

# Compliance Maintenance Annual Report

La Crosse City

Last Updated: Reporting For:  
5/2/2018 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.<br>701 | Influent Monthly<br>Average Flow, MGD | x | Influent Monthly<br>Average (C)BOD<br>Concentration mg/L | x | 8.34 | = | Influent Monthly<br>Average (C)BOD<br>Loading, lbs/day |
|--------------------|---------------------------------------|---|--|---|------|---|--|
| January            | 9.9750                                | x | 313  | x | 8.34 | = | 26,053   |
| February           | 9.9713                                | x | 327  | x | 8.34 | = | 27,223   |
| March              | 10.2878                               | x | 318  | x | 8.34 | = | 27,326   |
| April              | 10.2620                               | x | 312  | x | 8.34 | = | 26,665   |
| May                | 11.9393                               | x | 285  | x | 8.34 | = | 28,420   |
| June               | 11.7385                               | x | 294  | x | 8.34 | = | 28,772   |
| July               | 10.8872                               | x | 300  | x | 8.34 | = | 27,225   |
| August             | 9.9575                                | x | 300  | x | 8.34 | = | 24,887   |
| September          | 9.6643                                | x | 289  | x | 8.34 | = | 23,283   |
| October            | 9.8156                                | x | 321  | x | 8.34 | = | 26,267   |
| November           | 9.2313                                | x | 322  | x | 8.34 | = | 24,783   |
| December           | 9.0428                                | x | 315  | x | 8.34 | = | 23,727   |

### 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 | 20            | x | 90  | = | 18          |
|                            |               | x | 100 | = | 20          |
| Design (C)BOD, lbs/day     | 29793         | x | 90  | = | 26813.7     |
|                            |               | x | 100 | = | 29793       |

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

|                        | Months<br>of<br>Influent | Number of times<br>flow was greater<br>than 90% of | Number of times<br>flow was greater<br>than 100% of | Number of times<br>(C)BOD was greater<br>than 90% of design | Number of times<br>(C)BOD was greater<br>than 100% of design |
|------------------------|--------------------------|--|---|---|--|
| January                | 1                        | 0  | 0   | 0   | 0  |
| February               | 1                        | 0  | 0   | 1   | 0  |
| March                  | 1                        | 0  | 0   | 1   | 0  |
| April                  | 1                        | 0  | 0   | 0   | 0  |
| May                    | 1                        | 0  | 0   | 1   | 0  |
| June                   | 1                        | 0  | 0   | 1   | 0  |
| July                   | 1                        | 0  | 0   | 1   | 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   | 5   | 0  |
| Points                 |                          | 0  | 0   | 15  | 0  |
| Total Number of Points |                          |  |   |   | 15   |

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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)

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:

We continue to use enforcement related to restaurants grease issues entering sewer collection system, work with facility to improve grease trap maintenance. Enforcement was used to control loading from Industries. City Brewing Company LLC continues to contribute significant loading to La Crosse WWTP this is why we are at or above 90% of max design BOD loading.

## 5. Septage Receiving

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

Septic Tanks

Holding Tanks

Grease Traps

Yes

Yes

Yes

No

No

No

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

Septic Tanks

Yes

gallons

No

Holding Tanks

Yes

gallons

No

Grease Traps

Yes

gallons

No

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

We sample determine the strength of the waste to insure the WWTP can handle the loading. We gather as much information on any new waste streams we consider to treat to insure waste isn't toxic to WWTP. Grease trap waste that we except at the WWTP can be the most challenging. Total gallons trucked La Crosse WWTP in 2017 5,122,435.00

## 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?

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|  |
|--|
| <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> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>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.</p> <div style="border: 1px solid black; padding: 5px;"><p>La Crosse WWTP accepts Industrial Waste, trucked to the WWTP and from collection system. Pretreatment program regulates the Industrial waste treated at WWTP and the trucked waste treated. Industries are permitted using guidance and follow Sanitary Sewer Ordinance DNR regulation provides support to the program.</p></div> |

|                                      |    |
|--------------------------------------|----|
| Total Points Generated               | 15 |
| Score (100 - Total Points Generated) | 85 |
| Section Grade                        | B  |

