

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Influent Flow and Loading

Questions								
1.	Monthly average flows and (C)BOD loadings.							
	InFluent No.701	Influent Monthly Average Flow, MGD	X	Influent Monthly Average (C)BOD Concentrati on mg.l	X	8.34	=	Influent Monthly Average(C) BOD Loading, pounds/day
	January	8.880	X	253	X	8.34	=	18765
	February	9.282	X	239	X	8.34	=	18518
	March	9.333	X	211	X	8.34	=	16408
	April	10.65	X	201	X	8.34	=	17873
	May	12.33	X	216	X	8.34	=	22214
	June	12.61	X	191	X	8.34	=	20124
	July	11.78	X	214	X	8.34	=	20991
	August	10.00	X	212	X	8.34	=	17693
	September	9.531	X	252	X	8.34	=	20039
	October	9.123	X	290	X	8.34	=	22036
	November	8.941	X	345	X	8.34	=	25694
	December	8.712	X	353	X	8.34	=	25641
2.	Maximum month design flow and design (C)BOD loading.							
		Design	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		

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Influent Flow and Loading (Continued)

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

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

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

- Yes Enter last calibration date, MM/DD/YYYY 11/6&7/2013
- No -explain

5. Sewer Use Ordinance

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

- Yes
- No

If No, please describe:

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Influent Flow and Loading (Continued)

	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div> <p><b>5.2</b> Was it necessary to enforce?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Grease issues obstructing Sanitary Flow.</div>
--	---

**6. Septage Receiving**

	<p><b>6.1</b> Did you have requests to receive septage at your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> </table> <p><b>6.2</b> Did you receive septage at your facility? If yes, indicate volume in gallons</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>gal</td> <td>262,070 gal</td> <td>133,420 gal</td> </tr> </table> <p><b>6.2.1</b> If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">We have issues handling grease when it comes into Screening and washing press plugging. Extra cleaning of equipment.</div>	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	gal	262,070 gal	133,420 gal
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No														
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No														
gal	262,070 gal	133,420 gal														

**7. Pretreatment**

	<p><b>7.1</b> Did your facility experience operational problems, permit violations, biosolids quality concerns or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, describe the situation and your community's response:</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <p><b>7.2</b> 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 plant from the discharge of hauled industrial wastes.</p>
--	--

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Influent Flow and Loading (Continued)

	<p>The Utility receives a variety of Industrial Wastes. These sources are regulated by our pretreatment program. We also receive waste related to the LUST program. These types of waste The DISCHAGER applies for discharge. Application includes name, address, etc. and concentration levels of material. The Utility uses the DNR guidelines to determine acceptance. Other questionable hauled waste is handled on case by case bases, including review of MSDS sheets analysis, and DNR guidance.</p>
--	---

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Effluent Quality and Plant Performance ((C)BOD)

Questions							
1.	Monthly average effluent values, exceedances, and points for (C)BOD:						
	Outfall No.001	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	25	22.5	2	1	0	0
	February	25	22.5	2	1	0	0
	March	25	22.5	2	1	0	0
	April	25	22.5	2	1	0	0
	May	25	22.5	2	1	0	0
	June	25	22.5	2	1	0	0
	July	25	22.5	2	1	0	0
	August	25	22.5	2	1	0	0
	September	25	22.5	3	1	0	0
	October	25	22.5	2	1	0	0
	November	25	22.5	3	1	0	0
	December	25	22.5	3	1	0	0
	* Equals limit if limit is <=10						
	Months of Discharge/yr				12		
	Points per each exceedance with 12 months of discharge:					7	3
	Exceedances					0	0
	Points					0	0
	Total Number of Points						0
	<p><b>NOTE:</b> 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</p>						
2.	If any violations occurred, what action was taken to regain compliance?						
3.	Was the effluent flow meter calibrated in the last year?						
	<input checked="" type="radio"/> Yes - enter last calibration date, MM/DD/YYYY:					6/10/2013	
	<input type="radio"/> No - explain:						

