	27	6	1	0	0
April	30	27	5	1	0	0
May	30	27	4	1	0	0
June	30	27	3	1	0	0
July	30	27	3	1	0	0
August	30	27	3	1	0	0
September	30	27	3	1	0	0
October	30	27	3	1	0	0
November	30	27	4	1	0	0
December	30	27	7	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 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

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

No violations

3. Was the effluent flow meter calibrated in the last year?

● Yes - enter last calibration date, MM/DD/YYYY: 2/26/2014

○ No - explain:

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Effluent Quality and Plant Performance ((C)BOD) (Continued)

4.	What problems, if any, were experienced over the last year that threatened treatment?
	None
5.	Other Monitoring and Limits
	5.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants suchas metals, pH, residual chlorine, or fecal coliform? ○ Yes ● No If Yes, please describe:
	5.2 At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test? ● Yes ○ No If Yes, please describe: WET test to meet WPDES permit requirement Testpreformed 5/5/2013-5/9/2013
	5.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity? ○ Yes ○ No ● NA Please explain unless not applicable:

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Effluent Quality and Plant Performance (Total Suspended Solids)

Questions	
1.	Monthly average effluent values, exceedances, and points for TSS:

Outfall No.001	Monthly Average TSS Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average TSS (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	3	1	0	0
February	30	27	5	1	0	0
March	30	27	4	1	0	0
April	30	27	5	1	0	0
May	30	27	4	1	0	0
June	30	27	3	1	0	0
July	30	27	3	1	0	0
August	30	27	3	1	0	0
September	30	27	3	1	0	0
October	30	27	3	1	0	0
November	30	27	5	1	0	0
December	30	27	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

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

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

No violations

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Effluent Quality and Plant Performance (Ammonia = NH3)

Questions	
1.	Monthly and weekly average effluent values, exceedances, and points for NH3:

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	5.7		0.0	0					
February	5.7		0.1	0					
March	5.7		0.0	0					
April	5.7		0.1	0					
May		2			0.0	0.0	0.2	0.1	0
June		2			0.0	0.0	0.0	0.0	0
July		2			0.0	0.0	0.1	0.0	0
August		2			0.0	0.1	0.0	0.1	0
September		2			0.1	0.0	0.0	0.1	0
October		2			0.0	0.0	0.1	0.0	0
November	5.7		0.0	0					
December	5.7		0.0	0					

Points per each exceedance of monthly average:	10
Exceedances, Monthly:	0
Points:	0
Points per each exceedance of weekly average(when there is no monthly average):	2.5
Exceedances, Weekly:	0
Points:	0
Total Number of Points:	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 detect 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 detect exceedances and generate points.

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Effluent Quality and Plant Performance (Ammonia = NH3) (Continued)

2.	If any violations occurred, what action was taken to regain compliance?
	No violations

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Effluent Quality and Plant Performance (Phosphorus)

Questions	
1.	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	1.5	0.2	1	0
February	1.5	0.2	1	0
March	1.5	0.2	1	0
April	1.5	0.2	1	0
May	1.5	0.2	1	0
June	1.5	0.3	1	0
July	1.5	0.5	1	0
August	1.5	0.6	1	0
September	1.5	0.3	1	0
October	1.5	0.2	1	0
November	1.5	0.2	1	0
December	1.5	0.2	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

2.	If any violations occurred, what action was taken to regain compliance?
	No violations

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Biosolids Quality and Management

	Questions	Points
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 do not remove biosolids from your system annually, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc, and if biosolids were land applied last year, please also check top box above. **1.1.1** If you checked Other, Please describe:	
3.	Biosolids Metals	
	Number of biosolids outfalls in your WPDES permit = **1**	
	3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year	

BIOSOLIDS METALS CHARACTERISTICS

Outfall:002 - SLUDGE TO WCWBF

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	mg/kg on a dry weight basis												Times Exceeded		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
arsenic												4.38					0	0
cadmium												1.83					0	0
copper												733					0	0
lead												13.8					0	0
mercury												.911					0	0
molybdenum												24.7				0		0
nickel												21				0		0
selenium												7.42				0		0
zinc												636					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	0
	Exceedance Points	

Biosolids Quality and Management (Continued)

●	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 loadings at each land application site? (check applicable box) — 0

- ○ Yes
- ○ No (10 points)
- ● NA. Did not exceed limits or no HQ limit applies (0 points)
- ○ NA. 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 — 0

Exceedance Points		
●	0	0 Points
○	1	10 Points
○	> 1	15 Points

3.1.4 Were biosolids land applied which exceeded the ceiling limit? — 0

- ○ 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 identifed?

