

# Compliance Maintenance Annual Report

La Crosse City

Last Updated: Reporting For:  
6/25/2020 **2019**

## Influent Flow and Loading

### 1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	5.1332	x	274	x	8.34	=	11,750
February	5.2552	x	281	x	8.34	=	12,322
March	5.8310	x	232	x	8.34	=	11,277
April	8.9780	x	142	x	8.34	=	10,595
May	8.1194	x	217	x	8.34	=	14,703
June	7.1911	x	217	x	8.34	=	13,006
July	6.8063	x	245	x	8.34	=	13,902
August	5.6156	x	313	x	8.34	=	14,679
September	5.4512	x	315	x	8.34	=	14,321
October	6.2196	x	259	x	8.34	=	13,436
November	5.6098	x	304	x	8.34	=	14,207
December	5.1325	x	281	x	8.34	=	12,049

### 2. Maximum Monthly Design Flow and Design 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 BOD, lbs/day	29793	x	90	=	26813.7
		x	100	=	29793

2.2 Verify the number of times the flow and 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 BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
<b>Total Number of Points</b>					<b>0</b>

0

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## 3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?  
 Yes Enter last calibration date (MM/DD/YYYY)

No

If No, please explain:

The influent meter went out of calibration in August of 2018 and was not repairable. The installation of a new meter was completed in spring 2020.

## 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:

In early 2019 we used step enforcement for City Brewing Company to maintain compliance.

## 5. Septage Receiving

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

Septic Tanks	Holding Tanks	Grease Traps
--------------	---------------	--------------

Yes

Yes

Yes

No

No

No

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

Septic Tanks

Yes  gallons

No

Holding Tanks

Yes  gallons

No

Grease Traps

Yes  gallons

No

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

We sample trucked waste on at random on a quarterly basis to maintain analytical baselines for those waste streams. We also require sampling for any new waste stream to be hauled in. We currently do not have the best grease trap receiving setup which causes some operational issues but will be modifying that with our facility upgrade.

## 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

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If yes, describe the situation and your community's response.

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

- Yes
- No

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

Any hauled industrial waste is regulated by our industrial pre-treatment program. The source industries are permitted and are required to comply with the sanitary sewer ordinance. We also receive leachate from the La Crosse County Landfill through the sewer collection system, they are also regulated. We also accept leachate from Dairyland Power, also regulated by pre-treatment.

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Effluent Quality and Plant Performance (BOD/CBOD)

### 1. Effluent (C)BOD Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	25	22.5	4	1	0	0
February	25	22.5	5	1	0	0
March	25	22.5	4	1	0	0
April	25	22.5	3	1	0	0
May	25	22.5	3	1	0	0
June	25	22.5	4	1	0	0
July	25	22.5	3	1	0	0
August	25	22.5	3	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	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
<b>Total number of points</b>			<b>0</b>

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)

- No

If No, please explain:

### 3. Treatment Problems

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

### 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

0

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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>

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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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	9	1	0	0
March	30	27	8	1	0	0
April	30	27	6	1	0	0
May	30	27	6	1	0	0
June	30	27	6	1	0	0
July	30	27	4	1	0	0
August	30	27	3	1	0	0
September	30	27	3	1	0	0
October	30	27	12	1	0	0
November	30	27	6	1	0	0
December	30	27	7	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
<b>Points per each exceedance with 12 months of discharge:</b>					<b>7</b>	<b>3</b>
Exceedances					0	0
Points					0	0
<b>Total Number of Points</b>						<b>0</b>

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?

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Effluent Quality and Plant Performance (Phosphorus)

### 1. Effluent Phosphorus Results

#### 1.1 Verify the following monthly average effluent values, exceedances, and points for Phosphorus

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.339	1	0
February	1	0.471	1	0
March	1	0.340	1	0
April	1	0.220	1	0
May	1	0.259	1	0
June	1	0.281	1	0
July	1	0.347	1	0
August	1	0.298	1	0
September	1	0.331	1	0
October	1	0.901	1	0
November	1	0.405	1	0
December	1	0.391	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

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?

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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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:

2019 was a wet year above normal rain falls. We used many approved methods for disposal of Biosolids. The facility plan and up grades will address this issue.

### 2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?  
6514 acres

2.1.2 How many acres did you use?

670.2 acres

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

We land filled more biosolids in 2019 and we used other methods of disposal. We didn't dispose of as many gallons as need so in the spring of 2020 storage was full, full. We put the contract out for bid and the new contractor performed and emptied the storage system.