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

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

4.	What problems, if any, were experienced over the last year that threatened treatment?
	City Brewery shut downs, cause's plant to be more challenging to operate because of Lack of Loading/carbon for BNR system.
5.	Other Monitoring and Limits
	<p><b>5.1</b> At any time in the past year was there an exceedance of a permit limit for any other pollutants such as metals, pH, residual chlorine, or fecal coliform?</p> <p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<p><b>5.2</b> At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<p><b>5.3</b> 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  <input type="radio"/> No  <input checked="" type="radio"/> NA         </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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Effluent Quality and Plant Performance (Total Suspended Solids)

Questions						
1.	Monthly average effluent values, exceedances, and points for TSS:					
Outfall No.001	Monthly Average TSS Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average TSS (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	5	1	0	0
February	30	27	6	1	0	0
March	30	27	6	1	0	0
April	30	27	5	1	0	0
May	30	27	5	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	5	1	0	0
November	30	27	4	1	0	0
December	30	27	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
<p><b>NOTE:</b> 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 <math>12/6 = 2.0</math></p>						
2.	If any violations occurred, what action was taken to regain compliance?					
	N/A					

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Effluent Quality and Plant Performance (Phosphorus)

Questions					
1.	Monthly average effluent values, exceedances, and points for Phosphorus:				
	Outfall No.001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
	January	1.4	0.7	1	0
	February	1.4	0.5	1	0
	March	1.4	0.5	1	0
	April	1.4	0.6	1	0
	May	1.4	0.5	1	0
	June	1.4	0.8	1	0
	July	1.4	0.7	1	0
	August	1.4	0.8	1	0
	September	1.4	0.8	1	0
	October	1.4	0.8	1	0
	November	1.4	0.3	1	0
	December	1.4	0.3	1	0
	Months of Discharge/yr			12	
	Points per each exceedance with 12 months of discharge:				10
	Exceedances				0
	Total Number of Points				0
	<p><b>NOTE:</b> 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 <math>12/6 = 2.0</math></p>				
2.	If any violations occurred, what action was taken to regain compliance?				
	N/A				

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



# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Biosolids Quality and Management

	Questions	Points						
1.	<p>Biosolids Use/Disposal:</p> <p><b>1.1 How did you use or dispose of your biosolids?(Check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Land Applied Under Your Permit  <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids  <input checked="" type="checkbox"/> Hauled to Another Permitted Facility  <input checked="" type="checkbox"/> Landfilled  <input type="checkbox"/> Incinerated  <input type="checkbox"/> Other                 </p> <p>NOTE:If you do not remove biosolids from your system annually, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc, and if biosolids were land applied last year, please also check top box above.</p> <p>1.1.1 If you checked Other, Please describe:</p> <div style="border: 1px solid black; height: 20px; width: 400px;"></div>							
2.	<p>Land Application Site:</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;">Last Year's Approved and Active Land Application Sites</td> </tr> <tr> <td style="width: 50%;">2.1.1 How many acres did you have?</td> <td style="width: 50%;">2.1.2 How many acres did you use?</td> </tr> <tr> <td style="text-align: center;">5694.60 acres</td> <td style="text-align: center;">1256.3 acres</td> </tr> </table> <p>2.2 If you did not have enough acres for your land application needs, what action was taken?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                 2013 proved to be a challenging year. The spring of 2013 was very late coming hauling did not start until mid May. Farmers planted crops before all Biosolids could be hauled in the spring. So late summer storage was filling up so we used other methods and other facilities to dispose of Biosolids.             </div>	Last Year's Approved and Active Land Application Sites		2.1.1 How many acres did you have?	2.1.2 How many acres did you use?	5694.60 acres	1256.3 acres	
Last Year's Approved and Active Land Application Sites								
2.1.1 How many acres did you have?	2.1.2 How many acres did you use?							
5694.60 acres	1256.3 acres							
	<p><b>2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?</b></p> <p> <input type="radio"/> Yes(30 points)  <input checked="" type="radio"/> No                 </p>	0						
	<p><b>2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?</b></p> <p> <input checked="" type="radio"/> Yes                 </p>	0						

