

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/24/2010

Reporting Year: 2009

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	0.0684	X	332	X	8.34	=	189
	February	0.0728	X	273	X	8.34	=	166
	March	0.0794	X	266	X	8.34	=	176
	April	0.0671	X	322	X	8.34	=	180
	May	0.0662	X	284	X	8.34	=	157
	June	0.0674	X	302	X	8.34	=	170
	July	0.0745	X	265	X	8.34	=	164
	August	0.0778	X	265	X	8.34	=	172
	September	0.0656	X	339	X	8.34	=	186
	October	0.0842	X	286	X	8.34	=	201
	November	0.0699	X	293	X	8.34	=	171
	December	0.0864	X	334	X	8.34	=	241
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		

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

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5/24/2010

Reporting Year: 2009

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:

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
5/24/2010**

Reporting Year: 2009

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; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> </table> <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; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>gal</td> <td>122,540 gal</td> <td>gal</td> </tr> </table> <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;"> The plant has run well. We do not get alot of holding tank waste. </div>	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input 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	gal	122,540 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														
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	122,540 gal	gal														

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>
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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:
5/21/2010

Reporting Year: 2009

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	16	1	0	0
	February	20	18	14	1	0	0
	March	20	18	18	1	0	1
	April	20	18	20	1	1	1
	May	20	18	15	1	0	0
	June	20	18	12	1	0	0
	July	20	18	8	1	0	0
	August	20	18	7	1	0	0
	September	20	18	8	1	0	0
	October	20	18	8	1	0	0
	November	20	18	8	1	0	0
	December	20	18	11	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					1	2
	Points					7	6
	Total Number of Points						13
	<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?						
	<p>The weekly average exceeded one time in April due to repairs to the clarifier. The top skimmer are was twisted around into a knot. The clarifier was drained to do repairs, while an aeration tank was used temporarily as a clarifier. The weekly limit is 30 mg/l and the results were 32 mg/l.</p>						
3.	Was the effluent flow meter calibrated in the last year?						

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/21/2010

Reporting Year: 2009

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

	<p><input checked="" type="radio"/> Yes - enter last calibration date, MO/DAY/YEAR: 10/27/2009</p> <p><input type="radio"/> No - explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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>The clarifier breakdown in April. Some heavy flows from March 7th thru March 10th also caused a rise in the BOD during that time. (29mg/l)</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><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%; 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><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%; 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><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

Total Points Generated	13
Score (100 - Total Points Generated)	87
Section Grade	B

COMPLIANCE MAINTENANCE ANNUAL REPORT

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Last Updated:
5/21/2010

Reporting Year: 2009

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	9	1	0	0
February	20	18	9	1	0	0
March	20	18	11	1	0	0
April	20	18	11	1	0	0
May	20	18	7	1	0	0
June	20	18	6	1	0	0
July	20	18	8	1	0	0
August	20	18	7	1	0	0
September	20	18	8	1	0	0
October	20	18	8	1	0	0
November	20	18	8	1	0	0
December	20	18	8	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

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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;">9 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	9 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	9 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								

COMPLIANCE MAINTENANCE ANNUAL REPORT

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5/25/2010**

Reporting Year: 2009

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								4.2								0	0
cadmium		39	85								<1.7								0	0
copper		1500	4300								583								0	0
lead		300	840								35								0	0
mercury		17	57								1.7								0	0
molybdenum	60		75								7.8							0		0
nickel	336		420								18							0		0
selenium	80		100								7							0		0
zinc		2800	7500								1000								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;"><input checked="" type="radio"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">1-2</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">> 2</td> <td style="text-align: center;">15 Points</td> </tr> </tbody> </table>	Exceedance Points			<input checked="" type="radio"/>	0	0 Points	<input type="radio"/>	1-2	10 Points	<input type="radio"/>	> 2	15 Points	
Exceedance Points														
<input checked="" type="radio"/>	0	0 Points												
<input type="radio"/>	1-2	10 Points												
<input type="radio"/>	> 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;"><input checked="" type="radio"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">> 1</td> <td style="text-align: center;">15 Points</td> </tr> </tbody> </table>	Exceedance Points			<input checked="" type="radio"/>	0	0 Points	<input type="radio"/>	1	10 Points	<input type="radio"/>	> 1	15 Points	
Exceedance Points														
<input checked="" type="radio"/>	0	0 Points												
<input type="radio"/>	1	10 Points												
<input type="radio"/>	> 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?													