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

10

### 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	3.95		4.17		5.33		4.72		4.81		4.5			0	0
Cadmium		39	85	3.12		3.19		2.81		1.46		2.54		2.35			0	0
Copper		1500	4300	794		635		651		574		626		656			0	0
Lead		300	840	22.1		16.3		17.2		17.3		18.1		18.3			0	0
Mercury		17	57	<1.6		<1.39		<1.51		.926		<.08		.435			0	0
Molybdenum	60		75	20.7		12.9		10.7		11.2		15.8		15		0		0
Nickel	336		420	28.9		22.3		24.1		22.2		25.8		26.9		0		0
Selenium	80		100	<7.86		<6.81		<7.39		2.5		.929		3.9		0		0
Zinc		2800	7500	1170		986		914		1130		49.4		1010			0	0

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## Outfall No. 002 - CAKE SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75	0		6.08		0			4.56		15.8	0			0	0
Cadmium		39	85	0		4.26		0			2.34		9	0			0	0
Copper		1500	4300	0		483		0			641		2750	0			1	0
Lead		300	840	0		15.7		0			17		67.9	0			0	0
Mercury		17	57	0		<.418		0			.479		.46	0			0	0
Molybdenum	60		75	0		9.97		0			21.5		76.6	0		1		1
Nickel	336		420	0		27		0			22.8		93.1	0		0		0
Selenium	80		100	0		<10.2		0			3.33		15.4	0		0		0
Zinc		2800	7500	0		811		0			916		4350	0			1	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 = 3

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 = 1

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?

The source was not Identified, we believe it was a bad sample. We've not seen this before or after. We are soils sampling field to insure no accumulation is occurring.

4. Pathogen Control (per outfall):

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

0

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Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	03/01/2019 - 04/30/2019
Density:	218,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process.

Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2019 - 08/31/2019
Density:	28,700
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

Outfall Number:	<b>002</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2019 - 10/31/2019
Density:	102,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process.

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2019 - 02/28/2019
Density:	5,790
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

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Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	03/01/2019 - 04/30/2019
Density:	57,700
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process.

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	05/01/2019 - 06/30/2019
Density:	42,300
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2019 - 08/31/2019
Density:	25,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2019 - 10/31/2019
Density:	4,900
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process.

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Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	11/01/2019 - 12/31/2019
Density:	13,500
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

0

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

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

Yes (40 Points)

No

If yes, what action was taken?

5. Vector Attraction Reduction (per outfall):

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

Outfall Number:	<b>002</b>
Method Date:	04/12/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	45.10

Outfall Number:	<b>002</b>
Method Date:	08/05/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	43.90

Outfall Number:	<b>002</b>
Method Date:	10/15/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	53.50

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Outfall Number:	<b>003</b>
Method Date:	01/15/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	52.70

Outfall Number:	<b>003</b>
Method Date:	03/01/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	52.70

Outfall Number:	<b>003</b>
Method Date:	06/26/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	48.60

Outfall Number:	<b>003</b>
Method Date:	07/08/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	39.20

Outfall Number:	<b>003</b>
Method Date:	09/08/2019
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	48

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Outfall Number:	<b>003</b>	<b>0</b>
Method Date:	11/08/2019	
Option Used To Satisfy Requirement:	Volatile Solids Reduction	
Requirement Met:	Yes	
Land Applied:	Yes	
Limit (if applicable):	>=38	
Results (if applicable):	51.90	
<p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> &gt;= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> &lt; 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

<b>Total Points Generated</b>	35
<b>Score (100 - Total Points Generated)</b>	65
<b>Section Grade</b>	<b>D</b>

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## Staffing and Preventative Maintenance (All Treatment Plants)

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

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The La Crosse WWTP is an older facility and continue to upgrade to insure reliability. We'll go through a major up grade starting in July of 2020 which will touch most of the WWTP. To include addressing Biosolids management struggles, Low level phosphorus compliance on effluent and gained capacity within our digestion process which will give us the ability to handle more solids.

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Operator Certification and Education

### 1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

- Yes (0 points)
- No (20 points)

Name:

JARED R GREENO

Certification No:

31667

0

### 2. Certification Requirements

2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?

Sub Class	SubClass Description	WWTP		OIC	
		Advanced	OIT	Basic	Advanced
A1	Suspended Growth Processes	X			X
A2	Attached Growth Processes				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory	X			X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	X	NA	NA

0

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS, N and A5 not required in 2019; subclass SS is basic level only.)