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

	<input type="radio"/> No (10 points) <input type="radio"/> N/A	
--	---	--

3.	Biosolids Metals	
	Number of biosolids outfalls in your WPDES permit = 2	
	<b>3.1</b> For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year	

### BIOSOLIDS METALS CHARACTERISTICS

Outfall:003 - LIQUID SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	mg/kg on a dry weight basis												Times Exceeded		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
arsenic		41	75	5.19		6.48		3.12		5.86		5.06		5.56			0	0
cadmium		39	85	2.4		2.92		1.47		3.57		5.18		3.89			0	0
copper		1500	4300	767		698		541		749		783		891			0	0
lead		300	840	26.8		22.3		18.2		27		24.1		26.5			0	0
mercury		17	57	.472		.513		.395		.606		.399		.543			0	0
molybdenum	60		75	13.6		11.2		9.13		16.7		15.6		21	0			0
nickel	336		420	16.5		14.1		13.8		18.7		16.8		17.9	0			0
selenium	80		100	5.66		4.71		4.45		7.29		6.78		7.72	0			0
zinc		2800	7500	1260		1150		969		1340		1320		1510			0	0

Outfall:002 - CAKE SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	mg/kg on a dry weight basis												Times Exceeded		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
arsenic		41	75							4.8							0	0
cadmium		39	85							3.32							0	0
copper		1500	4300							650							0	0
lead		300	840							24.5							0	0
mercury		17	57							.323							0	0
molybdenum	60		75							19.4					0			0
nickel	336		420							14.6					0			0
selenium	80		100							5.05					0			0
zinc		2800	7500							1400							0	0

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

	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Exceedance Points</div>	
--	--	--

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

	●	0	0 Points																		
	○	1-2	10 Points																		
	○	> 2	15 Points																		
	<b>3.1.2</b> If you exceeded the high quality limits, did you cumulatively track the metals loadings at each land application site? (check applicable box)				0																
	<input type="radio"/> Yes <input type="radio"/> No (10 points) <input checked="" type="radio"/> NA. Did not exceed limits or no HQ limit applies (0 points) <input type="radio"/> NA. Did not land apply biosolids until limit was met(0 points)																				
	<b>3.1.3</b> Number of times any of the metals exceeded the ceiling limits = 0				0																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">Exceedance Points</th> </tr> <tr> <td style="text-align: center;">●</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">&gt; 1</td> <td style="text-align: center;">15 Points</td> </tr> </table>				Exceedance Points			●	0	0 Points	○	1	10 Points	○	> 1	15 Points					
Exceedance Points																					
●	0	0 Points																			
○	1	10 Points																			
○	> 1	15 Points																			
	<b>3.1.4</b> Were biosolids land applied which exceeded the ceiling limit?				0																
	<input type="radio"/> Yes(20 points) <input checked="" type="radio"/> No (0 points)																				
	<b>3.1.5</b> 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?																				
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">N/A</div>																				
4.	<b>Pathogen Control(per outfall):</b>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Outfall Number:</td> <td>003</td> </tr> <tr> <td>Biosolids Class:</td> <td>B</td> </tr> <tr> <td>Bacteria Type and Limit</td> <td>F</td> </tr> <tr> <td>Sample Dates:</td> <td>01/01/2013 12:00:00 AM - 02/28/2013 12:00:00 AM</td> </tr> <tr> <td>Density:</td> <td>5673</td> </tr> <tr> <td>Sample Concentrator Amount:</td> <td>CFU/G TS</td> </tr> <tr> <td>Process:</td> <td>ANAER</td> </tr> <tr> <td>Process Description:</td> <td>Sludge is heated to 95 degrees in the Anaerobic Digestion process.</td> </tr> </table>				Outfall Number:	003	Biosolids Class:	B	Bacteria Type and Limit	F	Sample Dates:	01/01/2013 12:00:00 AM - 02/28/2013 12:00:00 AM	Density:	5673	Sample Concentrator Amount:	CFU/G TS	Process:	ANAER	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:	01/01/2013 12:00:00 AM - 02/28/2013 12:00:00 AM																				
Density:	5673																				
Sample Concentrator Amount:	CFU/G TS																				
Process:	ANAER																				
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.																				

