

Compliance Maintenance Annual Report

My Wastewater Treatment Facility

Last Updated: Reporting For:
3/30/2020 2019

Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

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

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

If No or N/A, explain:

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

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

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

Did you accomplish them?

- Yes
- No

If No, explain:

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

Does this chapter of your CMOM include:

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

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

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

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

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

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

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

- Equipment and replacement part inventories
- Up-to-date sewer system map
- A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation

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- A description of routine operation and maintenance activities (see question 2 below)
- Capacity assessment program
- Basement back assessment and correction
- Regular O&M training

Design and Performance Provisions [NR 210.23 (4) (e)]

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

- State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- Construction, Inspection, and Testing
- Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]

Does your emergency response capability include:

- Responsible personnel communication procedures
- Response order, timing and clean-up
- Public notification protocols
- Training
- Emergency operation protocols and implementation procedures

Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]

Special Studies Last Year (check only those that apply):

- Infiltration/Inflow (I/I) Analysis
- Sewer System Evaluation Survey (SSES)
- Sewer Evaluation and Capacity Management Plan (SECAP)
- Lift Station Evaluation Report
- Others:

2. Operation and Maintenance

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

| | | |
|---------------------------|--|---------------------------|
| Cleaning | <input style="width: 150px;" type="text"/> | % of system/year |
| Root removal | <input style="width: 150px;" type="text"/> | % of system/year |
| Flow monitoring | <input style="width: 150px;" type="text"/> | % of system/year |
| Smoke testing | <input style="width: 150px;" type="text"/> | % of system/year |
| Sewer line televising | <input style="width: 150px;" type="text"/> | % of system/year |
| Manhole inspections | <input style="width: 150px;" type="text"/> | % of system/year |
| Lift station O&M | <input style="width: 150px;" type="text"/> | # per L.S./year |
| Manhole rehabilitation | <input style="width: 150px;" type="text"/> | % of manholes rehabbed |
| Mainline rehabilitation | <input style="width: 150px;" type="text"/> | % of sewer lines rehabbed |
| Private sewer inspections | <input style="width: 150px;" type="text"/> | % of system/year |
| Private sewer I/I removal | <input style="width: 150px;" type="text"/> | % of private services |

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River or water crossings % of pipe crossings evaluated or maintained

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

3. Performance Indicators

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

- Total actual amount of precipitation last year in inches
- Annual average precipitation (for your location)
- Miles of sanitary sewer
- Number of lift stations
- Number of lift station failures
- Number of sewer pipe failures
- Number of basement backup occurrences
- Number of complaints
- Average daily flow in MGD (if available)
- Peak monthly flow in MGD (if available)
- Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

- Lift station failures (failures/year)
- Sewer pipe failures (pipe failures/sewer mile/yr)
- Sanitary sewer overflows (number/sewer mile/yr)
- Basement backups (number/sewer mile)
- Complaints (number/sewer mile)
- Peaking factor ratio (Peak Monthly:Annual Daily Avg)
- Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

| Date | Location | Cause | Estimated Volume (MG) |
|---------------|----------|-------|-----------------------|
| None reported | | | |

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

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

- Yes
- No

If Yes, please describe:

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

- Yes
- No

If Yes, please describe:

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| |
|--|
| <input type="text"/> |
| 5.3 Explain any infiltration/inflow (I/I) changes this year from previous years: <input type="text"/> |
| 5.4 What is being done to address infiltration/inflow in your collection system? <input type="text"/> |

| | |
|---|--|
| Total Points Generated | |
| Score (100 - Total Points Generated) | |
| Section Grade | |