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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         | 25                           | 22.5                            | 6                               | 1                                | 0                       | 0                           |
| February        | 25                           | 22.5                            | 5                               | 1                                | 0                       | 0                           |
| March           | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| April           | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| May             | 25                           | 22.5                            | 5                               | 1                                | 0                       | 0                           |
| June            | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| July            | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| August          | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| September       | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| October         | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| November        | 25                           | 22.5                            | 4                               | 1                                | 0                       | 0                           |
| December        | 25                           | 22.5                            | 5                               | 1                                | 0                       | 0                           |

\* Equals limit if limit is <= 10

|  |    |   |   |
|--|----|---|---|
| Months of discharge/yr                                 | 12 |   |   |
| Points per each exceedance with 12 months of discharge |    | 7 | 3 |
| Exceedances  |    | 0 | 0 |
| Points   |    | 0 | 0 |
| Total number of points                                 |    |   | 0 |

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

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

### 2. Flow Meter Calibration

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

- Yes

Enter last calibration date (MM/DD/YYYY)

10/12/2017

- No

If No, please explain:

### 3. Treatment Problems

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

City Brewing Company LLC provides challenges to operate WWTP efficiently. Though WWTP treatment numbers are good, we continue to work closely with City Brewing Company LLC.

### 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

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|  |
|--|
| <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>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</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>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

|                                      |     |
|--------------------------------------|-----|
| 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.<br>001 | Monthly Average Limit (mg/L) | 90% of Permit Limit >10 (mg/L) | Effluent Monthly Average (mg/L) | Months of Discharge with a Limit | Permit Limit Exceedance | 90% Permit Limit Exceedance |
|--------------------|------------------------------|--------------------------------|---------------------------------|----------------------------------|-------------------------|-----------------------------|
| January            | 30                           | 27                             | 9                               | 1                                | 0                       | 0                           |
| February           | 30                           | 27                             | 8                               | 1                                | 0                       | 0                           |
| March              | 30                           | 27                             | 9                               | 1                                | 0                       | 0                           |
| April              | 30                           | 27                             | 9                               | 1                                | 0                       | 0                           |
| May                | 30                           | 27                             | 9                               | 1                                | 0                       | 0                           |
| June               | 30                           | 27                             | 5                               | 1                                | 0                       | 0                           |
| July               | 30                           | 27                             | 4                               | 1                                | 0                       | 0                           |
| August             | 30                           | 27                             | 5                               | 1                                | 0                       | 0                           |
| September          | 30                           | 27                             | 6                               | 1                                | 0                       | 0                           |
| October            | 30                           | 27                             | 6                               | 1                                | 0                       | 0                           |
| November           | 30                           | 27                             | 4                               | 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 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                                       | 0.365                                      | 1                                | 0                       |
| February  | 1                                       | 0.366                                      | 1                                | 0                       |
| March   | 1                                       | 0.405                                      | 1                                | 0                       |
| April   | 1                                       | 0.428                                      | 1                                | 0                       |
| May   | 1                                       | 0.347                                      | 1                                | 0                       |
| June  | 1                                       | 0.292                                      | 1                                | 0                       |
| July  | 1                                       | 0.287                                      | 1                                | 0                       |
| August  | 1                                       | 0.501                                      | 1                                | 0                       |
| September   | 1                                       | 0.413                                      | 1                                | 0                       |
| October   | 1                                       | 0.442                                      | 1                                | 0                       |
| November  | 1                                       | 0.428                                      | 1                                | 0                       |
| December  | 1                                       | 0.329                                      | 1                                | 0                       |
| Months of Discharge/yr                                  |   |  | 12                               |                         |
| Points per each exceedance with 12 months of discharge: |   |  |                                  | 10                      |
| Exceedances   |   |  |                                  | 0                       |
| Total Number of Points                                  |   |  |                                  | 0                       |

0

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

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

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

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

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## Biosolids Quality and Management

### 1. Biosolids Use/Disposal

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

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

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

1.1.1 If you checked Other, please describe:

In 2017 La Crosse WWTP permitted land in Minnesota to dispose of Bio solids. This was reported as other methods in annual land application report. 109 metric tons was disposed of in Minnesota in the fall of 2018 this will be reported to MPCA after crop year.