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit	F
Sample Dates:	03/01/2013 12:00:00 AM - 04/30/2013 12:00:00 AM
Density:	5673
Sample Concentrator Amount:	CFU/G TS
Process:	ANAER
Process Description:	Sludge is heated to 95 degrees in Anaerobic Digestion.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit	F
Sample Dates:	05/01/2013 12:00:00 AM - 06/30/2013 12:00:00 AM
Density:	55100
Sample Concentrator Amount:	CFU/G TS
Process:	ANAER
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:	07/01/2013 12:00:00 AM - 08/31/2013 12:00:00 AM
Density:	13000
Sample Concentrator Amount:	CFU/G TS
Process:	ANAER
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit	F
Sample Dates:	07/01/2013 12:00:00 AM - 08/31/2013 12:00:00 AM
Density:	382000
Sample Concentrator Amount:	CFU/G TS
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:	09/01/2013 12:00:00 AM - 10/31/2013 12:00:00 AM
Density:	8200
Sample Concentrator Amount:	CFU/G TS
Process:	ANAER
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:	11/01/2013 12:00:00 AM - 12/31/2013 12:00:00 AM
Density:	14100
Sample Concentrator Amount:	CFU/G TS
Process:	ANAER
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

Outfall Number:	003	
Biosolids Class:	B	
Bacteria Type and Limit	F	
Sample Dates:	11/01/2013 12:00:00 AM - 12/31/2013 12:00:00 AM	
Density:	382000	
Sample Concentrator Amount:	CFU/G TS	
Process:	ANAER	
Process Description:	Sludge is heated to 95 degrees in the Anaerobic Digestion process.	

**4.1 If exceeded Class B limit or did not meet the process criteria at the time of land application(40 Points)**

**4.1.1** Was the limit exceeded or the process criteria not met at any time?

Yes  
 No

If yes, what action was taken?

**5. Vector Attraction Reduction(per outfall):0**

Outfall Number:	003	
Method Date:	02/28/2013 12:00:00 AM	
Option Used To Satisfy Requirement:	INJ	
Limit (if applicable):		
Results (if applicable):		
Outfall Number:	003	
Method Date:	04/30/2013 12:00:00 AM	
Option Used To Satisfy Requirement:	INJ	
Limit (if applicable):		
Results (if applicable):		
Outfall Number:	003	

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

Method Date:	06/30/2013 12:00:00 AM		
Option Used To Satisfy Requirement:	INJ		
Limit (if applicable):			
Results (if applicable):			
Outfall Number:	003		
Method Date:	08/31/2013 12:00:00 AM		
Option Used To Satisfy Requirement:	INJ		
Limit (if applicable):			
Results (if applicable):			
Outfall Number:	003		
Method Date:	08/31/2013 12:00:00 AM		
Option Used To Satisfy Requirement:	INC		
Limit (if applicable):			
Results (if applicable):			
Outfall Number:	003		
Method Date:	10/31/2013 12:00:00 AM		
Option Used To Satisfy Requirement:	INJ		
Limit (if applicable):			
Results (if applicable):			
Outfall Number:	003		
Method Date:	12/31/2013 12:00:00 AM		
Option Used To Satisfy Requirement:	INJ		
Limit (if applicable):			
Results (if applicable):			
Outfall Number:	003		
Method Date:	12/31/2013 12:00:00 AM		
Option Used To Satisfy Requirement:	INC		
Limit (if applicable):			
Results (if applicable):			

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Biosolids Quality and Management (Continued)

