

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
4/29/2014

Reporting Year: 2013

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 Concentration mg.l	X	8.34	=	Influent Monthly Average(C) BOD Loading, pounds/day
	January	0.0527	X	170	X	8.34	=	75
	February	0.1021	X	141	X	8.34	=	120
	March	0.0673	X	186	X	8.34	=	104
	April	0.0890	X	142	X	8.34	=	105
	May	0.0489	X	180	X	8.34	=	73
	June	0.0724	X	361	X	8.34	=	218
	July	0.0832	X	111	X	8.34	=	77
	August	0.0620	X	143	X	8.34	=	74
	September	0.0636	X	149	X	8.34	=	79
	October	0.0772	X	185	X	8.34	=	119
	November	0.0599	X	105	X	8.34	=	53
	December	0.0511	X	115	X	8.34	=	49
2.	Maximum month design flow and design (C)BOD loading.							
		Design	X	%	=	% of Design		
	Max Month Design Flow, MGD	.15	x	90	=	0.135		
			x	100	=	.15		
	Design (C)BOD, lbs./day	255	x	90	=	229.5		
			x	100	=	255		

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Influent Flow and Loading (Continued)

3.	Number of times the flow and (C)BOD exceeded 90% or 100% of design, points earned, and score:				
	Months of Influent Flow	Number of times flow was greater than 90% of design	Number of times flow was greater than 100% of design	Number of times (C)BOD was greater than 90% of design	Number of times (C)BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each exceedance		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0
4.	Was the influent flow meter calibrated in the last year?				
	<input checked="" type="radio"/> Yes Enter last calibration date, MM/DD/YYYY 08/05/2013 <input type="radio"/> No -explain <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
5.	Sewer Use Ordinance				
	<p>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?</p> <input checked="" type="radio"/> Yes <input type="radio"/> No <p>If No, please describe:</p>				

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Influent Flow and Loading (Continued)

5.2 Was it necessary to enforce?

- Yes
 No

If Yes, please describe:

6. Septage Receiving

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

Septic Tanks	Holding Tanks	Grease Traps
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

Septic Tanks	Holding Tanks	Grease Traps
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
gal	gal	gal

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

7. Pretreatment

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?

- Yes
 No

If Yes, describe the situation and your community's response:

7.2 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 plant from the discharge of hauled industrial wastes.

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Influent Flow and Loading (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

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Effluent Quality and Plant Performance ((C)BOD)

Questions							
1.	Monthly average effluent values, exceedances, and points for (C)BOD:						
	Outfall No.001	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	20	18	7	1	0	0
	February	20	18	9	1	0	0
	March	20	18	9	1	0	0
	April	20	18	9	1	0	0
	May	20	18	5	1	0	0
	June	20	18	5	1	0	0
	July	20	18	5	1	0	0
	August	20	18	4	1	0	0
	September	20	18	4	1	0	0
	October	20	18	5	1	0	0
	November	20	18	4	1	0	0
	December	20	18	5	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?						
3.	Was the effluent flow meter calibrated in the last year?						
	<input checked="" type="radio"/> Yes - enter last calibration date, MM/DD/YYYY:				08/05/2013		
	<input type="radio"/> No - explain:						

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

4.	<p>What problems, if any, were experienced over the last year that threatened treatment?</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></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 <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
	<p>5.2 At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
	<p>5.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA </p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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

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Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
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Reporting Year: 2013

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	6	1	0	0
	February	20	18	8	1	0	0
	March	20	18	9	1	0	0
	April	20	18	6	1	0	0
	May	20	18	5	1	0	0
	June	20	18	4	1	0	0
	July	20	18	3	1	0	0
	August	20	18	4	1	0	0
	September	20	18	5	1	0	0
	October	20	18	7	1	0	0
	November	20	18	5	1	0	0
	December	20	18	6	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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Facility Name: Yorkville Sewer Utility District No 1

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Effluent Quality and Plant Performance (Ammonia = NH3)

Questions									
1.	Monthly and weekly average effluent values, exceedances, and points for NH3:								
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									
February									
March									
April	12.4		0.1	0					
May									
June									
July									
August									
September									
October									
November	12.4		0.2	0					
December	12.4		0.4	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
<p>Note: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to detect 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 detect exceedances and generate points.</p>									

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Effluent Quality and Plant Performance (Ammonia = NH3) (Continued)

2.	If any violations occurred, what action was taken to regain compliance?
	<input type="text"/>

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

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Effluent Quality and Plant Performance (Phosphorus)

