

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/19/2009

Reporting Year: 2008

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	0.0756	X	374	X	8.34	=	236
	February	0.0663	X	296	X	8.34	=	163
	March	0.0889	X	245	X	8.34	=	182
	April	0.0978	X	254	X	8.34	=	207
	May	0.0769	X	305	X	8.34	=	195
	June	0.0987	X	272	X	8.34	=	224
	July	0.0695	X	274	X	8.34	=	159
	August	0.0651	X	268	X	8.34	=	146
	September	0.0685	X	328	X	8.34	=	188
	October	0.0633	X	327	X	8.34	=	173
	November	0.0683	X	281	X	8.34	=	160
	December	0.0714	X	337	X	8.34	=	201
2.	Maximum month design flow and design (C)BOD loading.							
		Design	X	%	=	% of Design		
	Max Month Design Flow, MGD	.174	x	90	=	0.1566		
			x	100	=	.174		
	Design (C)BOD, lbs./day	280	x	90	=	252		
			x	100	=	280		

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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
 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:

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Influent Flow and Loading (Continued)

	<p>5.2 Was it necessary to enforce?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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6. Septage Receiving

<p>6.1 Did you have requests to receive septage at your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td style="text-align: center;"><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> </table>			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 type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No									
<p>6.2 Did you receive septage at your facility? If yes, indicate volume in gallons</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td style="text-align: center;"><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td style="text-align: center;">gal</td> <td style="text-align: center;">133199 gal</td> <td style="text-align: center;">gal</td> </tr> </table>			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 type="radio"/> Yes <input checked="" type="radio"/> No	gal	133199 gal	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 type="radio"/> Yes <input checked="" type="radio"/> No									
gal	133199 gal	gal									
<p>6.2.1 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; min-height: 20px;"> <p>The plant can take holding tank waste but not septage. The treatment was fine during these dumps.</p> </div>											

7. Pretreatment

<p>7.1 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?</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; height: 20px; width: 100%;"></div>	
<p>7.2 Did your facility accept hauled industrial wastes, landfill leachate, etc?</p> <p><input type="radio"/> Yes</p> <p><input checked="" 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> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

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Effluent Quality and Plant Performance ((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	20	18	12	1	0	0
	February	20	18	13	1	0	0
	March	20	18	14	1	0	0
	April	20	18	8	1	0	0
	May	20	18	13	1	0	0
	June	20	18	10	1	0	0
	July	20	18	9	1	0	0
	August	20	18	10	1	0	0
	September	20	18	9	1	0	0
	October	20	18	10	1	0	0
	November	20	18	17	1	0	0
	December	20	18	19	1	0	1
	* Equals limit if limit is <=10						
	Months of Discharge/yr				12		
	Points per each exceedance with 12 months of discharge:					7	3
	Exceedances					0	1
	Points					0	3
	Total Number of Points						3
	<p>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</p>						
2.	If any violations occurred, what action was taken to regain compliance?						
3.	Was the effluent flow meter calibrated in the last year?						
	<p> <input checked="" type="radio"/> Yes - enter last calibration date, MO/DAY/YEAR: 09/17/2008 </p> <p> <input type="radio"/> No - explain: </p>						

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

4.	<p>What problems, if any, were experienced over the last year that threatened treatment?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>We had some infiltration problems due to a couple of heavy storms. There was a denitrification problem with floating solids at various periods of the year.</p> </div>
5.	<p>Other Monitoring and Limits</p> <p>5.1 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 style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
	<p>5.2 At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
	<p>5.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p style="margin-left: 20px;"> <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; margin-top: 5px;"></div>

Total Points Generated	3
Score (100 - Total Points Generated)	97
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

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Last Updated:
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Reporting Year: 2008

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	20	18	12	1	0	0
February	20	18	8	1	0	0
March	20	18	7	1	0	0
April	20	18	4	1	0	0
May	20	18	9	1	0	0
June	20	18	6	1	0	0
July	20	18	7	1	0	0
August	20	18	13	1	0	0
September	20	18	8	1	0	0
October	20	18	11	1	0	0
November	20	18	16	1	0	0
December	20	18	15	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>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 $12/6 = 2.0$</p>						
2.	If any violations occurred, what action was taken to regain compliance?					