	<b>5.1 If the limit or criteria was exceeded at the time of land application, 40 point</b> <b>5.1.1 Was the limit exceeded or the process criteria not met at any time?</b>	0
	<input type="radio"/> Yes <input checked="" type="radio"/> No  If yes, what action was taken?  <div style="border: 1px solid black; height: 20px; width: 400px;"></div>	
6.	Biosolids Storage:0	
	<b>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</b>	0
	<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"/> Not Applicable (0 points)	
	<b>6.2 If you check Not Applicable above, explain why.</b>  <div style="border: 1px solid black; height: 20px; width: 400px;"></div>	
7.	Issues:	
	<b>7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt?</b>  <div style="border: 1px solid black; height: 20px; width: 400px;"></div>	

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



# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Staffing and Preventative Maintenance (All Treatment Plants)

Questions	Points
1.	Was your wastewater treatment plant adequately staffed last year?
	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No                 </p> <p>If No, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                     We experienced many retirements in the past 2 years by the end of 2013 we almost were fully staffed.                 </div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2.	Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?
	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No. Explain                 </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3.	Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items?
	<p> <input checked="" type="radio"/> Yes (Continue with questions below)  <input type="radio"/> No (40 points and go to question 6)                 </p> <p>If No, explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4.	Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?
	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No (10 points)                 </p>
5.	Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?
	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> (Paper file system)  <input type="radio"/> (Computer program)  <input checked="" type="radio"/> (Both Paper and Computer)  <input type="radio"/> No (10 points)                 </p>

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

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

6.	Did your plant have a detailed O&M Manual that was used as a reference when needed?	
	<input checked="" type="radio"/> Yes <input type="radio"/> No	
7.	Rate the overall maintenance of your wastewater plant.	
	<input type="radio"/> Excellent <input type="radio"/> Very Good <input checked="" type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
	Describe your rating:	
	Plant performs well, we keep upgrading Older Equipment to move from good to Very Good.	

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Operator Certification and Education

Questions		Points
1.	<p>Did you have a designated operator-in-charge during the report year?</p> <p> <input checked="" type="radio"/> Yes (0 point)  <input type="radio"/> No (20 points)                 </p> <p>Name: <input type="text" value="Jared Greeno &amp; Brian Hein"/></p> <p>Certification No: <input type="text" value="31667 &amp; 34661"/></p>	0
2.	<p>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: <input type="text" value="4 - ACEFGIJ; A - PRIMARY SETTLING; C - ACTIVATED SLUDGE; E - DISINFECTION; F - ANAEROBIC DIGESTION; G - MECHANICAL SLUDGE; I - PHOSPHORUS REMOVAL; J - LABORATORY"/></p> <p>Held: <input type="text" value="4 - ACEFGIJ; 1 - BDH; 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 2; H=FILTRATION GRADE 1"/></p>	
3.	<p>Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <p> <input checked="" type="radio"/> Yes (0 point)  <input type="radio"/> No (20 points)                 </p>	0
4.	<p>In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation &amp; maintenance of the plant that includes one or more of the following options (check all that apply):</p> <p>4.1 <input checked="" type="checkbox"/> one or more additional certified operators on staff</p> <p>4.2 <input type="checkbox"/> an arrangement with another certified operator</p> <p>4.3 <input type="checkbox"/> an arrangement with another community with a certified operator</p> <p>4.4 <input type="checkbox"/> an operator on staff who has an operator-in-training certificate for your plant and is expected be certified within one year</p> <p>4.5 <input type="checkbox"/> a consultant to serve as your certified operator</p> <p>4.6</p>	0

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Operator Certification and Education (Continued)

	<input type="checkbox"/> None of the above (20 points)  Explain: <span style="border: 1px solid black; padding: 2px; display: inline-block;">Brian Hein carries all Certifications required for Plant. Jared Greeno has J=Laboratory Grade 2 is working to earn Grade 4.</span>	
5.	If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?	
	Grades T, 1, and 2: <input type="radio"/> Averaging 6 or more CEUs per year <input type="radio"/> Averaging less than 6 CEUs per year Grades 3 and 4: <input checked="" type="radio"/> Averaging 8 or more CEUs per year <input type="radio"/> Averaging less than 8 CEUs per year Not applicable: <input type="radio"/> See Question 1.	

