

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
6/3/2016 2015

## Influent Flow and Loading

### 1. Monthly Average Flows and (C)BOD Loadings

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

| Outfall No.<br>701 | Influent Monthly<br>Average Flow, MGD | x | Influent Monthly<br>Average (C)BOD<br>Concentration mg/L | x | 8.34 | = | Influent Monthly<br>Average (C)BOD<br>Loading, lbs/day |
|--------------------|---------------------------------------|---|--|---|------|---|--|
| January            | 0.4680                                | x | 308  | x | 8.34 | = | 1,201  |
| February           | 0.4568                                | x | 182  | x | 8.34 | = | 692  |
| March              | 0.4573                                | x | 155  | x | 8.34 | = | 591  |
| April              | 0.4842                                | x | 139  | x | 8.34 | = | 562  |
| May                | 0.5315                                | x | 158  | x | 8.34 | = | 702  |
| June               | 0.5761                                | x | 141  | x | 8.34 | = | 676  |
| July               | 0.5536                                | x | 171  | x | 8.34 | = | 788  |
| August             | 0.5346                                | x | 161  | x | 8.34 | = | 718  |
| September          | 0.5157                                | x | 161  | x | 8.34 | = | 691  |
| October            | 0.4783                                | x | 203  | x | 8.34 | = | 810  |
| November           | 0.5096                                | x | 175  | x | 8.34 | = | 742  |
| December           | 0.5780                                | x | 170  | x | 8.34 | = | 818  |

### 2. Maximum Month Design Flow and Design (C)BOD Loading

2.1 Verify the design flow and loading for your facility.

| Design                     | Design Factor | x | %   | = | % of Design |
|----------------------------|---------------|---|-----|---|-------------|
| Max Month Design Flow, MGD | 1.1           | x | 90  | = | 0.99        |
|                            |               | x | 100 | = | 1.1         |
| Design (C)BOD, lbs/day     | 825           | x | 90  | = | 742.5       |
|                            |               | x | 100 | = | 825         |

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

|                        | Months<br>of<br>Influent | Number of times<br>flow was greater<br>than 90% of | Number of times<br>flow was greater<br>than 100% of | Number of times<br>(C)BOD was greater<br>than 90% of design | Number of times<br>(C)BOD was greater<br>than 100% of design |
|------------------------|--------------------------|--|---|---|--|
| January                | 1                        | 0  | 0   | 1   | 1  |
| 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   | 1   | 0  |
| August                 | 1                        | 0  | 0   | 0   | 0  |
| September              | 1                        | 0  | 0   | 0   | 0  |
| October                | 1                        | 0  | 0   | 1   | 0  |
| November               | 1                        | 0  | 0   | 0   | 0  |
| December               | 1                        | 0  | 0   | 1   | 0  |
| Points per each        |                          | 2  | 1   | 3   | 2  |
| Exceedances            |                          | 0  | 0   | 4   | 1  |
| Points                 |                          | 0  | 0   | 12  | 2  |
| Total Number of Points |                          |  |   |   | 14   |

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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.

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

Yes

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|   |  |
|---|--|
| <ul style="list-style-type: none"><li>● No</li></ul> <p>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.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |
|---|--|

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

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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         | 20                           | 18                              | 3                               | 1                                | 0                       | 0                           |
| February        | 20                           | 18                              | 1                               | 1                                | 0                       | 0                           |
| March           | 20                           | 18                              | 1                               | 1                                | 0                       | 0                           |
| April           | 20                           | 18                              | 2                               | 1                                | 0                       | 0                           |
| May             | 10                           | 10                              | 1                               | 1                                | 0                       | 0                           |
| June            | 10                           | 10                              | 0                               | 1                                | 0                       | 0                           |
| July            | 10                           | 10                              | 0                               | 1                                | 0                       | 0                           |
| August          | 10                           | 10                              | 0                               | 1                                | 0                       | 0                           |
| September       | 10                           | 10                              | 0                               | 1                                | 0                       | 0                           |
| October         | 10                           | 10                              | 1                               | 1                                | 0                       | 0                           |
| November        | 20                           | 18                              | 0                               | 1                                | 0                       | 0                           |
| December        | 20                           | 18                              | 1                               | 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 |

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?

### 2. Flow Meter Calibration

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

Yes

Enter last calibration date (MM/DD/YYYY)

12/16/15

No

If No, please explain:

### 3. Treatment Problems

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

none

### 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

If Yes, please explain:

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|   |
|---|
| <div data-bbox="121 205 1461 262" style="border: 1px solid black; height: 27px;"></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 data-bbox="121 441 1461 497" style="border: 1px solid black; height: 27px;"></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 data-bbox="121 714 1461 770" style="border: 1px solid black; height: 27px;"></div> |
|---|

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

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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                             | 4                               | 1                                | 0                       | 0                           |
| February        | 20                           | 18                             | 0                               | 1                                | 0                       | 0                           |
| March           | 20                           | 18                             | 1                               | 1                                | 0                       | 0                           |
| April           | 20                           | 18                             | 2                               | 1                                | 0                       | 0                           |
| May             | 10                           | 10                             | 1                               | 1                                | 0                       | 0                           |
| June            | 10                           | 10                             | 1                               | 1                                | 0                       | 0                           |
| July            | 10                           | 10                             | 0                               | 1                                | 0                       | 0                           |
| August          | 10                           | 10                             | 0                               | 1                                | 0                       | 0                           |
| September       | 10                           | 10                             | 1                               | 1                                | 0                       | 0                           |
| October         | 10                           | 10                             | 0                               | 1                                | 0                       | 0                           |
| November        | 20                           | 18                             | 0                               | 1                                | 0                       | 0                           |
| December        | 20                           | 18                             | 1                               | 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                                  |    |   |   |

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?