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

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6/2/2009

Reporting Year: 2008

Biosolids Quality and Management

	Questions	Points						
1.	Biosolids Use/Disposal:							
	<p>1.1 How did you use or dispose of your biosolids?(Check all that apply)</p> <p> <input checked="" type="checkbox"/> Land Applied Under Your Permit <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids <input type="checkbox"/> Hauled to Another Permitted Facility <input 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: <input style="width: 400px; height: 20px;" type="text"/></p>							
2.	Land Application Site:							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <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;">202.3 acres</td> <td style="text-align: center;">15 acres</td> </tr> </table> <p>2.2 If you did not have enough acres for your land application needs, what action was taken? <input style="width: 400px; height: 20px;" type="text"/></p>	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?	202.3 acres	15 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?							
202.3 acres	15 acres							
	<p>2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?</p> <p> <input type="radio"/> Yes(30 points) <input checked="" type="radio"/> No </p>	0						
	<p>2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points) <input type="radio"/> N/A </p>	0						
3.	Biosolids Metals							
	Number of biosolids outfalls in your WPDES permit = 1							
	3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year							

BIOSOLIDS METALS CHARACTERISTICS

Outfall:003 - SLUDGE

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Biosolids Quality and Management (Continued)

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											<1.8				0	0
cadmium		39	85											<3.6				0	0
copper		1500	4300											494				0	0
lead		300	840											40				0	0
mercury		17	57											6				0	0
molybdenum	60		75											10		0		0	0
nickel	336		420											16		0		0	0
selenium	80		100											6		0		0	0
zinc		2800	7500											904				0	0

	3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel or selenium = 0	0												
	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Exceedance Points</th> </tr> </thead> <tbody> <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;">1-2</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">> 2</td> <td style="text-align: center;">15 Points</td> </tr> </tbody> </table>	Exceedance Points			●	0	0 Points	○	1-2	10 Points	○	> 2	15 Points	
Exceedance 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 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)													
	3.1.3 Number of times any of the metals exceeded the ceiling limits = 0	0												
	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Exceedance Points</th> </tr> </thead> <tbody> <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;">> 1</td> <td style="text-align: center;">15 Points</td> </tr> </tbody> </table>	Exceedance Points			●	0	0 Points	○	1	10 Points	○	> 1	15 Points	
Exceedance Points														
●	0	0 Points												
○	1	10 Points												
○	> 1	15 Points												
	3.1.4 Were biosolids land applied which exceeded the ceiling limit?	0												
	<input type="radio"/> Yes(20 points) <input checked="" type="radio"/> 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?													

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6/2/2009

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Biosolids Quality and Management (Continued)

4.	Pathogen Control(per outfall):																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">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>01/01/2008 - 12/31/2008</td> </tr> <tr> <td>Density:</td> <td>13840</td> </tr> <tr> <td>Sample Concentrator Amount:</td> <td>CFU/G TS</td> </tr> <tr> <td>Process:</td> <td>AEROB</td> </tr> <tr> <td>Process Description:</td> <td></td> </tr> </table>	Outfall Number:	003	Biosolids Class:	B	Bacteria Type and Limit	F	Sample Dates:	01/01/2008 - 12/31/2008	Density:	13840	Sample Concentrator Amount:	CFU/G TS	Process:	AEROB	Process Description:		
Outfall Number:	003																	
Biosolids Class:	B																	
Bacteria Type and Limit	F																	
Sample Dates:	01/01/2008 - 12/31/2008																	
Density:	13840																	
Sample Concentrator Amount:	CFU/G TS																	
Process:	AEROB																	
Process Description:																		
	4.1 If exceeded Class B limit or did not meet the process criteria at the time of land application(40 Points)																	
	<p>4.1.1 Was the limit exceeded or the process criteria not met at any time?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-left: 40px;"></div>																	
5.	Vector Attraction Reduction(per outfall):0																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td>003</td> </tr> <tr> <td>Method Date:</td> <td>12/31/2008</td> </tr> <tr> <td>Option Used To Satisfy Requirement:</td> <td>INC</td> </tr> <tr> <td>Limit (if applicable):</td> <td></td> </tr> <tr> <td>Results (if applicable):</td> <td></td> </tr> </table>	Outfall Number:	003	Method Date:	12/31/2008	Option Used To Satisfy Requirement:	INC	Limit (if applicable):		Results (if applicable):								
Outfall Number:	003																	
Method Date:	12/31/2008																	
Option Used To Satisfy Requirement:	INC																	
Limit (if applicable):																		
Results (if applicable):																		
	5.1 If the limit or criteria was exceeded at the time of land application, 40 point	0																
	<p>5.1.1 Was the limit exceeded or the process criteria not met at any time?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If yes, what action was taken?</p>																	

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Biosolids Quality and Management (Continued)