Questions					
1.	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				
	February				
	March				
	April	8.2	1.6	1	0
	May	8.2	3.6	1	0
	June	8.2	3.6	1	0
	July	8.2	4.9	1	0
	August	8.2	5.4	1	0
	September	8.2	5.2	1	0
	October	8.2	5.6	1	0
	November	8.2	4.8	1	0
	December	8.2	4.5	1	0
	Months of Discharge/yr			9	
	Points per each exceedance with 9 months of discharge:				13
	Exceedances				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.	<p>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 <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids <input checked="" 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: 100%;" type="text"/></p>																																																																																																																																																																																																					
3.	<p>Biosolids Metals</p> <p>Number of biosolids outfalls in your WPDES permit = 1</p> <p>3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year</p> <p style="text-align: center;">BIOSOLIDS METALS CHARACTERISTICS</p> <p>Outfall:003 - Municipal sludge</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Parameter</th> <th rowspan="2">80% of Limit</th> <th rowspan="2">H.Q. Limit</th> <th rowspan="2">Ceiling Limit</th> <th colspan="12">mg/kg on a dry weight basis</th> <th colspan="3">Times Exceeded</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th> <th>80% Value</th><th>High Quality</th><th>Ceiling</th> </tr> </thead> <tbody> <tr><td>arsenic</td><td></td><td>41</td><td>75</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>cadmium</td><td></td><td>39</td><td>85</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>copper</td><td></td><td>1500</td><td>4300</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>lead</td><td></td><td>300</td><td>840</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>mercury</td><td></td><td>17</td><td>57</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>molybdenum</td><td>60</td><td></td><td>75</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>nickel</td><td>336</td><td></td><td>420</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>selenium</td><td>80</td><td></td><td>100</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> <tr><td>zinc</td><td></td><td>2800</td><td>7500</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table> <p>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</p> <p style="text-align: center;">Exceedance Points</p>	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												0	0	0	cadmium		39	85												0	0	0	copper		1500	4300												0	0	0	lead		300	840												0	0	0	mercury		17	57												0	0	0	molybdenum	60		75												0	0	0	nickel	336		420												0	0	0	selenium	80		100												0	0	0	zinc		2800	7500												0	0	0	0
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												0	0	0																																																																																																																																																																																					
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copper		1500	4300												0	0	0																																																																																																																																																																																					
lead		300	840												0	0	0																																																																																																																																																																																					
mercury		17	57												0	0	0																																																																																																																																																																																					
molybdenum	60		75												0	0	0																																																																																																																																																																																					
nickel	336		420												0	0	0																																																																																																																																																																																					
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zinc		2800	7500												0	0	0																																																																																																																																																																																					

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Biosolids Quality and Management (Continued)

	●	0	0 Points														
	○	1-2	10 Points														
	○	> 2	15 Points														
	3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loadings at each land application site? (check applicable box)				0												
	<input type="radio"/> Yes <input type="radio"/> No (10 points) <input checked="" type="radio"/> NA. Did not exceed limits or no HQ limit applies (0 points) <input type="radio"/> NA. Did not land apply biosolids until limit was met(0 points)																
	3.1.3 Number of times any of the metals exceeded the ceiling limits = 0				0												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">Exceedance Points</th> </tr> <tr> <td style="text-align: center;">●</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">> 1</td> <td style="text-align: center;">15 Points</td> </tr> </table>				Exceedance Points			●	0	0 Points	○	1	10 Points	○	> 1	15 Points	
Exceedance Points																	
●	0	0 Points															
○	1	10 Points															
○	> 1	15 Points															
	3.1.4 Were biosolids land applied which exceeded the ceiling limit?				0												
	<input type="radio"/> Yes(20 points) <input checked="" type="radio"/> No (0 points)																
	3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?																
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												
	<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.																

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Biosolids Quality and Management (Continued)

7.	Issues:	
	7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt? <div style="border: 1px solid black; height: 20px; width: 40%; margin-left: 20px;"></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.	<p>Was your wastewater treatment plant adequately staffed last year?</p> <p> <input 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.	<p>Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <p> <input type="radio"/> Yes <input type="radio"/> No. Explain </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3.	<p>Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items?</p> <p> <input 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>	0
4.	<p>Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <p> <input type="radio"/> Yes <input type="radio"/> No (10 points) </p>	0
5.	<p>Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <p> <input type="radio"/> Yes </p> <p style="margin-left: 40px;"> <input type="radio"/> (Paper file system) <input type="radio"/> (Computer program) <input type="radio"/> (Both Paper and Computer) </p> <p> <input type="radio"/> No (10 points) </p>	0
6.	<p>Did your plant have a detailed O&M Manual that was used as a reference when needed?</p>	