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/25/2010

Reporting Year: 2009

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>1/1/2009 - 12/31/2009</td> </tr> <tr> <td>Density:</td> <td>10894</td> </tr> <tr> <td>Sample Concentrator Amount:</td> <td>CFU/G TS</td> </tr> <tr> <td>Process:</td> <td></td> </tr> <tr> <td>Process Description:</td> <td></td> </tr> </table>	Outfall Number:	003	Biosolids Class:	B	Bacteria Type and Limit	F	Sample Dates:	1/1/2009 - 12/31/2009	Density:	10894	Sample Concentrator Amount:	CFU/G TS	Process:		Process Description:		
Outfall Number:	003																	
Biosolids Class:	B																	
Bacteria Type and Limit	F																	
Sample Dates:	1/1/2009 - 12/31/2009																	
Density:	10894																	
Sample Concentrator Amount:	CFU/G TS																	
Process:																		
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>12/31/2009</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:	12/31/2009	Option Used To Satisfy Requirement:	INC	Limit (if applicable):		Results (if applicable):								
Outfall Number:	003																	
Method Date:	12/31/2009																	
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; 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; height: 20px; margin-top: 5px;"></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?	
<p style="text-align: center;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If No, please describe:</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>	
2. Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?	
<p style="text-align: center;"> <input checked="" type="radio"/> Yes <input type="radio"/> No. Explain </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items?	0
<p style="text-align: center;"> <input checked="" type="radio"/> Yes (Continue with questions below) <input type="radio"/> No (40 points and go to question 6) </p> <p>If No, explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
4. Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?	0
<p style="text-align: center;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points) </p>	
5. Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?	0
<p style="text-align: center;"> <input checked="" type="radio"/> Yes </p> <p style="text-align: center;"> <input checked="" type="radio"/> (Paper file system) <input type="radio"/> (Computer program) <input type="radio"/> (Both Paper and Computer) </p> <p style="text-align: center;"> <input type="radio"/> No (10 points) </p>	
6. Did your plant have a detailed O&M Manual that was used as a reference when needed?	
<p style="text-align: center;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>	
7. Rate the overall maintenance of your wastewater plant.	
<p style="text-align: center;"> <input type="radio"/> Excellent </p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

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Reporting Year: 2009

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>I beleive we keep an excellent eye on our maintenance needs as well as keeping accurate records of the work.</p> </div>	
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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:
5/21/2010

Reporting Year: 2009

Operator Certification and Education

Questions	Points	
1.	Did you have a designated operator-in-charge during the report year?	0
	<p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p> <p>Name: <input style="width: 500px;" type="text" value="DALE E NEIS"/></p> <p>Certification No: <input style="width: 500px;" type="text" value="01884"/></p>	
2.	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>Required: <input style="width: 500px;" type="text" value="2 - CJ; C - ACTIVATED SLUDGE; J - LABORATORY"/></p> <p>Held: <input style="width: 500px;" 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.	Was the operator-in-charge certified at the appropriate level to operate this plant?	0
	<p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p>	
4.	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):	0
	<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 checked="" 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 style="width: 500px;" type="text" value="Dave Neis is a certified operator for the Village of Dickeyville and we also have an agreement with Cuba City in case of an emergency."/></p>	
5.	If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/21/2010

Reporting Year: 2009

Operator Certification and Education (Continued)

	<p>Grades T, 1, and 2:</p> <p style="padding-left: 20px;"><input type="radio"/> Averaging 6 or more CEUs per year</p> <p style="padding-left: 20px;"><input type="radio"/> Averaging less than 6 CEUs per year</p> <p>Grades 3 and 4:</p> <p style="padding-left: 20px;"><input checked="" type="radio"/> Averaging 8 or more CEUs per year</p> <p style="padding-left: 20px;"><input type="radio"/> Averaging less than 8 CEUs per year</p> <p>Not applicable:</p> <p style="padding-left: 20px;"><input type="radio"/> See Question 1.</p>	
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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:
5/24/2010

Reporting Year: 2009

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.com</td> </tr> </table>	Name:	Mary Lee Powell	Telephone:	(608) 568-3333	E-Mail Address(optional):	villageoffice@tds.com				
Name:	Mary Lee Powell										
Telephone:	(608) 568-3333										
E-Mail Address(optional):	villageoffice@tds.com										
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: 2009	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: 2009	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="width: 5%;"></td> <td style="width: 35%; text-align: right;">\$220,572.92</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: center;">+</td> <td style="text-align: right;">\$2,011.93</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$222,584.85</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:		\$220,572.92	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$2,011.93	5.2.3 Adjusted January 1st Beginning Balance		\$222,584.85	
5.2.1 Ending Balance Reported on Last Year's CMAR:		\$220,572.92									
5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$2,011.93									
5.2.3 Adjusted January 1st Beginning Balance		\$222,584.85									

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
5/24/2010**

Reporting Year: 2009

Financial Management (Continued)