- Yes (0 points)
- No (20 points)

### 3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- One or more additional certified operators on staff
- An arrangement with another certified operator
- An arrangement with another community with a certified operator
- An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- A consultant to serve as your certified operator
- None of the above (20 points)

If "None of the above" is selected, please explain:

0

### 4. Continuing Education Credits

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

OIT and Basic Certification:

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

Advanced Certification:

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

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Jared Greeno"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-789-7322"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="greenoja@cityoflacrosse.org"/></p>																	
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 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? Year: <input style="width: 100px;" type="text" value="2019"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CFWP 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>● Yes (0 points)</p> <p>○ 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? Year: <input style="width: 100px;" type="text" value="2019"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 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%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></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="3,737,970.37"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="1,000,000.00"/></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="2,737,970.37"/></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="453,309.07"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>		\$	<input style="width: 150px;" type="text" value="3,737,970.37"/>	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="1,000,000.00"/>	3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 150px;" type="text" value="2,737,970.37"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 150px;" type="text" value="453,309.07"/>	
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>		\$	<input style="width: 150px;" type="text" value="3,737,970.37"/>														
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="1,000,000.00"/>														
3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 150px;" type="text" value="2,737,970.37"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 150px;" type="text" value="453,309.07"/>														

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

\$ 1,790,152.47

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

\$ 1,401,126.97

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.

Replaced an anaerobic digester cover and a number of maintenance trucks for the utility. Large repairs performed on both digester sludge heaters and 2 aeration mixers.

3.3 What amount should be in your Replacement Fund?

\$ 1,049,723.70

Please note: If you had a CFWP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- Yes
- No

If No, please explain.

## 4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Repair/rehab sanitary sewers	350,000	2020
2	Sanitary lift station electrical and control upgrades	733,500	2020
3	Sanitary sewer replacement	1,270,000	2020
4	Sanitary lift station rehabilitation	1,000,000	2020
5	Treatment plant facility upgrades for low level phosphorus removal, biosolids management, methane production/energy capture.	50,000,000	2021
6	Repair/rehab sanitary sewers	350,000	2022

## 5. Financial Management General Comments

### ENERGY EFFICIENCY AND USE

## 6. Collection System

### 6.1 Energy Usage

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

#### **COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
<b>January</b>	81,092	637
<b>February</b>	80,454	1,083
<b>March</b>	82,568	1,005
<b>April</b>	96,507	440
<b>May</b>	114,714	237
<b>June</b>	106,311	84
<b>July</b>	78,886	73
<b>August</b>	74,678	44
<b>September</b>	61,436	40
<b>October</b>	65,966	51
<b>November</b>	72,135	217
<b>December</b>	76,637	664
<b>Total</b>	<b>991,384</b>	<b>4,575</b>
<b>Average</b>	<b>82,615</b>	<b>381</b>

## 6.1.2 Comments:

## 6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

## 6.2.2 Comments:

## 6.3 Has an Energy Study been performed for your pump/lift stations?

No

Yes

Year:

By Whom:

Describe and Comment:

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## 6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

We always consider energy saving equipment and processes when planning projects or replacements.

## 7. Treatment Facility

### 7.1 Energy Usage

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

#### TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
<b>January</b>	417,600	159.13	2,624	364.25	1,146	7,488
<b>February</b>	347,000	147.15	2,358	345.02	1,006	8,670
<b>March</b>	340,440	180.76	1,883	349.59	974	8,560
<b>April</b>	332,120	269.34	1,233	317.85	1,045	7,258
<b>May</b>	375,280	251.70	1,491	455.79	823	3,919
<b>June</b>	465,160	215.73	2,156	390.18	1,192	1,890
<b>July</b>	528,240	211.00	2,504	430.96	1,226	539
<b>August</b>	511,200	174.08	2,937	455.05	1,123	658
<b>September</b>	524,800	163.54	3,209	429.63	1,222	140
<b>October</b>	560,280	192.81	2,906	416.52	1,345	2,064
<b>November</b>	427,120	168.29	2,538	426.21	1,002	7,984
<b>December</b>	469,520	159.11	2,951	373.52	1,257	8,505
<b>Total</b>	<b>5,298,760</b>	<b>2,292.64</b>		<b>4,754.57</b>		<b>57,675</b>
<b>Average</b>	<b>441,563</b>	<b>191.05</b>	<b>2,399</b>	<b>396.21</b>	<b>1,113</b>	<b>4,806</b>

7.1.2 Comments:

### 7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection
- Variable Speed Drives

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Other:

7.2.2 Comments:

## 7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

Enhanced methane gas production to use as energy replacement. Energy efficiency upgrades to the BNR system.

## 8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

## 9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

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

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

If No or N/A, explain:

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

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

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

Did you accomplish them?