6. Biosolids Storage:0

6.1 How many days of actual,current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site? — 0

- ● >+ 180 days (0 points)
- ○ 150 - 179 days (10 points)
- ○ 120 - 149 days (20 points)
- ○ 90 - 119 days (30 points)
- ○ < 90 days (40 points)
- ○ Not Applicable (0 points)

6.2 If you check Not Applicable above, explain why.

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Biosolids Quality and Management (Continued)

7.	Issues:	
	7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt?	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Staffing and Preventative Maintenance (All Treatment Plants)

	Questions	Points
1.	Was your wastewater treatment plant adequately staffed last year?	
	● Yes ○ No If No, please describe: Could use more help/staff for:	
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. Explain	
3.	Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?	0
	● Yes (Continue with questions below) ○ No (40 points and go to question 6) If No, explain:	
4.	Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?	0
	● Yes ○ No (10 points)	
5.	Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?	0
	● Yes ○ (Paper file system) ○ (Computer program) ● (Both Paper and Computer) ○ No (10 points)	
6.	Did your plant have a detailed O&M Manual that was used as a reference when needed?	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Staffing and Preventative Maintenance (All Treatment Plants) (Continued)

	● Yes ○ No	
7.	Rate the overall maintenance of your wastewater plant.	
	● Excellent ○ Very Good ○ Good ○ Fair ○ Poor	
	Describe your rating: We have personel that take ownership of the plant and its equipment.upgrading equipment and preventative maintenanceis standard proceedure.	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Operator Certification and Education

	Questions	Points
1.	Did you have a designated operator-in-charge during the report year?	0
	● Yes (0 point) ○ No (20 points) Name: Thomas L Johnson Certification No: 16210	
2.	In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?	
	Required: 3 - ACEGIJ; A - PRIMARY SETTLING; C - ACTIVATED SLUDGE; E - DISINFECTION; G - MECHANICAL SLUDGE; I - PHOSPHORUS REMOVAL; J - LABORATORY Held: Grade 4(A,G,I,J) Grade 3 (C,E)	
3.	Was the operator-in-charge certified at the appropriate level to operate this plant?	0
	● Yes (0 point) ○ No (20 points)	
4.	In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation & maintenance of the plant that includes one or more of the following options (check all that apply):	0
	4.1 ☒ one or more additional certified operators on staff 4.2 ☐ an arrangement with another certified operator 4.3 ☐ an arrangement with another community with a certified operator 4.4 ☐ an operator on staff who has an operator-in-training certificate for your plant and is expected be certified within one year 4.5 ☐ a consultant to serve as your certified operator 4.6 ☐ None of the above (20 points) Explain:	
5.	If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?	
	Grades T, 1, and 2: ○ Averaging 6 or more CEUs per year ● Averaging less than 6 CEUs per year Grades 3 and 4:	

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Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Operator Certification and Education (Continued)

	○ Averaging 8 or more CEUs per year ○ Averaging less than 8 CEUs per year Not applicable: ○ See Question 1.	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Financial Management

	Questions	Points
1.	Person Providing This Financial Information	
	Name: Tracy Biederman Telephone: (715) 426-3439 E-Mail Address(optional):	
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0
	● Yes (0 points) ○ No (40 points) If No, please explain:	
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2012	0
	● 0-2 years ago (0 points) ○ 3 or more years ago (20 points) ○ Not Applicable (Private Facility)	
4.	Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?	0
	● Yes ○ No (40 points)	
	REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)	
5.	Equipment Replacement Funds	
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2013	0
	● 1-2 years ago (0 points) ○ 3 or more years ago (20 points) ○ Not Applicable Explain:	
	5.2 What amount is in your Replacement Fund? **Equipment Replacement Fund Activity**	
	5.2.1 Ending Balance Reported on Last Year's CMAR: $170599	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/11/2014** | **Reporting Year: 2013**