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

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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 NH3

| Outfall No.<br>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  | 4.5                              |                                 | .05030769                           | 2 0                             |                                    |                                    |                                    |                                    |                                |
| February   | 4.5                              |                                 | .07                                 | 0                               |                                    |                                    |                                    |                                    |                                |
| March  | 4.5                              |                                 | .10464285                           | 7 0                             |                                    |                                    |                                    |                                    |                                |
| April  | 4.5                              |                                 | .05653846                           | 2 0                             |                                    |                                    |                                    |                                    |                                |
| May  | 2.4                              |                                 | .03083333                           | 3 0                             |                                    |                                    |                                    |                                    |                                |
| June   | 2.4                              |                                 | .03221428                           | 6 0                             |                                    |                                    |                                    |                                    |                                |
| July   | 2.4                              |                                 | .03475                              | 0                               |                                    |                                    |                                    |                                    |                                |
| August   | 2.4                              |                                 | .03325                              | 0                               |                                    |                                    |                                    |                                    |                                |
| September  | 2.4                              |                                 | .08846153                           | 8 0                             |                                    |                                    |                                    |                                    |                                |
| October  | 7.3                              |                                 | .04561538                           | 5 0                             |                                    |                                    |                                    |                                    |                                |
| November   | 7.3                              |                                 | .07492307                           | 7 0                             |                                    |                                    |                                    |                                    |                                |
| December   | 7.3                              |                                 | .09364285                           | 7 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                              |

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.

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

|  |
|--|
|  |
|--|

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

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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   | 1                                       | 0.3  | 1                                | 0                       |
| February  | 1                                       | 0.3  | 1                                | 0                       |
| March   | 1                                       | 0.3  | 1                                | 0                       |
| April   | 1                                       | 0.5  | 1                                | 0                       |
| May   | 1                                       | 0.5  | 1                                | 0                       |
| June  | 1                                       | 0.5  | 1                                | 0                       |
| July  | 1                                       | 0.3  | 1                                | 0                       |
| August  | 1                                       | 0.4  | 1                                | 0                       |
| September   | 1                                       | 0.4  | 1                                | 0                       |
| October   | 1                                       | 0.5  | 1                                | 0                       |
| November  | 1                                       | 0.4  | 1                                | 0                       |
| December  | 1                                       | 0.2  | 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?

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



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## Biosolids Quality and Management

### 1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- Land applied under your permit
- Publicly Distributed Exceptional Quality Biosolids
- Hauled to another permitted facility
- Landfilled
- Incinerated
- Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

### 2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

401 acres

2.1.2 How many acres did you use?

80 acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

Yes (30 points)

No

2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

Yes

No (10 points)

N/A

### 3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

#### Outfall No. 004 - PRIOR TO LANDSPREADING

| Parameter  | 80% of Limit | H.Q. Limit | Ceiling Limit | Jan | Feb | Mar | Apr  | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 80% Value | High Quality | Ceiling |
|------------|--------------|------------|---------------|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------|---------|
| Arsenic    |              | 41         | 75            |     |     |     | 9.6  |     |     |     |     |     |     |     |     |           | 0            | 0       |
| Cadmium    |              | 39         | 85            |     |     |     | 1.7  |     |     |     |     |     |     |     |     |           | 0            | 0       |
| Copper     |              | 1500       | 4300          |     |     |     | 634  |     |     |     |     |     |     |     |     |           | 0            | 0       |
| Lead       |              | 300        | 840           |     |     |     | 22.6 |     |     |     |     |     |     |     |     |           | 0            | 0       |
| Mercury    |              | 17         | 57            |     |     |     | .5   |     |     |     |     |     |     |     |     |           | 0            | 0       |
| Molybdenum | 60           |            | 75            |     |     |     | 67.9 |     |     |     |     |     |     |     |     | 1         |              | 0       |
| Nickel     | 336          |            | 420           |     |     |     | 9.9  |     |     |     |     |     |     |     |     | 0         |              | 0       |
| Selenium   | 80           |            | 100           |     |     |     | 2.9  |     |     |     |     |     |     |     |     | 0         |              | 0       |
| Zinc       |              | 2800       | 7500          |     |     |     | 448  |     |     |     |     |     |     |     |     |           | 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 = 1

Exceedence Points

0 (0 Points)

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1-2 (10 Points)  
 > 2 (15 Points)  
 3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)  
 Yes  
 No (10 points)  
 N/A - Did not exceed limits or no HQ limit applies (0 points)  
 N/A - 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  
 Exceedence Points  
 0 (0 Points)  
 1 (10 Points)  
 > 1 (15 Points)  
 3.1.4 Were biosolids land applied which exceeded the ceiling limit?  
 Yes (20 Points)  
 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?