### 2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

6388.60 acres

2.1.2 How many acres did you use?

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

### 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 - LIQUID 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            | 5.5  |     | 5.77 |     |     | 7.33 | 6.86 |     |     | 5.29 |     | 4.71 |           | 0            | 0       |
| Cadmium    |              | 39         | 85            | 3.56 |     | 2.25 |     |     | 3.66 | 6.66 |     |     | 3.74 |     | 2.79 |           | 0            | 0       |
| Copper     |              | 1500       | 4300          | 787  |     | 661  |     |     | 679  | 764  |     |     | 790  |     | 718  |           | 0            | 0       |
| Lead       |              | 300        | 840           | 21.4 |     | 19.3 |     |     | 20.6 | 21.4 |     |     | 21.3 |     | 21.8 |           | 0            | 0       |
| Mercury    |              | 17         | 57            | .847 |     | .031 |     |     | .614 | .257 |     |     | .374 |     | .326 |           | 0            | 0       |
| Molybdenum | 60           |            | 75            | 15.3 |     | 13.9 |     |     | 20.9 | 21.7 |     |     | 32.4 |     | 17.3 | 0         |              | 0       |
| Nickel     | 336          |            | 420           | 15.4 |     | 17.9 |     |     | 24.2 | 23.8 |     |     | 24   |     | 40   | 0         |              | 0       |
| Selenium   | 80           |            | 100           | 5.74 |     | 4.04 |     |     | 5.91 | 4.48 |     |     | 4.05 |     | 5.11 | 0         |              | 0       |
| Zinc       |              | 2800       | 7500          | 1040 |     | 1000 |     |     | 1280 | 1150 |     |     | 1320 |     | 948  |           | 0            | 0       |



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## Outfall No. 002 - CAKE 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            | 0   |     | 4.5  |     | 0   |     | 0   |     | 0   |     | 0   |     |           | 0            | 0       |
| Cadmium    |              | 39         | 85            | 0   |     | 2.72 |     | 0   |     | 0   |     | 0   |     | 0   |     |           | 0            | 0       |
| Copper     |              | 1500       | 4300          | 0   |     | 659  |     | 0   |     | 0   |     | 0   |     | 0   |     |           | 0            | 0       |
| Lead       |              | 300        | 840           | 0   |     | 18.5 |     | 0   |     | 0   |     | 0   |     | 0   |     |           | 0            | 0       |
| Mercury    |              | 17         | 57            | 0   |     | .283 |     | 0   |     | 0   |     | 0   |     | 0   |     |           | 0            | 0       |
| Molybdenum | 60           |            | 75            | 0   |     | 19.6 |     | 0   |     | 0   |     | 0   |     | 0   |     | 0         |              | 0       |
| Nickel     | 336          |            | 420           | 0   |     | 19.3 |     | 0   |     | 0   |     | 0   |     | 0   |     | 0         |              | 0       |
| Selenium   | 80           |            | 100           | 0   |     | 3.49 |     | 0   |     | 0   |     | 0   |     | 0   |     | 0         |              | 0       |
| Zinc       |              | 2800       | 7500          | 0   |     | 1050 |     | 0   |     | 0   |     | 0   |     | 0   |     |           | 0            | 0       |

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

Exceedence Points

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

3.1.2 If you exceeded the high quality limits, did 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?

## 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:                | 05/01/2017 - 06/30/2017  |
| Density:                     | 22,100   |
| Sample Concentration Amount: | CFU/G TS   |
| Requirement Met:             | Yes  |
| Land Applied:                | Yes  |
| Process:                     | Anaerobic Digestion  |
| Process Description:         | Sludge is mixed and heated to 95 degrees in the Anaerobic Digestion process. |