6.	Biosolids Storage:0	
	6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?	0
	<ul style="list-style-type: none"> <input checked="" type="radio"/> >+ 180 days (0 points) <input type="radio"/> 150 - 179 days (10 points) <input type="radio"/> 120 - 149 days (20 points) <input type="radio"/> 90 - 119 days (30 points) <input type="radio"/> < 90 days (40 points) <input type="radio"/> Not Applicable (0 points) 	
	6.2 If you check Not Applicable above, explain why. <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	
7.	Issues:	
	7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt? <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> At the present time we have no issues as far as biosolids use or management. The farmers that we haul biosolids to would like to have more. </div>	

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

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Staffing and Preventative Maintenance (All Treatment Plants)

Questions		Points
1.	Was your wastewater treatment plant adequately staffed last year? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please describe: <input style="width: 650px; height: 25px;" type="text"/> Could use more help/staff for: <input style="width: 650px; height: 25px;" type="text"/>	
2.	Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping? <input checked="" type="radio"/> Yes <input type="radio"/> No. Explain <input style="width: 650px; height: 25px;" type="text"/>	
3.	Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items? <input checked="" type="radio"/> Yes (Continue with questions below) <input type="radio"/> No (40 points and go to question 6) If No, explain: <input style="width: 650px; height: 25px;" type="text"/>	0
4.	Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment? <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points)	0
5.	Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> (Paper file system) <input type="radio"/> (Computer program) <input type="radio"/> (Both Paper and Computer) <input type="radio"/> No (10 points)	0
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	

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

	<ul style="list-style-type: none"> <input checked="" type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>We keep a pretty good eye on things. Make sure that things are greased on time and oils changed appropriatly.</p> </div>	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Operator Certification and Education

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="DALE E NEIS"/></p> <p>Certification No: <input type="text" value="01884"/></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="2 - CJ; C - ACTIVATED SLUDGE; J - LABORATORY"/></p> <p>Held: <input type="text" value="3 - CEJ; 2 - F; 1 - ABDGHI; 3 - C=ACTIVATED SLUDGE GRADE 3; E=DISINFECTION GRADE 3; J=LABORATORY GRADE 3; 2 - F=ANAEROBIC DIGESTION GRADE 2; 1 - A=PRIMARY SETTLING GRADE 1; B=TRICKLING FILTER/RBC GRADE 1; D=PONDS/AERATED LAGOONS GRADE 1; G=MECHANICAL SLUDGE GRADE 1; H=FILTRATION GRADE 1; I=PHOSPHORUS REMOVAL 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 & 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 4.2 <input type="checkbox"/> an arrangement with another certified operator 4.3 <input type="checkbox"/> an arrangement with another community with a certified operator 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 4.5 <input type="checkbox"/> a consultant to serve as your certified operator 4.6 <input type="checkbox"/> None of the above (20 points) </p> <p>Explain: <input type="text"/></p>	0
5.	<p>If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?</p> <p>Grades T, 1, and 2:</p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
5/19/2009**

Reporting Year: 2008

Operator Certification and Education (Continued)

	<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: Dickeyville Wastewater Treatment Facility

**Last Updated:
6/3/2009**

Reporting Year: 2008

Financial Management

	Questions	Points						
1.	Person Providing This Financial Information							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="border: 1px solid black; padding: 2px;">Mary Lee Powell</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(608) 568-3333</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">villageoffice@tds.net</td> </tr> </table>	Name:	Mary Lee Powell	Telephone:	(608) 568-3333	E-Mail Address(optional):	villageoffice@tds.net	
Name:	Mary Lee Powell							
Telephone:	(608) 568-3333							
E-Mail Address(optional):	villageoffice@tds.net							
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0						
	<p style="margin-left: 40px;"> <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: 40px;"></div>							
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2008	0						
	<p style="margin-left: 40px;"> <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 style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </p>							
REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)								
5.	Equipment Replacement Funds							
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2007	0						
	<p style="margin-left: 40px;"> <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: 40px;"></div>							
	5.2 What amount is in your Replacement Fund?							
	Equipment Replacement Fund Activity							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5.2.1 Ending Balance Reported on Last Year's CMAR:</td> <td style="text-align: right;">\$208,904.93</td> </tr> <tr> <td>5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">- \$596.10</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$208,308.83</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:	\$208,904.93	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	- \$596.10	5.2.3 Adjusted January 1st Beginning Balance	\$208,308.83	
5.2.1 Ending Balance Reported on Last Year's CMAR:	\$208,904.93							
5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	- \$596.10							
5.2.3 Adjusted January 1st Beginning Balance	\$208,308.83							

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
6/3/2009**

Reporting Year: 2008

Financial Management (Continued)