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

	<input checked="" type="radio"/> Yes <input type="radio"/> No	
7.	Rate the overall maintenance of your wastewater plant.	
	<input type="radio"/> Excellent <input checked="" type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
	Describe your rating: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> We are very proactive with maintenance since everyone works only part time. Last year we completely rebuilt the clarifier </div>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
4/29/2014

Reporting Year: 2013

Operator Certification and Education

	Questions	Points
1.	<p>Did you have a designated operator-in-charge during the report year?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p> <p>Name: <input style="width: 500px;" type="text" value="GARY W HANSON"/></p> <p>Certification No: <input style="width: 500px;" type="text" value="01590"/></p>	0
2.	<p>In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?</p> <p>Required: <input style="width: 500px;" type="text" value="2 - CJ; C - ACTIVATED SLUDGE; J - LABORATORY"/></p> <p>Held: <input style="width: 500px;" type="text" value="4 - ABCDEFGHIJ; 4 - A=PRIMARY SETTLING GRADE 4; B=TRICKLING FILTER/RBC GRADE 4; C=ACTIVATED SLUDGE GRADE 4; D=PONDS/AERATED LAGOONS GRADE 4; E=DISINFECTION GRADE 4; F=ANAEROBIC DIGESTION GRADE 4; G=MECHANICAL SLUDGE GRADE 4; H=FILTRATION GRADE 4; I=PHOSPHORUS REMOVAL GRADE 4; J=LABORATORY GRADE 4"/></p>	
3.	<p>Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p>	0
4.	<p>In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation & maintenance of the plant that includes one or more of the following options (check all that apply):</p> <p> 4.1 <input type="checkbox"/> one or more additional certified operators on staff 4.2 <input checked="" type="checkbox"/> an arrangement with another certified operator 4.3 <input type="checkbox"/> an arrangement with another community with a certified operator 4.4 <input type="checkbox"/> an operator on staff who has an operator-in-training certificate for your plant and is expected be certified within one year 4.5 <input type="checkbox"/> a consultant to serve as your certified operator 4.6 <input type="checkbox"/> None of the above (20 points) </p> <p>Explain: <input style="width: 500px;" type="text"/></p>	0
5.	<p>If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?</p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
4/29/2014

Reporting Year: 2013

Operator Certification and Education (Continued)

	Grades T, 1, and 2: <input type="radio"/> Averaging 6 or more CEUs per year <input type="radio"/> Averaging less than 6 CEUs per year Grades 3 and 4: <input checked="" type="radio"/> Averaging 8 or more CEUs per year <input type="radio"/> Averaging less than 8 CEUs per year Not applicable: <input type="radio"/> See Question 1.	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

Financial Management

Questions		Points
1.	Person Providing This Financial Information Name: <input type="text" value="Mike Mckinney"/> Telephone: <input type="text" value="(262) 878-2123"/> E-Mail Address(optional): <input type="text"/>	
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ? <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) If No, please explain: <input type="text"/>	0
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2013 <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)	0
4.	Did you have a special account (e.g., CWF required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system? <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points)	0
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: 2011 <input type="radio"/> 1-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input checked="" type="radio"/> Not Applicable Explain: <input type="text" value="We have no debt."/>	0
	5.2 What amount is in your Replacement Fund? <p style="text-align: center;">Equipment Replacement Fund Activity</p>	
	5.2.1 Ending Balance Reported on Last Year's CMAR:	\$8128

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

Financial Management (Continued)

	<p>5.2.2 Adjustments + \$3,534.00 if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</p> <p>5.2.3 Adjusted January 1st Beginning Balance \$11,662.00</p> <p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$19.00</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*.) - \$0.00</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$11,681.00</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; width: fit-content;">none this year</div>										
	<p>5.3 What amount should be in your replacement fund? \$0 (If you had a CWFP 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 <input type="radio"/> No Explain:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">we are continuously adding and withdrawing funds from the replacement fund as we make upgrades and replace equipment.</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) <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>Possible plant upgrade dependent on growth in the area and discharge permit requirement</td> <td style="text-align: center;">\$500000</td> <td style="text-align: center;">2015</td> </tr> <tr> <td>Plant upgrade due to new permit requirements</td> <td style="text-align: center;">\$1500000</td> <td style="text-align: center;">2020</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	Possible plant upgrade dependent on growth in the area and discharge permit requirement	\$500000	2015	Plant upgrade due to new permit requirements	\$1500000	2020	
Project Description	Estimated Cost	Approximate Construction Year									
Possible plant upgrade dependent on growth in the area and discharge permit requirement	\$500000	2015									
Plant upgrade due to new permit requirements	\$1500000	2020									
7.	Financial Management General Comments:										
	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>										