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Financial Management

Questions		Points						
1.	Person Providing This Financial Information							
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Name:</td> <td>Jared Greeno</td> </tr> <tr> <td>Telephone:</td> <td>(608) 789-7322</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td>greenoja@cityoflacrosse.org</td> </tr> </table>	Name:	Jared Greeno	Telephone:	(608) 789-7322	E-Mail Address(optional):	greenoja@cityoflacrosse.org	
Name:	Jared Greeno							
Telephone:	(608) 789-7322							
E-Mail Address(optional):	greenoja@cityoflacrosse.org							
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0						
	<p> <input checked="" type="radio"/> Yes (0 points)  <input type="radio"/> No (40 points)                 </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>							
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2013	0						
	<p> <input checked="" type="radio"/> 0-2 years ago (0 points)  <input type="radio"/> 3 or more years ago (20 points)  <input type="radio"/> Not Applicable (Private Facility)                 </p>							
4.	Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?	0						
	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No (40 points)                 </p>							
<b>REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)</b>								
5.	Equipment Replacement Funds							
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2013	0						
	<p> <input checked="" type="radio"/> 1-2 years ago (0 points)  <input type="radio"/> 3 or more years ago (20 points)  <input type="radio"/> Not Applicable Explain:                 </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>							
	5.2 What amount is in your Replacement Fund? <b>Equipment Replacement Fund Activity</b>							
	<b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b>	\$1851139.08						

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Financial Management (Continued)

	<b>5.2.2 Adjustments</b> if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$0.00
	<b>5.2.3 Adjusted January 1st Beginning Balance</b>		\$1,851,139.08
	<b>5.2.4 Additions to Fund</b> (e.g., portion of User Fee, earned interest, etc.)	+	\$357,547.00
	<b>5.2.5 Subtractions from Fund</b> (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*.)	-	\$0.00
	<b>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b>		\$2,208,686.08
(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.) *5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above <div style="border: 1px solid black; height: 20px; width: 60%; margin: 5px auto;"></div>			

	<b>5.3 What amount should be in your replacement fund?</b>	\$2,208,686.00	
(If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP option button.)			

	<b>5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?</b>		
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain:			
<div style="border: 1px solid black; height: 20px; width: 60%; margin: 5px auto;"></div>			

**6. Future Planning**

	<b>6.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating or new construction of your treatment facility or collection system?</b>		
<input checked="" type="radio"/> Yes (If yes, please provide major project information, if not already listed below) <input type="radio"/> No			

Project Description	Estimated Cost	Approximate Construction Year
Digester Cover Repairs/Painting	\$200000	2014
New Steam Boilers for Sludge Heating and Plant 1 Heating System	\$1000000	2014
Sanitary Sewer Repair and Rehab	\$300000	2014
INSPECT / REHAB LARGE COLLECTION SYSTEM GATES	\$36000	2014
Consultant fee evaluate treatment technology for Phosphorus Removal. DNR Limits will drastically reduce for next permit. 1.4 ppm down to .10 ppm.	\$75000	2014
Repair 30" Sewer Main by Logan station Line Main	\$60000	2014

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: La Crosse City**

**Last Updated:  
4/29/2014**

**Reporting Year: 2013**

Financial Management (Continued)

	Install New Sewer Main 22nd st.	\$1100	2014	
	Install new Sewer Main On Division st 4th st to 6th st	\$12000	2014	
	Repalce/Relocate Digester Recir Pumps	\$130,000.00	2015	
	New Causeway Lift Station Controls	\$25,000.00	2015	
7.	Financial Management General Comments:			
	2014 Utility is conducting a rate review suggested may be increased rates Fall of 2014. Discharge permit will reflect the new low limits for Total Phosphorus discharged to River.			