Financial Management (Continued)

5.2.2	*Adjustments* if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	$0.00
5.2.3	**Adjusted January 1st Beginning Balance**		$170,599.00
5.2.4	*Additions* to Fund (e.g., portion of User Fee, earned interest, etc.)	+	$60,195.00
5.2.5	*Subtractions* from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*.)	-	$0.00
5.2.6	**Ending Balance as of December 31st for CMAR Reporting Year**		$230,794.00

(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)

*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above

5.3 What amount <u>should</u> be in your replacement fund? $418,600.00

(If you had a CWFP 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 HELP option button.)

5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?

○ Yes

● No Explain:

In 2013 the Utility reviewed equipment replacement and choose the percentage method for ERF and is required to have 40% of book value. The Utility has started to increase this fund balance as operating cash allows.

6. Future Planning

6.1 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 Description	Estimated Cost	Approximate Construction Year
Sanitary Sewer Pipe Lining - This is an ongoing budget item to maintain an annual sewer slip lining program. This will improve the performance and extend the useful life of our existing collection system.	$75000	2014
Collection System Replacements - We are budgeting annually for ongoing sewer pipe replacements that are not able to be rehabilitated by slip lining. This will be an annual maintenance program for our system maintenance.	$53,100.00	2014

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Financial Management (Continued)

	Wastewater Treatment Improvements; we have included funds in the 2014 budget for preliminary engineering and design	$100,000.00	2014	
7.	Financial Management General Comments:			

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Sanitary Sewer Collection Systems

	Questions	Points
1.	Do you have a Capacity, Management, Operation & Maintenance(CMOM) requirement in your WPDES permit?	
	● Yes ○ No	
2.	Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?	0
	● Yes (go to question 3) ○ No (30 points) (go to question 4)	
3.	Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
	☒ **Goals:** Describe the specific goals you have for your collection system: There is a five year CIP budjet as well as maintenace and operation plan for the collection system ; which is reviewed annually. We specifically address technology,rehabilitation,and capital needs to maintain an efficiently operating system. ☒ **Organization:** Do you have the following written organizational elements (check only those that you have): ☒ Ownership and governing body description ☒ Organizational chart ☒ Personnel and position descriptions ☒ Internal communication procedures ☒ Public information and education program ☒ **Legal Authority:** Do you have the legal authority for the following (check only those that apply): ☒ Sewer use ordinance Last Revised MM/DD/YYYY 10/12/2005 ☒ Pretreatment/Industrial control Programs ☒ Fat, Oil and Grease control ☒ Illicit discharges (commercial, industrial) ☒ Private property clear water (sump pumps, roof or foundation drains, etc) ☒ Private lateral inspections/repairs ☒ Service and management agreements ☒ **Maintenance Activities: details in Question 4** ☒ **Design and Performance Provisions:** How do you ensure that your sewer system is designed and constructed properly? ☒ State plumbing code ☒ DNR NR 110 standards ☒ Local municipal code requirements	

Sanitary Sewer Collection Systems (Continued)

- [x] Construction, inspection and testing
- [ ] Others:

- [x] **Overflow Emergency Response Plan:** Does your emergency response capability include (check only those that you have):
  - [x] Alarm system and routine testing
  - [x] Emergency equipment
  - [x] Emergency procedures
  - [x] Communications/Notifications (DNR, Internal, Public, Media etc)
- [x] **Capacity Assurance:** How well do you know your sewer system? Do you have the following?
  - [x] Current and up-to-date sewer map
  - [x] Sewer system plans and specifications
  - [x] Manhole location map
  - [x] Lift station pump and wet well capacity information
  - [x] Lift station O&M manuals

