

Compliance Maintenance Annual Report

La Crosse City

Last Updated: Reporting For:
7/1/2015 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	8.9681	x	339	x	8.34	=	25,336
February	9.6465	x	271	x	8.34	=	21,814
March	9.4734	x	226	x	8.34	=	17,889
April	10.6946	x	264	x	8.34	=	23,583
May	14.3343	x	192	x	8.34	=	22,969
June	14.7114	x	230	x	8.34	=	28,162
July	14.7866	x	307	x	8.34	=	37,820
August	10.6220	x	355	x	8.34	=	31,468
September	10.2944	x	303	x	8.34	=	25,980
October	9.4388	x	304	x	8.34	=	23,954
November	9.2173	x	357	x	8.34	=	27,418
December	9.2580	x	339	x	8.34	=	25,336

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	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 of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times (C)BOD was greater than 90% of design	Number of times (C)BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	1	0
July	1	0	0	1	1
August	1	0	0	1	1
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	1	0
December	1	0	0	1	1
Points per each		2	1	3	2
Exceedances		0	0	5	3
Points		0	0	15	6
Total Number of Points					21

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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:

Some Restaurants contribute grease to the system in which we use enforcement in guidance with the ordinance. Excess grease in the collection system can obstruct flow.

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.

Performance of the plant is not effected by the extra gallons. The grease does cause some Head works equipment to plug and sometimes have grease floating on primary clarifiers which takes time to skim off.

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.

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<div data-bbox="133 205 1461 260" style="border: 1px solid black; height: 26px;"></div> <p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <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 data-bbox="133 441 1461 651" style="border: 1px solid black; padding: 5px;"><p>The Wastewater Treatment Plant does except industrial waste. Pretreatment program does regulate this type of waste received. As part of the LUST program waste is excepted. With these waste stream Discharger applies for discharge. App. includes Facility Name, Address etc, concentration of waste to be discharged. We also use DNR guidelines related to receiving this waste to determine acceptance. Any other waste in question case by case we request MSDS, analysis and DNR guidance.</p></div>

Total Points Generated	21
Score (100 - Total Points Generated)	79
Section Grade	C

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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	4	1	0	0
February	25	22.5	3	1	0	0
March	25	22.5	3	1	0	0
April	25	22.5	4	1	0	0
May	25	22.5	3	1	0	0
June	25	22.5	3	1	0	0
July	25	22.5	4	1	0	0
August	25	22.5	4	1	0	0
September	25	22.5	3	1	0	0
October	25	22.5	3	1	0	0
November	25	22.5	4	1	0	0
December	25	22.5	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?

2. Flow Meter Calibration

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

Yes

Enter last calibration date (MM/DD/YYYY)

10/14/2014

No

If No, please explain:

3. Treatment Problems

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

City Brewery had 2 High strength spills that loaded the plant. Because of slug control plan the hit to the plant and to there pretreat plant was minimal.

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

Yes

No

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<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. 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	6	1	0	0
February	30	27	5	1	0	0
March	30	27	5	1	0	0
April	30	27	7	1	0	0
May	30	27	6	1	0	0
June	30	27	3	1	0	0
July	30	27	4	1	0	0
August	30	27	3	1	0	0
September	30	27	4	1	0	0
October	30	27	3	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

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?

NA

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	1.4	0.3	1	0
February	1.4	0.3	1	0
March	1.4	0.3	1	0
April	1.4	0.4	1	0
May	1.4	0.4	1	0
June	1.4	0.6	1	0
July	1.4	0.5	1	0
August	1.4	0.3	1	0
September	1.4	0.8	1	0
October	1.4	0.4	1	0
November	1.4	0.5	1	0
December	1.4	0.7	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?

NA

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:

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

6135.50 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	4.27		3.96		4.52		7.11		4.89		4.92			0	0
Cadmium		39	85	3.26		3.77		6.85		5.25		5.13		5.38			0	0
Copper		1500	4300	590		573		613		715		681		767			0	0
Lead		300	840	19.5		20.5		22.8		34.1		28.6		25.4			0	0
Mercury		17	57	.393		.527		.5		1.05		.536		.529			0	0
Molybdenum	60		75	12		12.7		14		23.6		34		28.1		0		0
Nickel	336		420	11.7		13.6		15.1		1.2		16.7		17		0		0
Selenium	80		100	4.89		5.64		7.47		6.27		5.79		6.27		0		0
Zinc		2800	7500	784		829		924		1120		1120		1490			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			3.96						6.62					0	0
Cadmium		39	85			3.77						5.02					0	0
Copper		1500	4300			573						847					0	0
Lead		300	840			20.5						28.6					0	0
Mercury		17	57			.527						.733					0	0
Molybdenum	60		75			12.7						41.3				0		0
Nickel	336		420			13.6						19.5				0		0
Selenium	80		100			5.64						4.22				0		0
Zinc		2800	7500			829						1130					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, Contact Us.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	01/01/2014 - 02/28/2014
Density:	336,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	AEROB
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