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|------------------------------|--|
| Outfall Number:              | 003  |
| Biosolids Class:             | B  |
| Bacteria Type and Limit:     | Fecal Coliform   |
| Sample Dates:                | 01/01/2017 - 02/28/2017  |
| Density:                     | 31,800   |
| Sample Concentration Amount: | CFU/G TS   |
| Requirement Met:             | Yes  |
| Land Applied:                | No   |
| Process:                     | Anaerobic Digestion  |
| Process Description:         | Sludge is mixed and heated to 95 degrees in the Anaerobic Digestion process. |

|                              |  |
|------------------------------|--|
| Outfall Number:              | 003  |
| Biosolids Class:             | B  |
| Bacteria Type and Limit:     | Fecal Coliform   |
| Sample Dates:                | 03/01/2017 - 04/30/2017  |
| Density:                     | 23,100   |
| Sample Concentration Amount: | CFU/G TS   |
| Requirement Met:             | Yes  |
| Land Applied:                | Yes  |
| Process:                     | Anaerobic Digestion  |
| Process Description:         | Sludge is mixed and heated to 95 degrees in the Anaerobic Digestion process. |

|                              |  |
|------------------------------|--|
| Outfall Number:              | 003  |
| Biosolids Class:             | B  |
| Bacteria Type and Limit:     | Fecal Coliform   |
| Sample Dates:                | 03/01/2017 - 04/30/2017  |
| Density:                     | 89,800   |
| Sample Concentration Amount: | CFU/G TS   |
| Requirement Met:             | Yes  |
| Land Applied:                | Yes  |
| Process:                     | Anaerobic Digestion  |
| Process Description:         | Sludge is mixed and heated to 95 degrees in the Anaerobic Digestion process. |

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|                              |  |
|------------------------------|--|
| Outfall Number:              | 003  |
| Biosolids Class:             | B  |
| Bacteria Type and Limit:     | Fecal Coliform   |
| Sample Dates:                | 07/01/2017 - 08/31/2017  |
| Density:                     | 222  |
| Sample Concentration Amount: | CFU/G TS   |
| Requirement Met:             | Yes  |
| Land Applied:                | No   |
| Process:                     | Anaerobic Digestion  |
| Process Description:         | Sludge is mixed and heated to 95 degrees in the Anaerobic Digestion process. |

|                              |  |
|------------------------------|--|
| Outfall Number:              | 003  |
| Biosolids Class:             | B  |
| Bacteria Type and Limit:     | Fecal Coliform   |
| Sample Dates:                | 09/01/2017 - 10/31/2017  |
| Density:                     | 9,170  |
| Sample Concentration Amount: | CFU/G TS   |
| Requirement Met:             | Yes  |
| Land Applied:                | Yes  |
| Process:                     | Anaerobic Digestion  |
| Process Description:         | Sludge is mixed and heated to 95 degrees in the Anaerobic Digestion process. |

|                              |  |
|------------------------------|--|
| Outfall Number:              | 003  |
| Biosolids Class:             | B  |
| Bacteria Type and Limit:     | Fecal Coliform   |
| Sample Dates:                | 11/01/2017 - 12/31/2017  |
| Density:                     | 45,100   |
| Sample Concentration Amount: | CFU/G TS   |
| Requirement Met:             | Yes  |
| Land Applied:                | Yes  |
| Process:                     | Anaerobic Digestion  |
| Process Description:         | Sludge is mixed and heated to 95 degrees in the Anaerobic Digestion process. |

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.

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

Yes (40 Points)

No

If yes, what action was taken?

5. Vector Attraction Reduction (per outfall):

5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.