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Sanitary Sewer Collection Systems

Questions	Points
1.	Do you have a Capacity, Management, Operation & Maintenance(CMOM) requirement in your WPDES permit?
	<p style="text-align: center;"> <input checked="" type="radio"/> Yes  <input type="radio"/> No                 </p>
2.	Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?
	<p style="text-align: center;"> <input checked="" type="radio"/> Yes (go to question 3)  <input type="radio"/> No (30 points) (go to question 4)                 </p>
3.	Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:
	<p><input checked="" type="checkbox"/> <b>Goals:</b> Describe the specific goals you have for your collection system:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Continue to maintain collection system routine cleaning total collection system cleaned every 3 years. Reduce I&amp;I by lining of sewers and manholes of \$300,000 every other year. Continue to maintain Lift stations and upgrade controls and communications. Plan future projects to upgrade equipment at WWTP.                 </div> <p><input checked="" type="checkbox"/> <b>Organization:</b> Do you have the following written organizational elements (check only those that you have):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Ownership and governing body description</li> <li><input checked="" type="checkbox"/> Organizational chart</li> <li><input checked="" type="checkbox"/> Personnel and position descriptions</li> <li><input checked="" type="checkbox"/> Internal communication procedures</li> <li><input type="checkbox"/> Public information and education program</li> </ul> <p><input checked="" type="checkbox"/> <b>Legal Authority:</b> Do you have the legal authority for the following (check only those that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY <span style="border: 1px solid black; padding: 2px;">02/05/2011</span></li> <li><input checked="" type="checkbox"/> Pretreatment/Industrial control Programs</li> <li><input checked="" type="checkbox"/> Fat, Oil and Grease control</li> <li><input checked="" type="checkbox"/> Illicit discharges (commercial, industrial)</li> <li><input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc)</li> <li><input type="checkbox"/> Private lateral inspections/repairs</li> <li><input checked="" type="checkbox"/> Service and management agreements</li> </ul> <p><input checked="" type="checkbox"/> <b>Maintenance Activities: details in Question 4</b></p> <p><input checked="" type="checkbox"/> <b>Design and Performance Provisions:</b> How do you ensure that your sewer system is designed and constructed properly?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> State plumbing code</li> <li><input checked="" type="checkbox"/> DNR NR 110 standards</li> <li><input checked="" type="checkbox"/> Local municipal code requirements</li> </ul>



# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

	<input checked="" type="checkbox"/> Construction, inspection and testing <input type="checkbox"/> Others: <input checked="" type="checkbox"/> <b>Overflow Emergency Response Plan:</b> Does your emergency response capability include (check only those that you have): <input checked="" type="checkbox"/> Alarm system and routine testing <input checked="" type="checkbox"/> Emergency equipment <input checked="" type="checkbox"/> Emergency procedures <input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc) <input checked="" type="checkbox"/> <b>Capacity Assurance:</b> How well do you know your sewer system? Do you have the following? <input checked="" type="checkbox"/> Current and up-to-date sewer map <input checked="" type="checkbox"/> Sewer system plans and specifications <input checked="" type="checkbox"/> Manhole location map <input checked="" type="checkbox"/> Lift station pump and wet well capacity information <input checked="" type="checkbox"/> Lift station O&M manuals Within your sewer system have you identified the following? <input type="checkbox"/> Areas with flat sewers <input type="checkbox"/> Areas with surcharging <input checked="" type="checkbox"/> Areas with bottlenecks or constrictions <input checked="" type="checkbox"/> Areas with chronic basement backups or SSO's <input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input type="checkbox"/> Sewers with severe defects that affect flow capacity <input type="checkbox"/> Adequacy of capacity for new connections <input checked="" type="checkbox"/> Lift station capacity and/or pumping problems <input checked="" type="checkbox"/> <b>Annual Self-Auditing of your O&amp;M/CMOM Program</b> to ensure above components are being implemented, evaluated, and re-prioritized as needed. <input type="checkbox"/> <b>Special Studies Last Year(check only if applicable):</b> <input type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others:	
--	---	--

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

Cleaning	44	% of system/year
Root Removal	3.0	% of system/year
Flow Monitoring	0	% of system/year
Smoke Testing	0	% of system/year
Sewer Line Televising	5.4	% of system/year