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

Financial Management (Continued)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

Financial Management (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

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; margin-bottom: 10px;"> <input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system: reduce I&I as much as possible within the budget Continue to operate collection system with no backups </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 type="checkbox"/> Organizational chart <input type="checkbox"/> Personnel and position descriptions <input type="checkbox"/> Internal communication procedures <input 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 10/15/2013 <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 type="checkbox"/> Private lateral inspections/repairs <input type="checkbox"/> Service and management agreements <input 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 checked="" type="checkbox"/> DNR NR 110 standards <input checked="" type="checkbox"/> Local municipal code requirements <input checked="" type="checkbox"/> Construction, inspection and testing <input type="checkbox"/> Others: 	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

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 type="checkbox"/> Areas with flat sewers <input type="checkbox"/> Areas with surcharging <input checked="" type="checkbox"/> Areas with bottlenecks or constrictions <input type="checkbox"/> Areas with chronic basement backups or SSO's <input type="checkbox"/> Areas with excess debris, solids or grease accumulation <input type="checkbox"/> Areas with heavy root growth <input type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input type="checkbox"/> Sewers with severe defects that affect flow capacity <input checked="" type="checkbox"/> Adequacy of capacity for new connections <input 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 checked="" type="checkbox"/> Others: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>Tested all of our industrial and commercial users for BOD, S.S., Zinc, Chlorides, Phos., and Ammonia.</p> </div>	
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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	50	% of system/year
Root Removal	0	% of system/year
Flow Monitoring	05	% of system/year
Smoke Testing	01	% of system/year
Sewer Line Televising	50	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	100	% of system/year
Lift Station O&M	104	# per L.S./year
Manhole Rehabilitation	10	% of manholes rehabed
Mainline Rehabilitation	0	% of sewer lines rehabed
Private Sewer Inspections	0	% of system/year
Private Sewer I/I Removal	0	% of private services
Please include additional comments about your sanitary sewer collection system below:		

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

30.81	Total Actual Amount of Precipitation Last Year
33.71	Annual Average Precipitation (for your location)
7	Miles of Sanitary Sewer
3	Number of Lift Stations
0	Number of Lift Station Failure
0	Number of Sewer Pipe Failures
0	Number of Basement Backup Occurrences
0	Number of Complaints
.07	Average Daily Flow in MGD
	Peak Monthly Flow in MGD(if available)
	Peak Hourly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

LIST OF SANITARY SEWER OVERFLOWS (SSO) REPORTED				
	Date	Location	Cause	Estimated Volume (MG)
NONE REPORTED				
<p>** If there were any SSO's that are not listed above, please contact the DNR and stop work on this section until corrected.</p> <p>What actions were taken, or are underway, to reduce or eliminate SSO occurrences in the future?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
PERFORMANCE INDICATORS				
0.00	Lift Station Failures(failures/ps/year)			
0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)			
0.00	Sanitary Sewer Overflows (number/sewer mile/yr)			
0.00	Basement Backups(number/sewer mile)			
0.00	Complaints (number/sewer mile)			
0.0	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)			
0.0	Peaking Factor Ratio(Peak Hourly:Annual daily Average)			
6.	Was infiltration/inflow(I/I) significant in your community last year?			
<p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
7.	Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?			
<p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
8.	Explain any infiltration/inflow(I/I) changes this year from previous years?			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
9.	What is being done to address infiltration/inflow in your collection system?			
<div style="border: 1px solid black; padding: 5px;"> Continue a very aggressive I&I program with 10 manholes rebuilt 50% of sewers cleaned and TV. Repaired all leaks I.D. in TVing </div>				

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:
5/5/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Yorkville Sewer Utility District No 1

Last Updated:

Reporting Year: 2013

WPDES No.0029831

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	A	4.0	10	40
Effluent Quality:TSS	A	4.0	5	20
Effluent Quality:Ammonia	A	4.0	5	20
Effluent Quality:P	A	4.0	3	12
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			37	148
GRADE POINT AVERAGE(GPA)=4.00		4.00		

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: Yorkville Sewer Utility District No 1

Last Updated:

Reporting Year: 2013

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. Regardless of grade, required for Collection Systems if SSO's were reported):	
Influent Flow and Loadings: Grade=A	
Effluent Quality: BOD: Grade=A	
Effluent Quality: TSS: Grade=A	
Effluent Quality: Ammonia: Grade=A	
Effluent Quality: Phosphorus: 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. = 4.00	