0

# Compliance Maintenance Annual Report

La Crosse City

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|                                     |                               |
|-------------------------------------|-------------------------------|
| Outfall Number:                     | 002                           |
| Method Date:                        | 06/30/2017                    |
| Option Used To Satisfy Requirement: | Injection when land apply     |
| Requirement Met:                    | Yes                           |
| Land Applied:                       | Yes                           |
| Limit (if applicable):              |                               |
| Results (if applicable):            |                               |
| Outfall Number:                     | 003                           |
| Method Date:                        | 02/28/2017                    |
| Option Used To Satisfy Requirement: | Injection when land apply     |
| Requirement Met:                    | Yes                           |
| Land Applied:                       | No                            |
| Limit (if applicable):              |                               |
| Results (if applicable):            |                               |
| Outfall Number:                     | 003                           |
| Method Date:                        | 04/30/2017                    |
| Option Used To Satisfy Requirement: | Injection when land apply     |
| Requirement Met:                    | Yes                           |
| Land Applied:                       | Yes                           |
| Limit (if applicable):              |                               |
| Results (if applicable):            |                               |
| Outfall Number:                     | 003                           |
| Method Date:                        | 04/30/2017                    |
| Option Used To Satisfy Requirement: | Incorporation when land apply |
| Requirement Met:                    | Yes                           |
| Land Applied:                       | Yes                           |
| Limit (if applicable):              |                               |
| Results (if applicable):            |                               |
| Outfall Number:                     | 003                           |
| Method Date:                        | 08/31/2017                    |
| Option Used To Satisfy Requirement: | Injection when land apply     |
| Requirement Met:                    | Yes                           |
| Land Applied:                       | No                            |
| Limit (if applicable):              |                               |
| Results (if applicable):            |                               |

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|   |                           |   |  |   |
|---|---------------------------|---|--|---|
| Outfall Number:   | 003                       |   |  |   |
| Method Date:  | 10/31/2017                |   |  |   |
| Option Used To Satisfy Requirement:   | Injection when land apply |   |  |   |
| Requirement Met:  | Yes                       |   |  |   |
| Land Applied:   | Yes                       |   |  |   |
| Limit (if applicable):  |                           |   |  |   |
| Results (if applicable):  |                           |   |  |   |
| Outfall Number:   | 003                       | 0 |  |   |
| Method Date:  | 12/31/2017                |   |  |   |
| Option Used To Satisfy Requirement:   | Injection when land apply |   |  |   |
| Requirement Met:  | Yes                       |   |  |   |
| Land Applied:   | Yes                       |   |  |   |
| Limit (if applicable):  |                           |   |  |   |
| Results (if applicable):  |                           |   |  |   |
| <p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |                           |   |  |   |
| <p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> &gt;= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> &lt; 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                           |   |  | 0 |
| <p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <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"><li><input checked="" type="radio"/> Yes (Continue with question 2)</li><li><input type="radio"/> No (40 points)</li></ul> <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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No (10 points)</li></ul> <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"><li><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><li><input type="radio"/> Paper file system</li><li><input type="radio"/> Computer system</li><li><input checked="" type="radio"/> Both paper and computer system</li></ul></li><li><input type="radio"/> No (10 points)</li></ul> | 0 |
| <p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>  |   |
| <p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li><input type="radio"/> Excellent</li><li><input type="radio"/> Very good</li><li><input checked="" type="radio"/> Good</li><li><input type="radio"/> Fair</li><li><input type="radio"/> Poor</li></ul> <p>Describe your rating:</p>  |   |

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Lacrosse WWTP is an older plant and it still performs well, we continue to upgrade equipment, La Crosse has rehab 3 out 4 anaerobic digesters in the past 3 years and will complete the 4th in 2019. In 2018 WWTP will work with consultants to implement possible power saving projects and evaluate increased Solids capacity.

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

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## Operator Certification and Education