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: La Crosse City**

**Last Updated:  
4/29/2014**

**Reporting Year: 2013**

**Sanitary Sewer Collection Systems (Continued)**

Manhole Inspections	46	% of system/year
Lift Station O&M	100	# per L.S./year
Manhole Rehabilitation	.02	% of manholes rehabed
Mainline Rehabilitation	.26	% of sewer lines rehabed
Private Sewer Inspections	0	% of system/year
Private Sewer I/I Removal	0	% of private services
Please include additional comments about your sanitary sewer collection system below:		
Sanitary Sewer Laterals are owned and maintained from building to where it attaches to Utilities main. This is the Cities Policy.		

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

36	Total Actual Amount of Precipitation Last Year
32.6	Annual Average Precipitation (for your location)
189	Miles of Sanitary Sewer
26	Number of Lift Stations
0	Number of Lift Station Failure
1	Number of Sewer Pipe Failures
4	Number of Basement Backup Occurrences
6	Number of Complaints
10.10	Average Daily Flow in MGD
12.61	Peak Monthly Flow in MGD(if available)
33.90	Peak Hourly Flow in MGD(if available)

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Sanitary Sewer Collection Systems (Continued)

LIST OF SANITARY SEWER OVERFLOWS (SSO) REPORTED				
	Date	Location	Cause	Estimated Volume (MG)
1.	02/28/2013 3:30:00 PM to 03/28/2013 4:30:00 PM	Forcemain coming from LaCrescent, MN/in Pettibone Park/Barron Island - Times and Volumes are estimated.	Equipment Failure	0.0036
2.	07/02/2013 7:30:00 PM to 07/02/2013 8:20:00 PM	Intersection of Wood and Livingston Street, LaCrosse, WI- Manhole	Equipment Failure	0.0150

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

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

Replaced equipment with S.S. fittings(LaCrescent Force main) Develop better plan for Bypassing while under construction.

  

### PERFORMANCE INDICATORS

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

  

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

Yes  
 No

If Yes, please describe:

  

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

Yes  
 No

If Yes, please describe:

  

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

Increased rain fall for the year increased I&I.

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:  
4/29/2014

Reporting Year: 2013

## Sanitary Sewer Collection Systems (Continued)

9.	What is being done to address infiltration/inflow in your collection system?		
	<table border="1"><tr><td>Continue to line sewer mains and rehab manholes. Flow monitoring work with Contracted Sewer users to reduce I&amp;I.</td></tr></table>	Continue to line sewer mains and rehab manholes. Flow monitoring work with Contracted Sewer users to reduce I&I.	
Continue to line sewer mains and rehab manholes. Flow monitoring work with Contracted Sewer users to reduce I&I.			

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: La Crosse City

Last Updated:

Reporting Year: 2013

WPDES No.0029581

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	A	4.0	10	40
Effluent Quality:TSS	A	4.0	5	20
Effluent Quality:P	A	4.0	3	12
Biosolids Mgt.	A	4.0	5	20
Prev.Maintenance.Staffing	A	4.0	1	4
Operator Certification	A	4.0	1	4
Financial Management	A	4.0	1	4
Collection Systems	A	4.0	3	12
TOTALS			32	128
GRADE POINT AVERAGE(GPA)=4.00		4.00		

Notes:

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: La Crosse City**

**Last Updated:**

**Reporting Year: 2013**

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	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 SSO's were reported):	
<b>Influent Flow and Loadings: Grade=A</b>	
<b>Effluent Quality: BOD: Grade=A</b>	
<b>Effluent Quality: TSS: Grade=A</b>	
<b>Effluent Quality: Phosphorus: Grade=A</b>	
<b>Biosolids Quality and Management: Grade=A</b>	
<b>Staffing: Grade=A</b>	
<b>Operator Certification: Grade=A</b>	
<b>Financial Management: Grade=A</b>	
<b>Collection Systems: Grade=A</b>	
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) <b>G.P.A. = 4.00</b>	