	<p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$12,264.09</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$0.00</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$220,572.92</p> <p>(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)</p> <p>*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
	<p>5.3 What amount should be in your replacement fund? \$220,572.92</p> <p>(If you had a CWFPP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP option button.)</p>							
	<p>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)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
6.	Future Planning							
	<p>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?</p> <p><input checked="" type="radio"/> Yes (If yes, please provide major project information, if not already listed below)</p> <p><input type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Project Description</th> <th style="width: 20%;">Estimated Cost</th> <th style="width: 20%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td>I am working with "Focus on Energy" and Town & Country Engineering to go to fine bubble aeration, a new screening system to eliminate the present comminutor, possible addition of variable speed drives, and automatic DO registers. I am now working with Gene Laschinger of Town & Country Engineering. We have to satisfy a couple of items for Tom Gilbert of DNR, prepare plans & specs and hopefully be on our way to rehab. The \$467,000 estimate is hopefully very high. The amount of rehab we can do will depend on the final numbers.</td> <td style="text-align: center;">\$467,000.00</td> <td style="text-align: center;">2009</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	I am working with "Focus on Energy" and Town & Country Engineering to go to fine bubble aeration, a new screening system to eliminate the present comminutor, possible addition of variable speed drives, and automatic DO registers. I am now working with Gene Laschinger of Town & Country Engineering. We have to satisfy a couple of items for Tom Gilbert of DNR, prepare plans & specs and hopefully be on our way to rehab. The \$467,000 estimate is hopefully very high. The amount of rehab we can do will depend on the final numbers.	\$467,000.00	2009	
Project Description	Estimated Cost	Approximate Construction Year						
I am working with "Focus on Energy" and Town & Country Engineering to go to fine bubble aeration, a new screening system to eliminate the present comminutor, possible addition of variable speed drives, and automatic DO registers. I am now working with Gene Laschinger of Town & Country Engineering. We have to satisfy a couple of items for Tom Gilbert of DNR, prepare plans & specs and hopefully be on our way to rehab. The \$467,000 estimate is hopefully very high. The amount of rehab we can do will depend on the final numbers.	\$467,000.00	2009						
7.	Financial Management General Comments:							
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>							

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
6/3/2009

Reporting Year: 2008

Financial Management (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
6/3/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems

Questions	Points
<p>1. Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>	
<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> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4) </p>	0
<p>3. Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:</p>	
<div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system: <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> To repair areas that are shown to be in disrepair thru televising. To keep our sewer line cleaning program consistant and to maintain bad areas with more diligence. </div> </div> <div style="margin-left: 20px; margin-top: 10px;"> <input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ownership and governing body description <input checked="" type="checkbox"/> Organizational chart <input checked="" type="checkbox"/> Personnel and position descriptions <input checked="" type="checkbox"/> Internal communication procedures <input checked="" type="checkbox"/> Public information and education program </div> <div style="margin-left: 20px; margin-top: 10px;"> <input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY 04/15/2007 <input type="checkbox"/> Pretreatment/Industrial control Programs <input checked="" type="checkbox"/> Fat, Oil and Grease control <input checked="" type="checkbox"/> Illicit discharges (commercial, industrial) <input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc) <input checked="" type="checkbox"/> Private lateral inspections/repairs <input checked="" type="checkbox"/> Service and management agreements </div> <div style="margin-left: 20px; margin-top: 10px;"> <input checked="" type="checkbox"/> Maintenance Activities: details in Question 4 </div> <div style="margin-left: 20px; margin-top: 10px;"> <input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> State plumbing code <input type="checkbox"/> DNR NR 110 standards <input checked="" type="checkbox"/> Local municipal code requirements <input checked="" type="checkbox"/> Construction, inspection and testing <input checked="" type="checkbox"/> Others: <div style="border: 1px solid black; padding: 5px; margin-left: 20px; width: fit-content;"> Wisconsin Administrative Code </div> </div>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
6/3/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

	<p><input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <input 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) <p><input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <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 <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Areas with flat sewers <input type="checkbox"/> Areas with surcharging <input type="checkbox"/> Areas with bottlenecks or constrictions <input type="checkbox"/> Areas with chronic basement backups or SSO's <input type="checkbox"/> Areas with excess debris, solids or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input checked="" type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input type="checkbox"/> Sewers with severe defects that affect flow capacity <input checked="" type="checkbox"/> Adequacy of capacity for new connections <input checked="" type="checkbox"/> Lift station capacity and/or pumping problems <p><input type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input type="checkbox"/> Special Studies Last Year(check only if applicable):</p> <ul style="list-style-type: none"> <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	<input style="width: 50px;" type="text" value="18"/>	% of system/year
Root Removal	<input style="width: 50px;" type="text" value="1"/>	% of system/year
Flow Monitoring	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Smoke Testing	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Sewer Line Televising	<input style="width: 50px;" type="text" value="4.5"/>	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
6/3/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px; height: 20px;" type="text" value="25"/>	% of system/year
Lift Station O&M	<input style="width: 50px; height: 20px;" type="text" value="20"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px; height: 20px;" type="text" value="0"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px; height: 20px;" type="text" value="1"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px; height: 20px;" type="text" value="1"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px; height: 20px;" type="text" value="0"/>	% of private services
<p>Please include additional comments about your sanitary sewer collection system below:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>We had two SSO's during 2008 and have begun to inspect basements for illegal sump hookups and basement leaks in general. Most inspections to date have been done in 2009 but we did get five done in 2008.</p> </div>		