| <p>1. Operator-In-Charge</p> <p>1.1 Did you have a designated operator-in-charge during the report year?</p> <p>● Yes (0 points)</p> <p>○ No (20 points)</p> <p>Name: <input style="width: 300px;" type="text" value="JARED R GREENO"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="31667"/></p>  | 0                             |                      |                      |       |          |     |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
|--|-------------------------------|----------------------|----------------------|-------|----------|-----|----------|-----|-------|----------|----|----------------------------|---|--|--|---|----|---------------------------|--|--|--|--|----|-----------------------------|--|--|--|--|----|----------------------------|--|--|--|--|----|-------------------------------|--|--|--|--|---|-------------------|---|--|--|---|---|---------------------------|---|--|--|---|---|------------------|---|--|--|---|---|----------------|--|--|--|--|---|--------------|---|--|--|---|---|------------|---|--|--|---|---|--------------------------|--|--|--|--|----|----------------------------|---|----|----|----|---|
| <p>2. Certification Requirements</p> <p>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?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th colspan="2">WWTP</th> <th colspan="2">OIC</th> </tr> <tr> <th>Advanced</th> <th>OIT</th> <th>Basic</th> <th>Advanced</th> </tr> </thead> <tbody> <tr><td>A1</td><td>Suspended Growth Processes</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>A2</td><td>Attached Growth Processes</td><td></td><td></td><td></td><td></td></tr> <tr><td>A3</td><td>Recirculating Media Filters</td><td></td><td></td><td></td><td></td></tr> <tr><td>A4</td><td>Ponds, Lagoons and Natural</td><td></td><td></td><td></td><td></td></tr> <tr><td>A5</td><td>Anaerobic Treatment Of Liquid</td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td>Solids Separation</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>C</td><td>Biological Solids/Sludges</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>P</td><td>Total Phosphorus</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>N</td><td>Total Nitrogen</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>Disinfection</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>L</td><td>Laboratory</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>U</td><td>Unique Treatment Systems</td><td></td><td></td><td></td><td></td></tr> <tr><td>SS</td><td>Sanitary Sewage Collection</td><td style="text-align: center;">X</td><td style="text-align: center;">NA</td><td style="text-align: center;">NA</td><td style="text-align: center;">NA</td></tr> </tbody> </table> <p>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.)</p> <p>● Yes (0 points)</p> <p>○ No (20 points)</p> | Sub Class                     | SubClass Description | WWTP                 |       | OIC      |     | Advanced | OIT | Basic | Advanced | A1 | Suspended Growth Processes | X |  |  | X | A2 | Attached Growth Processes |  |  |  |  | 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 | 0 |
| Sub Class  |                               |                      | SubClass Description | WWTP  |          | OIC |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
|  | Advanced                      | OIT                  |                      | Basic | Advanced |     |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| A1   | Suspended Growth Processes    | X                    |                      |       | X        |     |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| A2   | Attached Growth Processes     |                      |                      |       |          |     |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| 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       |     |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| <p>3. Succession Planning</p> <p>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)?</p> <p><input checked="" type="checkbox"/> One or more additional certified operators on staff</p> <p><input type="checkbox"/> An arrangement with another certified operator</p> <p><input type="checkbox"/> An arrangement with another community with a certified operator</p> <p><input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year</p> <p><input type="checkbox"/> A consultant to serve as your certified operator</p> <p><input type="checkbox"/> None of the above (20 points)</p> <p>If "None of the above" is selected, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>   | 0                             |                      |                      |       |          |     |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| <p>4. Continuing Education Credits</p>   |                               |                      |                      |       |          |     |          |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |



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

OIT and Basic Certification:

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

Advanced Certification:

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

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

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## Financial Management

|   |   |   |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
|---|---|---|---|--|----|---|--|----|---|---|----|---|--|---|--|--|
| <p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Jared Greeno"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-789-7322"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="greenoja@cityoflacrosse.org"/></p>  |   |   |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
| <p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p> <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?</p> <p>Year: <input style="width: 100px;" type="text" value="2017"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p>   | 0   |   |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
| <p><b>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</b></p>   |   |   |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
| <p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 150px;" type="text" value="2017"/></p> <p><input checked="" type="radio"/> 1-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A</p> <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: 150px;" type="text" value="2,829,878.78"/></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: 150px;" 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: 150px;" type="text" value="2,829,878.78"/></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: 150px;" type="text" value="445,135.30"/></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: 150px;" type="text" value="2,829,878.78"/> | 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: 150px;" type="text" value="0.00"/> | 3.2.3 Adjusted January 1st Beginning Balance | \$ | <input style="width: 150px;" type="text" value="2,829,878.78"/> | 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | \$ | <input style="width: 150px;" type="text" value="445,135.30"/> |  | + |  |  |
| 3.2.1 Ending Balance Reported on Last Year's CMAR   | \$  | <input style="width: 150px;" type="text" value="2,829,878.78"/> |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
| 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: 150px;" type="text" value="0.00"/>         |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
| 3.2.3 Adjusted January 1st Beginning Balance  | \$  | <input style="width: 150px;" type="text" value="2,829,878.78"/> |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
| 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)   | \$  | <input style="width: 150px;" type="text" value="445,135.30"/>   |   |  |    |   |  |    |   |   |    |   |  |   |  |  |
|   | +   |   |   |  |    |   |  |    |   |   |    |   |  |   |  |  |

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

\$ 70,000.00

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

\$ 3,205,014.08

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.

