Compliance Maintenance Annual Report

Evansville Wastewater Treatment Facility

Last Updated: 7/16/2015 Reporting For: 2014

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	0.3403	x	198	x	8.34	=	562
February	0.3496	x	288	x	8.34	=	838
March	0.3939	x	186	x	8.34	=	609
April	0.3914	x	132	x	8.34	=	431
May	0.3693	x	102	x	8.34	=	315
June	0.4221	x	138	x	8.34	=	484
July	0.4288	x	126	x	8.34	=	450
August	0.3543	x	168	x	8.34	=	495
September	0.3586	x	230	x	8.34	=	688
October	0.3534	x	216	x	8.34	=	637
November	0.3341	x	335	x	8.34	=	933
December	0.3354	x	248	x	8.34	=	694

2. Maximum Month 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	1.4	x	90	=	1.26
		x	100	=	1.4
Design (C)BOD, lbs/day	1450	x	90	=	1305
		x	100	=	1450

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

0

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3. Flow Meter

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

● Yes Enter last calibration date (MM/DD/YYYY) 3/6/14

○ No

If No, please explain:

4. Sewer Use Ordinance

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

● Yes

○ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

○ Yes

● No

If Yes, please explain:

5. Septage Receiving

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

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

5.2 Did you receive septage at your faclity? 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.

6.2 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 facility from the discharge of hauled industrial wastes.

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

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Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	50	45	4	1	0	0
February	50	45	13	1	0	0
March	50	45	5	1	0	0
April	50	45	9	1	0	0
May	50	45	9	1	0	0
June	50	45	5	1	0	0
July	50	45	3	1	0	0
August	50	45	0	1	0	0
September	50	45	1	1	0	0
October	50	45	2	1	0	0
November	50	45	3	1	0	0
December	50	45	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?

0

2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

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

● No

If No, please explain:

EFFLUENT FLOW IS CALCULATED FROM MEASURING ELEVATION

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

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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Groundwater Quality

1. Groundwater Quality Standards

1.1 At any time in the past year were there Preventative Action Limit (PAL) or Alternative Concentration Limit (ACL) exceedances of public health and welfare parameters in any groundwater monitoring wells downgradient of the discharge location?

- ○ Yes
- ● No

If Yes, please list the exceedances in each downgradient well:

1.2 At any time in the past year were there Enforcement Standard (ES) or ES Alternative Concentration Limit (ACL) exceedances in any groundwater monitoring well downgradient of the discharge location?

- ○ Yes (20 points)
- ● No (If no, proceed to question 1.3)
- ○ N/A - Based on a Department confirmation that the hydrogeologic situation is, in effect, a diffuse surface water discharge system.

If Yes, please list the exceedances in each well:

0

1.3 At any time in the past year were there Enforcement Standard (ES) or ES Alternative Concentration Limit (ACL) exceedances at any point of standards application monitoring well? Point of standards application monitoring wells are those wells used to determine if an ES or ACL has been exceeded at any one or more of the following: 1) Any point of groundwater use; 2) Any point beyond the property boundary on which the facility is located; 3) Any point beyond the design management zone.

- ○ Yes (10 points)
- ● No
- ○ N/A - Based on a Department confirmation that the hydrogeologic situation is, in effect, a diffuse surface water discharge system rather than a discharge system potentially impacting the groundwater beyond a groundwater compliance boundary. In this case the facility may have received an NR 140.28 exemption.

If Yes, please list the exceedances in each well:

2. Groundwater Evaluation Report

2.1 Has a comprehensive Groundwater Compliance Evaluation Report been done by either your consultant or the Department ?

- ○ Yes Date:
- ● No

If yes, what were the findings:

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

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Ponds And Lagoon Leakage

1. Pond Lining

1.1 What material was used to line your ponds?

2. Flow Measurements

2.1 Did you measure influent flow to your wastewater ponds or lagoons?

- ● Yes (0 points)
- ○ No (40 points) (Go to question 6)

2.1.1 Method of influent flow measurement:

2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?

- ○ Yes (0 points)
- ○ No (40 points) (Go to question 6)
- ○ No Discharge (0 points)

2.2.1 Method of effluent flow measurement:

0

3. Total Flow Volumes

3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.

Total Monthly Influent Volume		Total Monthly Effluent Volume
10.548	JANUARY	10.691
9.79	FEBRUARY	8.902
12.211	MARCH	12.162
11.742	APRIL	11.338
11.449	MAY	10.416
12.662	JUNE	11.86
13.293	JULY	11.743
10.984	AUGUST	10.149
10.758	SEPTEMBER	10.507
10.956	OCTOBER	10.127
10.022	NOVEMBER	8.688
10.397	DECEMBER	10.044
134.8120	YEARLY TOTAL	126.6270

3.2 From the Yearly Total influent and effluent volumes above, total effluent is divided by total influent and converted to a percent of volume loss.

