

Compliance Maintenance Annual Report

Brownsville Wastewater Treatment Facility

Last Updated: Reporting For:
7/9/2020 **2019**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0717	x	281	x	8.34	=	168
February	0.0753	x	320	x	8.34	=	201
March	0.1040	x	267	x	8.34	=	232
April	0.0748	x	263	x	8.34	=	164
May	0.0727	x	219	x	8.34	=	133
June	0.0738	x	271	x	8.34	=	167
July	0.0705	x	245	x	8.34	=	144
August	0.0633	x	259	x	8.34	=	137
September	0.0839	x	208	x	8.34	=	145
October	0.2085	x	172	x	8.34	=	299
November	0.1090	x	357	x	8.34	=	325
December	0.0980	x	206	x	8.34	=	168

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.125	x	90	=	0.1125
		x	100	=	.125
Design BOD, lbs/day	209	x	90	=	188.1
		x	100	=	209

2.2 Verify the number of times the flow and BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	1	0
March	1	0	0	1	1
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	1	1	1	1
November	1	0	0	1	1
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		1	1	4	3
Points		2	1	12	6
Total Number of Points					21

21

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3. Flow Meter

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

No

If No, please explain:

4. Sewer Use Ordinance

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

Yes

No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

Yes

No

If Yes, please explain:

5. Septage Receiving

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

Septic Tanks

Holding Tanks

Grease Traps

Yes

Yes

Yes

No

No

No

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

Septic Tanks

Yes

gallons

No

Holding Tanks

Yes

gallons

No

Grease Traps

Yes

gallons

No

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

6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

Yes

No

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

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

Yes

No

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

Total Points Generated	21
Score (100 - Total Points Generated)	79
Section Grade	C

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Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

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

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	15	13.5	14	1	0	1
February	15	13.5	15	1	0	1
March	15	13.5	16	1	1	1
April	15	13.5	8	1	0	0
May	15	13.5	5	1	0	0
June	15	13.5	6	1	0	0
July	15	13.5	5	1	0	0
August	15	13.5	6	1	0	0
September	15	13.5	5	1	0	0
October	15	13.5	7	1	0	0
November	15	13.5	8	1	0	0
December	15	13.5	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	3
Points		7	9
Total number of points			16

16

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

Monitored situation and heated the RBC tent to keep more bugs from dying.

2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

- Yes

Enter last calibration date (MM/DD/YYYY)

2019-05-09

- No

If No, please explain:

3. Treatment Problems

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

Cold water from cold rain and snowmelt

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

- Yes

- No

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<p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Total Points Generated	16
Score (100 - Total Points Generated)	84
Section Grade	B

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Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	20	18	24	1	1	1
February	20	18	17	1	0	0
March	20	18	28	1	1	1
April	20	18	8	1	0	0
May	20	18	5	1	0	0
June	20	18	9	1	0	0
July	20	18	6	1	0	0
August	20	18	4	1	0	0
September	20	18	6	1	0	0
October	20	18	6	1	0	0
November	20	18	9	1	0	0
December	20	18	9	1	0	0

20

* Equals limit if limit is <= 10

Months of Discharge/yr	12		
Points per each exceedance with 12 months of discharge:	7	3	
Exceedances	2	2	
Points	14	6	
Total Number of Points		20	

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

Monitored situation and floating fine particles decreased and all went to normal. Attached growth sluffing diminished and numbers came back.

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

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Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

1.1 Verify the following monthly and weekly average effluent values, exceedances and points for ammonia

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	12		.55825	0					
February	12		1.6665	0					
March	12		4.3475	0					
April	5		.52	0					
May	2.3		.115	0					
June	2.3		.08	0					
July	2.3		.112	0					
August	2.3		.42	0					
September	2.3		.0862	0					
October	12		.31	0					
November	12		.1925	0					
December	12		.4	0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
Total Number of Points									0

0

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points.