New equipment in 2017.

3.3 What amount should be in your Replacement Fund?

\$ 3,205,014.08

0

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.

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         | Replace Pumps and Controls in Bluff Slough Lift station  | 48000          | 2018                          |
| 2         | Rehab and replacement of sewer main  | 594000         | 2018                          |
| 3         | Rehab digester # 1 this will be the last of 4 digester to rehab.   | 1,000,000      | 2019                          |
| 4         | Add and additional Sanitary lift station pump at New Hagar Lift station.                                 | 65,000         | 2019                          |
| 5         | Upgrade Final Clarifiers to help reduce solids in effluent one of the projects to help reduce phosphorus | 2,500,000      | 2021                          |

## 5. Financial Management General Comments

Sanitary Sewer Utility works from a cash fund and schedules projects and budgets for upgrades.

## ENERGY EFFICIENCY AND USE

### 6. Collection System

#### 6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations: 26

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|           | Electricity Consumed (kWh) | Natural Gas Consumed (therms) |
|-----------|----------------------------|-------------------------------|
| January   | 79,197                     | 974                           |
| February  | 72,163                     | 691                           |
| March     | 70,164                     | 623                           |
| April     | 59,476                     | 263                           |
| May       | 66,653                     | 148                           |
| June      | 80,173                     | 27                            |
| July      | 65,277                     | 45                            |
| August    | 60,971                     | 42                            |
| September | 62,555                     | 23                            |
| October   | 52,681                     | 155                           |
| November  | 57,512                     | 435                           |
| December  | 69,652                     | 983                           |
| Total     | 796,474                    | 4,409                         |
| Average   | 66,373                     | 367                           |

## 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:

2013

By Whom:

MSA

Describe and Comment:

A power survey of all City Department was done a 15% reduction was found from 2007 to 2013 a large part of that was related to the Aeration upgrade completed in 2012 at WWTP.

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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?

Work with Johnson Controls to find projects to reduce power used.

## 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   | 427,920                    | 309.23                   | 1,384                              | 807.64                        | 530   | 10,333                        |
| February  | 453,440                    | 279.20                   | 1,624                              | 762.24                        | 595   | 9,461                         |
| March     | 404,820                    | 318.92                   | 1,269                              | 847.11                        | 478   | 7,507                         |
| April     | 465,520                    | 307.86                   | 1,512                              | 799.95                        | 582   | 6,629                         |
| May       | 467,360                    | 370.12                   | 1,263                              | 881.02                        | 530   | 3,634                         |
| June      | 508,480                    | 352.16                   | 1,444                              | 863.16                        | 589   | 2,878                         |
| July      | 485,320                    | 337.50                   | 1,438                              | 843.98                        | 575   | 856                           |
| August    | 485,320                    | 308.68                   | 1,572                              | 771.50                        | 629   | 753                           |
| September | 475,000                    | 289.93                   | 1,638                              | 698.49                        | 680   | 807                           |
| October   | 429,400                    | 304.28                   | 1,411                              | 814.28                        | 527   | 710                           |
| November  | 442,800                    | 276.94                   | 1,599                              | 743.49                        | 596   | 6,374                         |
| December  | 457,120                    | 280.33                   | 1,631                              | 735.54                        | 621   | 9,445                         |
| Total     | 5,502,500                  | 3,735.15                 |                                    | 9,568.40                      |   | 59,387                        |
| Average   | 458,542                    | 311.26                   | 1,482                              | 797.37                        | 578   | 4,949                         |

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:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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

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## Sanitary Sewer Collection Systems

### 1. Capacity, Management, Operation, and Maintenance (CMOM) Program

#### 1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

#### 1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

#### 1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

- Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Clean/Flush 35% of sewer collection system. Continue to budget \$350,000 annually to line sewers ever other year.