Total effluent, MG => 126.6270

---------- ---------- = 0.939 <= effl / infl ratio

Total influent, MG => 134.8120

Conversion to a percent of volume loss:

(1-effl/infl ratio) * 100 = 6.1 % of influent lost and not discharged with effluent

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4. Surface Area

4.1 What was the total wastewater surface area of the ponds/lagoons at operating level (do not include seepage cells)?

[ ] Acres

5. Leakage Rate Estimation

5.1 Total influent volume (in MG) minus total effluent volume (in MG) plus or minus the change in pond/lagoon storage (in MG) is the net wastewater loss. The net loss divided by 0.000365 equals the estimated leakage amount in gpd.

Total Annual Influent (MG)	134.8120	
Total Annual Effluent (MG)	126.6270	
Estimated Net Loss (MG)	8.1850	
Estimated Leakage Amount (gpd)		126.6270

If you have a *Department approved* method for determining a change in storage volume, enter the storage change last year in MG below.

○ Storage Increase: Enter amount in MG -> [ ]

○ Storage Decrease: Enter amount in MG -> [ ]

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpad): The CMAR Estimated Leakage Rate in gpad is the leakage amount in gpd (from part 5.1) divided by the total pond surface area (from question 4).

Leakage Amount (gpd)		Acres		CMAR Estimated Leakage Rate
22425	divided by		=	

6. On Site Leakage Testing

6.1 Did you conduct and on-site, field water balance/leakage test on your ponds or lagoons that was approved by the Department and is still valid?

○ Yes Year [ ]

● No

If yes, what was the field Test Calculated Leakage Rate for your ponds/lagoons?

[ ] gpad

NOTE: if 6.1 is answered Yes, the value entered above in gpad will be used in 7.1 to compute points generated.

6.2 Leakage Rate Comments:

[ ]

7. Estimated Leakage Rate and Points

7.1 The CMAR Estimated Leakage Rate (from 5) is used to determine the points generated in the table below.

If an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 5.2) is used to determine the points earned from the table below

gpad	points
0 - 1,000	0
1,001 - 2,000	10
2,001 - 4,000	20
4,001 - 7,000	30
> 7,000	40

Based on the leakage rate in gpad, the points earned are: 0

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

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Biosolids Quality and Management

1. Biosolids Use/Disposal

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

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

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

1.1.1 If you checked Other, please describe:

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

425 acres

2.1.2 How many acres did you use?

.17.5 acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

- ○ Yes (30 points)
- ● No

2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

- ● Yes
- ○ No (10 points)
- ○ N/A

0

3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

Outfall No. 004 - SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75				<1.1										0	0
Cadmium		39	85				.58										0	0
Copper		1500	4300				510										0	0
Lead		300	840				24										0	0
Mercury		17	57				.74										0	0
Molybdenum	60		75				3.9									0		0
Nickel	336		420				8.7									0		0
Selenium	80		100				3.3									0		0
Zinc		2800	7500				400										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 ○ 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, Contact Us.

Outfall Number:	004
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	01/01/2014 - 12/31/2014
Density:	22,629
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	
Process Description:	

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, Contact Us.

Outfall Number:	004
Method Date:	12/31/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

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5.2 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

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?

- ● >= 180 days (0 Points)
- ○ 150 - 179 days (10 Points)
- ○ 120 - 149 days (20 Points)
- ○ 90 - 119 days (30 Points)
- ○ < 90 days (40 Points)
- ○ N/A (0 Points)

0

6.2 If you checked N/A above, explain why.

7. Issues

7.1 Describe any outstanding biosolids issues with treatment, use or overall management:

Drying beds do not provide adequate storage capacity in the winter months, requiring hauling to other permitted facilities. A sludge study is being undertaken as a result to address storage issues.

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:

Second operator retired in June of 2014. Replacement has not spent adequate time to learn WWTP operations.

Could use more help/staff for:

Daily operations.

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)

0

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)

3. O&M Manual

3.1 Does your plant have a detailed O&M Manual 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:

always need inprovement

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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: RAYMOND E NIPPLE Certification No: 32303	0
2. Certification Requirements 2.1 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: 1 - C; C - ACTIVATED SLUDGE Held: 2 - CDJ; 2 - C=ACTIVATED SLUDGE GRADE 2; D=PONDS/AEREATED LAGOONS GRADE 2; J=LABORATORY GRADE 2 2.2 Was the operator-in-charge certified at the appropriate level to operate this plant? ● 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: Identified backup operators have not gained adequate experience to operate the WWTP. Minimal time is being spent by the backup operators at the WWTP.	20
4. Continuing Education Credits 4.1 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 CECs per year. ○ Averaging less than 6 CECs per year. Grades 3 and 4: ○ Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year.	