1.2 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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Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

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

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	6	1.565	1	0
February	6	2.019	1	0
March	6	2.483	1	0
April	6	1.688	1	0
May	6	2.468	1	0
June	6	3.668	1	0
July	6	4.628	1	0
August	6	4.463	1	0
September	6	3.640	1	0
October	6	2.993	1	0
November	6	2.433	1	0
December	6	2.350	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				0

0

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

The beginning of the year, we were under our RE300 pilot, which explains the lower concentrations.

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

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Ponds And Lagoon Leakage

1. Pond Lining

1.1 What material was used to line your ponds?

PVC/Clay

2. Flow Measurements

2.1 Did you measure influent flow to your wastewater ponds or lagoons?

- Yes (0 points)
- No (40 points) (Go to question 6)

2.1.1 Method of influent flow measurement:

ultrasonic/parshall flume

2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?

- Yes (0 points)
- No (40 points) (Go to question 6)
- No Discharge (0 points)

2.2.1 Method of effluent flow measurement:

ultrasonic/parshall flume

0

3. Total Flow Volumes

3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.

Total Monthly Influent Volume		Total Monthly Effluent Volume
2.224	JANUARY	2.5
2.107	FEBRUARY	2.432
3.225	MARCH	3.53
2.245	APRIL	2.485
2.254	MAY	2.407
2.213	JUNE	2.349
2.185	JULY	2.301
1.963	AUGUST	2.162
2.518	SEPTEMBER	2.65
6.465	OCTOBER	6.862
3.271	NOVEMBER	3.528
3.039	DECEMBER	3.234
33.7090	YEARLY TOTAL	36.4400

3.2 From the Yearly Total influent and effluent volumes above, total effluent is divided by total influent and converted to a percent of volume loss.

Total effluent, MG => 36.4400
 ----- = 1.081 <= effl / infl ratio
 Total influent, MG => 33.7090

Conversion to a percent of volume loss:

(1-effl/infl ratio) * 100 = -8.1 % of influent lost and not discharged with effluent

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4. Surface Area

4.1 What was the total wastewater surface area of the ponds/lagoons at operating level (do not include seepage cells)?

Acres

5. Leakage Rate Estimation

5.1 Total influent volume (in MG) minus total effluent volume (in MG) plus or minus the change in pond/lagoon storage (in MG) is the net wastewater loss. The net loss divided by 0.000365 equals the estimated leakage amount in gpd.

Total Annual Influent (MG)	33.7090	
Total Annual Effluent (MG)	36.4400	
Estimated Net Loss (MG)	-2.7310	
Estimated Leakage Amount (gpd)		-7482

If you have a *Department approved* method for determining a change in storage volume, enter the storage change last year in MG below.

o Storage Increase: Enter amount in MG ->

o Storage Decrease: Enter amount in MG ->

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpac): The CMAR Estimated Leakage Rate in gpac is the leakage amount in gpd (from part 5.1) divided by the total pond surface area (from question 4).

Leakage Amount (gpd)		Acres		CMAR Estimated Leakage Rate
-7482	divided by	1.2	=	-6235

6. On Site Leakage Testing

6.1 Did you conduct an on-site, field water balance/leakage test on your ponds or lagoons that was approved by the Department and is still valid?

o Yes Year

● No

If yes, what was the field Test Calculated Leakage Rate for your ponds/lagoons?

gpad

NOTE: if 6.1 is answered Yes, the value entered above in gpad will be used in 7.1 to compute points generated.