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Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	03/01/2014 - 04/30/2014
Density:	150,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	AEROB
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	03/01/2014 - 04/30/2014
Density:	344,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	AEROB
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	05/01/2014 - 06/30/2014
Density:	115,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	AEROB
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 08/31/2014
Density:	
Sample Concentration Amount:	CFU/G TS
Requirement Met:	No
Land Applied:	No
Process:	AEROB
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

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Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	09/01/2014 - 10/31/2014
Density:	321,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	AEROB
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	09/01/2014 - 10/31/2014
Density:	55,600
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	AEROB
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	11/01/2014 - 12/31/2014
Density:	45,300
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	ANAER
Process Description:	Sludge is 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, Contact Us.

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Outfall Number:	003
Method Date:	02/28/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	04/30/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	04/30/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	06/30/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	08/31/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

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Outfall Number:	003
Method Date:	10/31/2014
Option Used To Satisfy Requirement:	INC
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	10/31/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	12/10/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

Outfall Number:	003
Method Date:	12/09/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

Outfall Number:	003
Method Date:	12/07/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

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Outfall Number:	003
Method Date:	12/06/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

Outfall Number:	003
Method Date:	12/31/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	003
Method Date:	12/11/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

Outfall Number:	003
Method Date:	12/12/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

Outfall Number:	003
Method Date:	12/17/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

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Outfall Number:	003
Method Date:	12/18/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

Outfall Number:	003
Method Date:	12/19/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	51.80

Outfall Number:	003
Method Date:	12/20/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	49.60

Outfall Number:	003
Method Date:	12/22/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	49.60

Outfall Number:	003
Method Date:	12/21/2014
Option Used To Satisfy Requirement:	VSR
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	38
Results (if applicable):	49.60

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?

6. Biosolids Storage

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<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> <ul style="list-style-type: none"> <input checked="" type="radio"/> >= 180 days (0 Points) <input type="radio"/> 150 - 179 days (10 Points) <input type="radio"/> 120 - 149 days (20 Points) <input type="radio"/> 90 - 119 days (30 Points) <input type="radio"/> < 90 days (40 Points) <input type="radio"/> N/A (0 Points) <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; padding: 5px;"> <p>We have good treatment of Biosolids at the Lacrosse WWTP. The challenge Lacrosse has faced the past 2 years is unusual weather conditions. Wet springs and then early soil freezing in the fall. This makes for a small window of time to remove and land apply many gallons Biosolids. This past spring we used more equipment to get the job done sooner.</p> </div>	

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

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Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes (Continue with question 2)<input type="radio"/> No (40 points) <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><input type="radio"/> Paper file system<input type="radio"/> Computer system<input checked="" type="radio"/> Both paper and computer system<input type="radio"/> No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M Manual that can be used as a reference when needed?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><input type="radio"/> Excellent<input type="radio"/> Very good<input checked="" type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px;"><p>Lacrosse's WWTP performs well. We budget and upgrade equipment on a schedule to increase reliability of an Older WWTP.</p></div>	

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

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Operator Certification and Education

<p>1. Operator-In-Charge</p> <p>1.1 Did you have a designated operator-in-charge during the report year?</p> <ul style="list-style-type: none"> ● Yes (0 points) ○ No (20 points) <p>Name: <input style="width: 150px;" 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 114.08 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?</p> <p>Required:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 4 - ACEFGIJ; A - PRIMARY SETTLING; C - ACTIVATED SLUDGE; E - DISINFECTION; F - ANAEROBIC DIGESTION; G - MECHANICAL SLUDGE; I - PHOSPHORUS REMOVAL; J - LABORATORY </div> <p>Held:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 4 - ACEFGIJ; T - H; 4 - A=PRIMARY SETTLING GRADE 4; C=ACTIVATED SLUDGE GRADE 4; E=DISINFECTION GRADE 4; F=ANAEROBIC DIGESTION GRADE 4; G=MECHANICAL SLUDGE GRADE 4; I=PHOSPHORUS REMOVAL GRADE 4; J=LABORATORY GRADE 4; T - H=FILTRATION GRADE T </div> <p>2.2 Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <ul style="list-style-type: none"> ● Yes (0 points) ○ No (20 points) 	0
<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> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> One or more additional certified operators on staff <input type="checkbox"/> An arrangement with another certified operator <input type="checkbox"/> An arrangement with another community with a certified operator <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 <input type="checkbox"/> A consultant to serve as your certified operator <input type="checkbox"/> None of the above (20 points) <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> <p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>Grades T, 1, and 2:</p> <ul style="list-style-type: none"> ○ Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. <p>Grades 3 and 4:</p> <ul style="list-style-type: none"> ● 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&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: 80px;" type="text" value="2014"/></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., CWFP 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>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>																									
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 80px;" type="text" value="2014"/></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%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 150px;" type="text" value="2,208,686.08"/></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></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></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="2,208,686.08"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="367,715.00"/></td> </tr> <tr> <td>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)</td> <td style="text-align: center;">-</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>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="2,576,401.08"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 150px;" type="text" value="2,208,686.08"/>	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="2,208,686.08"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 150px;" type="text" value="367,715.00"/>	3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input style="width: 150px;" type="text" value="0.00"/>	3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		\$	<input style="width: 150px;" type="text" value="2,576,401.08"/>	
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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? \$