- Yes
- No

If No, explain:

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

Does this chapter of your CMOM include:

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

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

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

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

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

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

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

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

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

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

0

2. Operation and Maintenance

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

Cleaning	<input type="text" value="16"/>	% of system/year
Root removal	<input type="text" value="1"/>	% of system/year
Flow monitoring	<input type="text" value=".05"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="5"/>	% of system/year
Manhole inspections	<input type="text" value="16"/>	% of system/year
Lift station O&M	<input type="text" value="108"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1.5"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value=".11"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0.01"/>	% of system/year

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Private sewer I/I removal  % of private services  
 River or water crossings  % of pipe crossings evaluated or maintained

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

### 3. Performance Indicators

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

<input type="text" value="44.67"/>	Total actual amount of precipitation last year in inches
<input type="text" value="33"/>	Annual average precipitation (for your location)
<input type="text" value="203"/>	Miles of sanitary sewer
<input type="text" value="26"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="3"/>	Number of sewer pipe failures
<input type="text" value="10"/>	Number of basement backup occurrences
<input type="text" value="94"/>	Number of complaints
<input type="text" value="11.63"/>	Average daily flow in MGD (if available)
<input type="text" value="16.47"/>	Peak monthly flow in MGD (if available)
<input type="text" value="24.99"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.01"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.03"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.05"/>	Basement backups (number/sewer mile)
<input type="text" value="0.46"/>	Complaints (number/sewer mile)
<input type="text" value="1.4"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="2.1"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

### 4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED \*\*

	Date	Location	Cause	Estimated Volume (MG)
0	3/13/2019 4:00:00 PM - 3/14/2019 8:00:00 AM	4422 Mormon Coulee Rd. La Crosse, WI 54601 South bound lane of Mormon Coulee Rd	Rain Snowmelt, Broken Sewer, Broken Sewer	0.0672 - 0.0672
1	3/14/2019 8:00:00 AM - 3/14/2019 3:30:00 PM	Pammel Creek Sanitary Lift Station 100 yards West of 4600 33rd at South La Crosse, WI 54601 into Pammel Creek Channel	Rain Snowmelt	0.6625 - 0.6625
2	4/8/2019 6:30:00 AM - 4/8/2019 12:30:00 PM	4422 Mormon Coulee Rd. La Crosse, Wi 54601 South bound lane of Mormon Coulee Rd	Broken Sewer, Broken Sewer	0.0180 - 0.0180
3	4/8/2019 12:30:00 PM - 4/8/2019 5:50:00 AM	Pammel Creeek Sanitary Lift Station, 100 yards West of 4600 33rd St South La Crosse, Wi 54601 Into Pammel Creek Channel	Broken Sewer, Broken Sewer	0.2079 - 0.2079
4	6/13/2019 3:00:00 PM - 6/13/2019 6:45:00 PM	4422 Mormon Coulee Rd. La Crosse, WI 54601. South bound lane of Mormon Coulee Rd (43.769633, -91.214242).		0.0002 - 0.0002

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5	6/14/2019 8:30:00 AM - 6/14/2019 2:00:00 PM	100 yards West of 4600 33rd at South La Crosse, WI 54601 into Pammel Creek Channel.	0.15 - 0.15
<p>** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.</p> <p>What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurrences in the future?</p> <div style="border: 1px solid black; padding: 5px;"> <p>The 2019 SOS's occurred on the same force main within 20 feet of each other. We found the soil is corrosive in the area and is eating the pipe from the out side in. The force main is 2.5 long it's not cost effective to replace the entire force main. We have a proposal to inspect the pipe from the inside out, but we found out we'll need to construct a pigging station to lunch</p> </div>			
<p>5. Infiltration / Inflow (I/I)</p> <p>5.1 Was infiltration/inflow (I/I) significant in your community last year?</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px;"> <p>The riverstage of the Mississippi river was abnormally high for a long duration causing the water table in much of the service area to rise and drive extra infiltration.</p> </div> <p>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?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input checked="" type="radio"/> No</li> </ul> <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: 5px;"> <p>In 2019 we conducted some I&amp;I flow studies to determine I&amp;I from contracted communities and the results showed Town of Shelby greatly impacts I&amp;I in heavy rain events.</p> </div> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 5px;"> <p>We line and replace sewer mains where ground water is an issue and rehab the manholes. We also conduct flow monitoring to identify the areas to focus our efforts for reducing I&amp;I.</p> </div>			

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

La Crosse City

Last Updated: Reporting For:  
6/25/2020 **2019**

## Grading Summary

WPDES No: 0029581

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	D	1	5	5
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
<b>TOTALS</b>			<b>32</b>	<b>113</b>
<b>GRADE POINT AVERAGE (GPA) = 3.53</b>				

### 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)

# Compliance Maintenance Annual Report

La Crosse City

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6/25/2020 2019

## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

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

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = D

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

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

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

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

**G.P.A. = 3.53**