6.2 Leakage Rate Comments:

7. Estimated Leakage Rate and Points

7.1 The CMAR Estimated Leakage Rate (from 5) is used to determine the points generated in the table below.

If an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 5.2) is used to determine the points earned from the table below

gpad	points
0 - 1,000	0
1,001 - 2,000	10
2,001 - 4,000	20
4,001 - 7,000	30
> 7,000	40

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Based on the leakage rate in gpad, the points earned are: **0**

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

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Biosolids Quality and Management

<p>1. Biosolids Use/Disposal</p> <p>1.1 How did you use or dispose of your biosolids? (Check all that apply)</p> <p><input type="checkbox"/> Land applied under your permit</p> <p><input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids</p> <p><input type="checkbox"/> Hauled to another permitted facility</p> <p><input type="checkbox"/> Landfilled</p> <p><input type="checkbox"/> Incinerated</p> <p><input checked="" type="checkbox"/> Other</p> <p>NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.</p> <p>1.1.1 If you checked Other, please describe:</p> <p>Lagoons</p>	
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> >= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> < 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p>	0
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <p>Still in there. Am trying a sludge reducing bio-product currently. To soon to tell if it works or not.</p>	

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

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Staffing and Preventative Maintenance (All Treatment Plants)

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

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The plant is well maintained. I am waiting for an old comminuter to peter out so I can purchase a better muffin monster type, I'm still waiting.	
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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

1. Operator-In-Charge

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

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

Name:

ADAM R LECHNER

Certification No:

33392

0

2. Certification Requirements

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

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

0

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

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

3. Succession Planning

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

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

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

0

4. Continuing Education Credits

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

OIT and Basic Certification:

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

Advanced Certification:

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

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

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Financial Management

1. Provider of Financial Information Name: <input type="text" value="Adam Lechner"/> Telephone: <input type="text" value="920-583-6700"/> (XXX) XXX-XXXX E-Mail Address (optional): <input type="text"/>		
2. Treatment Works Operating Revenues 2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ? ● Yes (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ No (40 points) If No, please explain: <input type="text"/> 2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input type="text" value="2018"/> ● 0-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ N/A (private facility) 2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system? ● Yes (0 points) ○ No (40 points)		0
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]		
3. Equipment Replacement Funds 3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input type="text" value="2019"/> ● 1-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ N/A If N/A, please explain: <input type="text"/>		
3.2 Equipment Replacement Fund Activity		
3.2.1 Ending Balance Reported on Last Year's CMAR	\$ <input type="text" value="113,025.76"/>	
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$ <input type="text" value="0.00"/>	
3.2.3 Adjusted January 1st Beginning Balance	\$ <input type="text" value="113,025.76"/>	
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$ <input type="text" value="23,654.05"/>	
	+	

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

\$ 17,966.00

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

\$ 118,713.81

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

Replacement of our 20kW generator

3.3 What amount should be in your Replacement Fund?

\$ 110,000.00

0

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

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

- Yes
- No

If No, please explain.

4. Future Planning

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

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

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Addition of Chemical Treatment for Phosphorus Reduction	50000	2021

5. Financial Management General Comments

We're doing well, we will have to raise rates to pay for the chemical treatment and the ongoing O&M of that treatment, but not drastically.

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	600	
February	605	
March	528	
April	475	
May	426	
June	335	
July	330	
August	420	
September	475	
October	803	
November	397	
December	445	
Total	5,839	0
Average	487	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

No

Yes

Year:

By Whom:

Describe and Comment:

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6.4 Future Energy Related Equipment

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

7. Treatment Facility

7.1 Energy Usage

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

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	10,120	2.22	4,559	5.21	1,942	
February	9,080	2.11	4,303	5.63	1,613	
March	9,120	3.22	2,832	7.19	1,268	
April	8,760	2.24	3,911	4.92	1,780	
May	8,680	2.25	3,858	4.12	2,107	
June	7,720	2.21	3,493	5.01	1,541	
July	7,760	2.19	3,543	4.46	1,740	
August	7,960	1.96	4,061	4.25	1,873	
September	7,880	2.52	3,127	4.35	1,811	
October	8,200	6.46	1,269	9.27	885	
November	8,120	3.27	2,483	9.75	833	
December	9,400	3.04	3,092	5.21	1,804	
Total	102,800	33.69		69.37		0
Average	8,567	2.81	3,378	5.78	1,600	0

7.1.2 Comments:

7.2 Energy Related Processes and Equipment

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

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

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7.2.2 Comments:

7.3 Future Energy Related Equipment

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

LED lights in RBC and re-work heat lights in RBC tent

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

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

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

9. Energy Efficiency Study

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

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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

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Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

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

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

If No or N/A, explain:

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

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

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

Did you accomplish them?