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

- Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Sewer use ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 07/22/2017

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

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

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

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



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A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation  
 A description of routine operation and maintenance activities (see question 2 below)  
 Capacity assessment program  
 Basement back assessment and correction  
 Regular O&M training  
 Design and Performance Provisions [NR 210.23 (4) (e)]  
 What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?  
 State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements  
 Construction, Inspection, and Testing  
 Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]  
 Does your emergency response capability include:  
 Responsible personnel communication procedures  
 Response order, timing and clean-up  
 Public notification protocols  
 Training  
 Emergency operation protocols and implementation procedures  
 Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]  
 Special Studies Last Year (check only those that apply):  
 Infiltration/Inflow (I/I) Analysis  
 Sewer System Evaluation Survey (SSES)  
 Sewer Evaluation and Capacity Management Plan (SECAP)  
 Lift Station Evaluation Report  
 Others:

0

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="30"/>  | % of system/year          |
| Root removal              | <input type="text" value="2"/>   | % 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="6"/>   | % of system/year          |
| Manhole inspections       | <input type="text" value="35"/>  | % of system/year          |
| Lift station O&M          | <input type="text" value="113"/> | # per L.S./year           |
| Manhole rehabilitation    | <input type="text" value="5"/>   | % of manholes rehabbed    |
| Mainline rehabilitation   | <input type="text" value=".55"/> | % of sewer lines rehabbed |
| Private sewer inspections | <input type="text" value="0"/>   | % of system/year          |

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Private sewer I/I removal  % of private services

River or water crossings  % of pipe crossings evaluated or maintained

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

### 3. Performance Indicators

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

|       |  |
|-------|--|
| 39.60 | Total actual amount of precipitation last year in inches |
| 33.03 | Annual average precipitation (for your location)         |
| 205   | Miles of sanitary sewer                                  |
| 26    | Number of lift stations                                  |
| 0     | Number of lift station failures                          |
| 1     | Number of sewer pipe failures                            |
| 9     | Number of basement backup occurrences                    |
| 55    | Number of complaints                                     |
| 10.23 | Average daily flow in MGD (if available)                 |
| 14.50 | Peak monthly flow in MGD (if available)                  |
| 45    | 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)       |
| 0.04 | Basement backups (number/sewer mile)                  |
| 0.27 | Complaints (number/sewer mile)                        |
| 1.4  | Peaking factor ratio (Peak Monthly: Annual Daily Avg) |
| 4.4  | 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) |
| 0   | 7/20/2017 3:00:00 AM - 7/20/2017 4:00:00 AM | Intersection of Park Dr. and N 23rd St., La Crosse, WI 54601<br>43.48159, -91.221806 | Rain  | 0.0001 - 0.0002       |

\*\* If there were any SSOs or TFOs 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 or TFO occurrences in the future?

The unusual rain falls that occur in the La Crosse area cause issues. Look at storm water control projects.

### 5. Infiltration / Inflow (I/I)

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

- Yes
- No

If Yes, please describe:

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2017

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:

Conduct flow monitoring replace more sewer main as we rehab more streets.

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

Continue to line and replace sewer mains where ground water is an issue continue to rehab manholes. Conduct more flow monitoring to ID locations of I.I.

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

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## Grading Summary

WPDES No: 0029581

| SECTIONS                         | LETTER GRADE | GRADE POINTS | WEIGHTING FACTORS | SECTION POINTS |
|----------------------------------|--------------|--------------|-------------------|----------------|
| Influent                         | B            | 3            | 3                 | 9              |
| BOD/CBOD                         | A            | 4            | 10                | 40             |
| TSS                              | A            | 4            | 5                 | 20             |
| Phosphorus                       | A            | 4            | 3                 | 12             |
| Biosolids                        | A            | 4            | 5                 | 20             |
| Staffing/PM                      | A            | 4            | 1                 | 4              |
| OpCert                           | A            | 4            | 1                 | 4              |
| Financial                        | A            | 4            | 1                 | 4              |
| Collection                       | A            | 4            | 3                 | 12             |
| TOTALS                           |              |              | 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:

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR  
SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = B

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL  
GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 3.91