	<p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$11,585.00</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$11,000.00</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$223,169.85</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; padding: 5px; margin: 5px 0;"> <p>We had to replace the upper scraper arms on the clarifier. The clarifier mechanism that is to shut the clarifier off if there is too much torque failed and the scraper bent beyond repair and had to be replaced.</p> </div>							
	<p>5.3 What amount <u>should</u> be in your replacement fund? \$223,169.85</p> <p>(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 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%; margin-top: 5px;"></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 style="padding: 5px;">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; vertical-align: top;">\$467,000.00</td> <td style="text-align: center; vertical-align: top;">2011</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	2011	
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	2011						
7.	Financial Management General Comments:							
	<div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/24/2010

Reporting Year: 2009

Financial Management (Continued)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/24/2010

Reporting Year: 2009

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:
5/24/2010

Reporting Year: 2009

Sanitary Sewer Collection Systems

Questions	Points
1. Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
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?	0
<input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	
3. Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system: 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> <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 	
<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 checked="" 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 	
<input checked="" type="checkbox"/> Maintenance Activities: details in Question 4	
<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: 2px; margin-top: 5px;">Wisconsin Admisistrative Code</div> 	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/24/2010

Reporting Year: 2009

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 checked="" type="checkbox"/> Alarm system and routine testing <input checked="" type="checkbox"/> Emergency equipment <input checked="" type="checkbox"/> Emergency procedures <input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc) <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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Special Studies Last Year(check only if applicable):</p> <ul style="list-style-type: none"> <input checked="" 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: 	
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4. Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:

Cleaning	33	% of system/year
Root Removal	5	% of system/year
Flow Monitoring	0	% of system/year
Smoke Testing	0	% of system/year
Sewer Line Televising	0	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
5/24/2010**

Reporting Year: 2009

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="44"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="24"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px;" type="text" value="9"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px;" type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<div style="border: 1px solid black; padding: 5px; min-height: 20px;">Too many basements leak and they drain directly to the sanitary sewer system.</div>		

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

<input style="width: 80px;" type="text" value="44.83"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="35.6"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="5.57"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="1"/>	Number of Lift Stations
<input style="width: 80px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 80px;" type="text" value="1"/>	Number of Sewer Pipe Failures
<input style="width: 80px;" type="text" value="1"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="1"/>	Number of Complaints
<input style="width: 80px;" type="text" value=".0733"/>	Average Daily Flow in MGD
<input style="width: 80px;" type="text" value=".0864"/>	Peak Monthly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

**Last Updated:
5/24/2010**

Reporting Year: 2009

Sanitary Sewer Collection Systems (Continued)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</th> </tr> <tr> <th style="width: 10%; padding: 2px;">Date</th> <th style="width: 40%; padding: 2px;">Location</th> <th style="width: 30%; padding: 2px;">Cause</th> <th style="width: 20%; padding: 2px;">Estimated Volume (MG)</th> </tr> <tr> <td colspan="4" style="padding: 5px;">NONE REPORTED</td> </tr> </table> <p style="margin-top: 10px;">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: 60%; margin-left: 20px;"></div>	NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)				Date	Location	Cause	Estimated Volume (MG)	NONE REPORTED				0
NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)														
Date	Location	Cause	Estimated Volume (MG)											
NONE REPORTED														
	<p>PERFORMANCE INDICATORS</p> <p><input style="width: 60px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 60px;" type="text" value="0.18"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="0.18"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 60px;" type="text" value="0.18"/> Complaints (number/sewer mile)</p> <p><input style="width: 60px;" type="text" value="1.2"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 60px;" 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;"> For a one week period in March we had excessive high flows with one day having .2735 gallons. </div>													
7.	<p>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> <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; width: 60%; margin-left: 20px;"></div>													

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Dickeyville Wastewater Treatment Facility

Last Updated:
5/24/2010

Reporting Year: 2009

Sanitary Sewer Collection Systems (Continued)

8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	<p>We have had a problem in the past at the one lift station we have. Two years ago we had a deluge of rain in a short period of time and the lift station could not keep up. That was the only time in my + 30 years here that that has occurred.</p>	
9.	What is being done to address infiltration/inflow in your collection system?	
	<p>basement surveys are being completed to try to get leaking basements taken care of. One problem that we have is that basements leak and the water goes directly to the basement drains and to the sanitary sewer. We have heard that some residents have had a "beaver system" installed by a, since retired, local plumber and had them drain directly into the sewer system.</p>	

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:

Reporting Year: 2009

WPDES No.0023817

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	B	3.0	10	30
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	A	4.0	3	12
TOTALS			29	106
GRADE POINT AVERAGE(GPA)=3.66		3.66		

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: 2009

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
RESOLUTION NUMBER	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B, required for grade C, D, or F):	
Influent Flow and Loadings: Grade=A	
Effluent Quality: BOD: Grade=B	
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=A	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00) G.P.A. = 3.66	