Total Points Generated	20
Score (100 - Total Points Generated)	80
Section Grade	C

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Financial Management

1. Provider of Financial Information

Name: IAN RIGG

Telephone: 6088822263 (XXX) XXX-XXXX

E-Mail Address (optional): ian.rigg@ci.evansville.wi.gov

2. Treatment Works Operating Revenues

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

- ○ Yes (0 points)
- ● No (40 points)

If No, please explain:

Sludge hauling costs and repairs have caused the fund to run an annual deficit in 2014. The City is investigating full repair and upgrade options to the WWTP. A corresponding rate change to meet operations, debt obligations and future capital costs is expected in 2016 as a result of 2015 Sludge Study.

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

Year: 2015

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

- ● Yes (0 points)
- ○ No (40 points)

40

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: 2015

- ● 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		$	549,020.15
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		$	549,020.15
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$	43,704.85
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	$	0.00

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3.2.6 Ending Balance as of December 31st for CMAR Reporting Year $ 592,725.00

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

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund? $ 235,792.00

Please note: 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 link under Info in the left-side menu.

0

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	5 YEAR CIP ANNUAL REVIEW - Sewer Mains and WWTP Improvements	1125000	2015
2	Sludge Processing - Evaluation, Expansion and Improvement	2500000	2017

5. Financial Management General Comments

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

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Sanitary Sewer Collection Systems

1. CMOM Program

1.1 Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?

- ○ Yes
- ● No

1.2 Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance (O&M) or CMOM program last calendar year?

- ● Yes (Continue with question 1)
- ○ No (30 points) (Go to question 2)

1.3 Check the elements listed below that are included in your O&M or CMOM program.

☒ Goals

Describe the specific goals you have for your collection system:

CLEN SEWER LINES EACH YEAR IDENTIFY ANY REPAIRS NEEDED INCLUDE REPAIR WITH IN A CAPITAL INPROVEMENT PLAN

☒ Organization

Do you have the following written organizational elements (check only those that apply)?

- ☒ 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 Date (MM/DD/YYYY) 1/1/2010
- ☒ 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 (provide details in question 2)

☒ 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
- ☒ Construction, inspection, and testing
- ☐ Others:

☒ Overflow Emergency Response Plan:

Does your emergency response capability include (check only those that apply)?

- ☒ Alarm system and routine testing
- ☒ Emergency equipment
- ☒ Emergency procedures
- ☒ Communications/notifications (DNR, internal, public, media, etc.)

☒ Capacity Assurance:

How well do you know your sewer system? Do you have the following?

- ☒ Current and up-to-date sewer map

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☒ Sewer system plans and specifications
☒ Manhole location map
☐ Lift station pump and wet well capacity information
☒ Lift station O&M manuals

Within your sewer system have you identified the following?

☒ Areas with flat sewers
☐ Areas with surcharging
☐ Areas with bottlenecks or constrictions
☐ Areas with chronic basement backups or SSOs
☒ Areas with excess debris, solids, or grease accumulation
☒ Areas with heavy root growth
☒ Areas with excessive infiltration/inflow (I/I)
☐ Sewers with severe defects that affect flow capacity
☒ Adequacy of capacity for new connections
☒ Lift station capacity and/or pumping problems

0

☒ Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed

☐ Special Studies Last Year (check only those that apply):

☐ Infiltration/Inflow (I/I) Analysis
☐ Sewer System Evaluation Survey (SSES)
☐ Sewer Evaluation and Capacity Managment 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	65	% of system/year
Root removal	10	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	.01	% of system/year
Manhole inspections	50	% of system/year
Lift station O&M	4	# per L.S./year
Manhole rehabilitation	2	% of manholes rehabbed
Mainline rehabilitation	0	% of sewer lines rehabbed
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:

3. Performance Indicators

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

39.11	Total actual amount of precipitation last year in inches
32.69	Annual average precipitation (for your location)
26	Miles of sanitary sewer
8	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
0	Number of basement backup occurrences
0	Number of complaints
0.325	Average daily flow in MGD (if available)
.5100	Peak monthly flow in MGD (if available)
2.0	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)
0.00	Basement backups (number/sewer mile)
0.00	Complaints (number/sewer mile)
1.6	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
6.2	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

● No

If Yes, please describe:

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

NONE

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

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REPAIRS ARE DONE WHEN SPECIFIC PROBLEMS ARE DICOVERED

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

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Grading Summary

WPDES No: 0023957

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
Groundwater	A	4	7	28
Ponds				
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	C	2	1	2
Financial	-			
Collection	A	4	3	12
TOTALS			30	118
GRADE POINT AVERAGE (GPA) = 3.93				

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: CITY OF EVANSVILLE

Date of Resolution or Action Taken:

Resolution Number:

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 SSOs were reported):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Groundwater: Grade = A

Ponds: Grade =

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = C

Financial Management: Grade = -

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. = 3.93