  Within your sewer system have you identified the following?
  - [x] Areas with flat sewers
  - [x] Areas with surcharging
  - [x] Areas with bottlenecks or constrictions
  - [x] Areas with chronic basement backups or SSO's
  - [x] Areas with excess debris, solids or grease accumulation
  - [x] Areas with heavy root growth
  - [x] Areas with excessive infiltration/inflow (I/I)
  - [x] Sewers with severe defects that affect flow capacity
  - [x] Adequacy of capacity for new connections
  - [x] Lift station capacity and/or pumping problems
- [x] **Annual Self-Auditing of your O&M/CMOM Program** to ensure above components are being implemented, evaluated, and re-prioritized as needed.
- [x] **Special Studies Last Year(check only if applicable):**
  - [ ] Infiltration/Inflow (I/I) Analysis
  - [ ] Sewer System Evaluation Survey (SSES)
  - [x] Sewer Evaluation and Capacity Managment Plan (SECAP)
  - [x] Lift Station Evaluation Report
  - [ ] Others:

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

Cleaning	29	% of system/year
Root Removal	29	% of system/year
Flow Monitoring	0	% of system/year
Smoke Testing	0	% of system/year
Sewer Line Televising	1	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Sanitary Sewer Collection Systems (Continued)

	Manhole Inspections	41	% of system/year
	Lift Station O&M	365	# per L.S/year
	Manhole Rehabilitation	1	% of manholes rehabed
	Mainline Rehabilitation	1	% of sewer lines rehabed
	Private Sewer Inspections	0	% of system/year
	Private Sewer I/I Removal	0	% of private services

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

Lift stations visited daily for inspection and maintenance

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

27.937	Total Actual Amount of Precipitation Last Year
32.83	Annual Average Precipitation (for your location)
59.7	Miles of Sanitary Sewer
5	Number of Lift Stations
0	Number of Lift Station Failure
0	Number of Sewer Pipe Failures
0	Number of Basement Backup Occurrences
0	Number of Complaints
1.19	Average Daily Flow in MGD
1.31	Peak Monthly Flow in MGD(if available)
	Peak Hourly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

LIST OF SANITARY SEWER OVERFLOWS (SSO) REPORTED

	Date	Location	Cause	Estimated Volume (MG)
NONE REPORTED				

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

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

PERFORMANCE INDICATORS

0.00	Lift Station Failures(failures/ps/year)
0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)
0.00	Sanitary Sewer Overflows (number/sewer mile/yr)
0.00	Basement Backups(number/sewer mile)
0.00	Complaints (number/sewer mile)
1.1	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)
0.0	Peaking Factor Ratio(Peak Hourly:Annual daily Average)

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

● Yes
○ No

If Yes, please describe:

Heavy rains see significant flow increase and increase of grit

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

● Yes
○ No

If Yes, please describe:

It caused increased pumping hours at lift stations and WWTP

8. Explain any infiltration/inflow(I/I) changes this year from previous years?

We put seal down covers on twelve manholes

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

We are replacing manhole covers. The sewer has a relining/replacement program in place as budjet allows each year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf	Last Updated: 6/11/2014	Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf **Last Updated:** **Reporting Year: 2013**

WPDES No.0029394

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	A	4.0	10	40
Effluent Quality:TSS	A	4.0	5	20
Effluent Quality:Ammonia	A	4.0	5	20
Effluent Quality:P	A	4.0	3	12
Biosolids Mgt.	A	4.0	5	20
Prev.Maintenance.Staffing	A	4.0	1	4
Operator Certification	A	4.0	1	4
Financial Management	A	4.0	1	4
Collection Systems	A	4.0	3	12
TOTALS			37	148
GRADE POINT AVERAGE(GPA)=4.00		4.00		

Notes:

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: River Falls Municipal Utility Wwtf | **Last Updated: 6/26/2014** | **Reporting Year: 2013**

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
City of River Falls	6/24/2014
RESOLUTION NUMBER	
5841	
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. Regardless of grade, required for Collection Systems if SSO's were reported):	
Influent Flow and Loadings: Grade=A	
Effluent Quality: BOD: Grade=A	
Effluent Quality: TSS: Grade=A	
Effluent Quality: Ammonia: Grade=A	
Effluent Quality: Phosphorus: Grade=A	
Biosolids Quality and Management: Grade=A	
Staffing: Grade=A	
Operator Certification: Grade=A	
Financial Management: Grade=A	
Collection Systems: Grade=A	
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**	