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

<input style="width: 80px; height: 25px;" type="text" value="47.68"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px; height: 25px;" type="text" value="35.6"/>	Annual Average Precipitation (for your location)
<input style="width: 80px; height: 25px;" type="text" value="5.57"/>	Miles of Sanitary Sewer
<input style="width: 80px; height: 25px;" type="text" value="1"/>	Number of Lift Stations
<input style="width: 80px; height: 25px;" type="text" value="1"/>	Number of Lift Station Failure
<input style="width: 80px; height: 25px;" type="text" value="0"/>	Number of Sewer Pipe Failures
<input style="width: 80px; height: 25px;" type="text" value="0"/>	Number of Basement Backup Occurrences
<input style="width: 80px; height: 25px;" type="text" value="0"/>	Number of Complaints
<input style="width: 80px; height: 25px;" type="text" value=".0759"/>	Average Daily Flow in MGD

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
6/3/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

<input type="text"/>	Peak Monthly Flow in MGD(if available)	
<input type="text"/>	Peak Hourly Flow in MGD(if available)	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
6/3/2009**

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)					20
	Date	Location	Cause	Estimated Volume (MG)	
1.	06/08/2008 3:45:00 AM to 06/09/2008 4:30:00 AM	Manhole #66 Approximatley 220 ft east of lift station.	Equipment Failure	0.009	
2.	04/25/2008 8:30:00 AM to 04/25/2008 11:00:00 AM	Manhole # 6, approximately 220 feet East of Lift Station	Rain	0.0075	
<p>Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; height: 20px; width: 600px; margin-left: 20px;"></div>					
<p>PERFORMANCE INDICATORS</p> <p><input style="width: 80px;" type="text" value="1.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 80px;" type="text" value="0.36"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Complaints (number/sewer mile)</p> <p><input style="width: 80px;" type="text" value="0.0"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 80px;" type="text" value="0.0"/> Peaking Factor Ratio(Peak Hourly:Annual daily Average)</p>					
6.	<p>Was infiltration/inflow(I/I) significant in your community last year?</p> <p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> The lift station could not keep up on two separate occasions. On 4/25 we had about 2-inches of rain in one-hour causing inflow from leaking basements. There was so much water in a short time that the bridge between aeration tanks at the wwtp was filled in with water. On 6/8 there was another major storm in which one of the two pumps blew a breaker and the one other pump could not keep up. We instituted a basement inspection program for homes that are connected to the lift station. We founds very few illegal sump pump hookups but the majority of leaky basements were found to allow the water to enter the sanitary sewer through floor drains. </div>				

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
6/3/2009**

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

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?	
	<p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> As I just described in #6. </div>	
8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	<div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> We have not had storms that were this bad for many years. </div>	
9.	What is being done to address infiltration/inflow in your collection system?	
	<div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> The village still has to determine what exactly it can and will do. Maybe an incentive program to install sump pumps that pump outside. </div>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:

Reporting Year: 2008

WPDES No.0023817

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
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	C	2.0	3	6
TOTALS			29	110
GRADE POINT AVERAGE(GPA)=3.79		3.79		

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: Dickeyville Wastewater Treatment Facility

Last Updated:

Reporting Year: 2008

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Dickeyville	06/10/2009
RESOLUTION NUMBER	
001A	
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	
Biosolids Quality and Management: Grade=A	
Staffing: Grade=A	
Operator Certification: Grade=A	
Financial Management: Grade=A	
Collection Systems: Grade=C	
<p>We are doing basement surveys checking for leaking basements, illegal sump pump hookups and any other noticeable inflow problems. Illegal sump pump hookups will be required to be disconnected and made to drain outside. A major concern is that many leaking basements go directly to the floor drain and we have to figure out a way to handle this situation. An incentive program may have to be configured so inflow can be eliminated.</p>	
<p>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. = 3.79</p>	