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 HELP link under Info 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	Digester Cover Repairs/Painting	800,000	2015
2	New Steam Boilers for Sludge Heating and Plant 1 Heating System	750,000	2015
3	Sanitary Sewer Repair and Rehab	300000	2016
4	INSPECT / REHAB LARGE COLLECTION SYSTEM GATES	36000	2015
5	Consultant fee evaluate treatment technology for Phosphorus Removal. DNR Limits will drastically reduce for next permit. 1.4 ppm down to .10 ppm.	75000	2015
6	Repalce/Relocate Digester Recir Pumps	130000	2017
7	New Causeway Lift Station Controls	25000	2016
8	Rehab Digester	350,000	2016
9	PLC Replacement @ WWTP and Lift stations.	450,000.00	2015

5. Financial Management General Comments

Rate study was completed in 2014 and rate increase of 9% was implemented 1/1/2015.

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

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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:

We have a goal to completely clean sanitary collection system every 3 years. Budget \$300,000 every other year to line sewers to reduce I&I Line and rehab manholes with I&I issues. Maintain Lift stations, upgrade controls and communications build in more alarms as notification. Continue planning upgrade of equipment @ WWTP.

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) 06/05/2014

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:

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

- Current and up-to-date sewer map
- 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
- 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 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="20.6"/>	% of system/year
Root removal	<input type="text" value="1.5"/>	% of system/year
Flow monitoring	<input type="text" value="1.0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="1.8"/>	% of system/year
Manhole inspections	<input type="text" value="25.0"/>	% of system/year
Lift station O&M	<input type="text" value="112"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value=".035"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value=".25"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0"/>	% of private services

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

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3. Performance Indicators

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

33.03	Total actual amount of precipitation last year in inches
32.6	Annual average precipitation (for your location)
202.86	Miles of sanitary sewer
26	Number of lift stations
0	Number of lift station failures
2	Number of sewer pipe failures
12	Number of basement backup occurrences
12	Number of complaints
10.96	Average daily flow in MGD (if available)
13.47	Peak monthly flow in MGD (if available)
33.90	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.01	Sewer pipe failures (pipe failures/sewer mile/yr)
0.01	Sanitary sewer overflows (number/sewer mile/yr)
0.06	Basement backups (number/sewer mile)
0.06	Complaints (number/sewer mile)
1.2	Peaking factor ratio (Peak Monthly: Annual Daily Avg)
3.1	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	5/9/2014 1:00:00 PM - 5/12/2014 8:00:00 AM	Broken pipe at 1 Greenwood Place, La Crosse, WI	Broken Sewer, Broken Sewer	0.0001 - 0.0001
1	11/1/2014 1:00:00 PM - 11/1/2014 4:30:00 PM	1615 Gladys St, LaCrosse, 20 gallons	Broken Sewer, Broken Sewer	0.0001 - 0.0001

** 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?

Will inspect force mains and work with local contractors to help reduce directional boring through sanitary mains.

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

- Yes

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<ul style="list-style-type: none">● No <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div style="border: 1px solid black; padding: 2px;">High River stage for an increased time causes extra flow due to low flood plains in areas of town.</div>
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 2px;">More lining of collection system rehab a by pass gate to reduce inflow due to higher river stage.</div>

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	C	2	3	6
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	122
GRADE POINT AVERAGE (GPA) = 3.81				

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 LaCrosse

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 = C

The letter grade C is reflective to a sampling issue, which provided higher than normal results. Showing increased loading to the plant. During this time frame river stage was above flood stage and WWTP had more flow. So with this being said increased concentration values in conjunction with increase flow determined plant over designed capacity.

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

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. = 3.81