- Yes
- No

If No, explain:

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

Does this chapter of your CMOM include:

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

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

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

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

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

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

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

- Equipment and replacement part inventories
- Up-to-date sewer system map
- 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: 60px; text-align: right;" type="text" value="42"/>	% of system/year
Root removal	<input style="width: 60px; text-align: right;" type="text" value="1"/>	% of system/year
Flow monitoring	<input style="width: 60px; text-align: right;" type="text" value="0"/>	% of system/year
Smoke testing	<input style="width: 60px; text-align: right;" type="text" value="0"/>	% of system/year
Sewer line televising	<input style="width: 60px; text-align: right;" type="text" value="10"/>	% of system/year
Manhole inspections	<input style="width: 60px; text-align: right;" type="text" value="60"/>	% of system/year
Lift station O&M	<input style="width: 60px; text-align: right;" type="text" value="2"/>	# per L.S./year
Manhole rehabilitation	<input style="width: 60px; text-align: right;" type="text" value="8"/>	% of manholes rehabbed
Mainline rehabilitation	<input style="width: 60px; text-align: right;" type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input style="width: 60px; text-align: right;" type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input style="width: 60px; text-align: right;" type="text" value="2"/>	% of private services

0

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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:

We eliminated two large contributors of sump pumps, grouted one manhole, put new cones and seals on 5 manholes.

3. Performance Indicators

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

<input type="text" value="49.76"/>	Total actual amount of precipitation last year in inches
<input type="text" value="31.00"/>	Annual average precipitation (for your location)
<input type="text" value="4.19"/>	Miles of sanitary sewer
<input type="text" value="2"/>	Number of lift stations
<input type="text" value="1"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="2"/>	Number of basement backup occurrences
<input type="text" value="2"/>	Number of complaints
<input type="text" value="0.092"/>	Average daily flow in MGD (if available)
<input type="text" value=".208"/>	Peak monthly flow in MGD (if available)
<input type="text" value=".864"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.50"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.24"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.48"/>	Basement backups (number/sewer mile)
<input type="text" value="0.48"/>	Complaints (number/sewer mile)
<input type="text" value="2.3"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="9.4"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

Date	Location	Cause	Estimated Volume (MG)
0 10/1/2019 10:00:00 PM - 10/4/2019 9:45:00 AM	606 Prospect Avenue (43.616462, -88.485499)	Rain, Flooding	0.35 - 0.35

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

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

After construction, immediately inspect pipes to ensure no damage is present

5. Infiltration / Inflow (I/I)

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

- Yes
- No

If Yes, please describe:

The rain events were significant, as the total water going through my plant went up 10MG for the entire year.

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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:

The 3/14 and 10/1 floods were significant.

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

The 3/14 and 10/1 flood was significant.

5.4 What is being done to address infiltration/inflow in your collection system?

We televised and are planning to line two problem areas.

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

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Grading Summary

WPDES No: 0021601

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	C	2	3	6
BOD/CBOD	B	3	10	30
TSS	C	2	5	10
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
Ponds	A	4	7	28
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			44	150
GRADE POINT AVERAGE (GPA) = 3.41				

Notes:

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

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

Village of Brownsville

Date of Resolution or
Action Taken:

2020-08-12

Resolution Number:

2020-03

Date of Submittal:

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

Influent Flow and Loadings: Grade = C

Closely monitor loading, if necessary, require additional pre-treatment at commercial users.

Effluent Quality: BOD: Grade = B

Effluent Quality: TSS: Grade = C

Increased sluffing of attached growth led to higher TSS. Attempt to control spikes to slow the build up and sluffing of bugs.

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Ponds: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

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

Closely inspect before and after construction project or work to fix issues before problems occur with rain and weather.

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. = 3.41

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