0

4. Pathogen Control (per outfall):

4.1 Verify the following information. If any information is incorrect, Contact Us.

|                              |                         |
|------------------------------|-------------------------|
| Outfall Number:              | 004                     |
| Biosolids Class:             | B                       |
| Bacteria Type and Limit:     | F                       |
| Sample Dates:                | 01/01/2015 - 12/31/2015 |
| Density:                     | 632,857                 |
| Sample Concentration Amount: | CFU/G TS                |
| Requirement Met:             | Yes                     |
| Land Applied:                | Yes                     |
| Process:                     | AEROB                   |
| Process Description:         | Aerobic Digestion       |

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.

4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?

Yes (40 Points)

No

If yes, what action was taken?

0

5. Vector Attraction Reduction (per outfall):

5.1 Verify the following information. If any of the information is incorrect, Contact Us.

|                                     |    |
|-------------------------------------|----|
| Outfall Number:                     |    |
| Method Date:                        |    |
| Option Used To Satisfy Requirement: |    |
| Requirement Met:                    | No |
| Land Applied:                       | No |
| Limit (if applicable):              |    |
| Results (if applicable):            |    |

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|   |   |
|---|---|
| <p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  | 0 |
| <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"/> &gt;= 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"/> &lt; 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> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | 0 |
| <p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px;">none</div>   |   |

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

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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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <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; height: 20px; width: 100%;"></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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <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"><li><input checked="" type="radio"/> Yes (Continue with question 2)</li><li><input type="radio"/> No (40 points)</li></ul> <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"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No (10 points)</li></ul> <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"><li><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><li><input checked="" type="radio"/> Paper file system</li><li><input type="radio"/> Computer system</li><li><input type="radio"/> Both paper and computer system</li></ul></li><li><input type="radio"/> No (10 points)</li></ul> | 0 |
| <p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M Manual that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>  |   |
| <p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Excellent</li><li><input type="radio"/> Very good</li><li><input type="radio"/> Good</li><li><input type="radio"/> Fair</li><li><input type="radio"/> Poor</li></ul> <p>Describe your rating:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |   |

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
6/3/2016 2015

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

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
6/3/2016 2015

## Operator Certification and Education

| <p>1. Operator-In-Charge</p> <p>1.1 Did you have a designated operator-in-charge during the report year?</p> <ul style="list-style-type: none"> <li>● Yes (0 points)</li> <li>○ No (20 points)</li> </ul> <p>Name: <input style="width: 150px;" type="text" value="DAN MANIER"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="17052"/></p>   | 0                             |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
|--|-------------------------------|----------------------|----------------------|-------|----------|-----|-------|-----|-------|----------|----|----------------------------|---|--|--|---|----|---------------------------|--|--|--|--|----|-----------------------------|--|--|--|--|----|----------------------------|--|--|--|--|----|-------------------------------|--|--|--|--|---|-------------------|---|--|--|---|---|---------------------------|---|--|--|---|---|------------------|---|--|--|---|---|----------------|--|--|--|--|---|--------------|---|--|--|---|---|------------|---|--|--|---|---|--------------------------|--|--|--|--|----|----------------------------|---|----|----|----|---|
| <p>2. Certification Requirements</p> <p>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?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th colspan="2">WWTP</th> <th colspan="2">OIC</th> </tr> <tr> <th>Basic</th> <th>OIT</th> <th>Basic</th> <th>Advanced</th> </tr> </thead> <tbody> <tr><td>A1</td><td>Suspended Growth Processes</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>A2</td><td>Attached Growth Processes</td><td></td><td></td><td></td><td></td></tr> <tr><td>A3</td><td>Recirculating Media Filters</td><td></td><td></td><td></td><td></td></tr> <tr><td>A4</td><td>Ponds, Lagoons and Natural</td><td></td><td></td><td></td><td></td></tr> <tr><td>A5</td><td>Anaerobic Treatment Of Liquid</td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td>Solids Separation</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>C</td><td>Biological Solids/Sludges</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>P</td><td>Total Phosphorus</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>N</td><td>Total Nitrogen</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>Disinfection</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>L</td><td>Laboratory</td><td style="text-align: center;">X</td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td>U</td><td>Unique Treatment Systems</td><td></td><td></td><td></td><td></td></tr> <tr><td>SS</td><td>Sanitary Sewage Collection</td><td style="text-align: center;">X</td><td style="text-align: center;">NA</td><td style="text-align: center;">NA</td><td style="text-align: center;">NA</td></tr> </tbody> </table> <p>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 2015 - 2016; subclass SS is basic level only.)</p> <ul style="list-style-type: none"> <li>● Yes (0 points)</li> <li>○ No (20 points)</li> </ul> | Sub Class                     | SubClass Description | WWTP                 |       | OIC      |     | Basic | OIT | Basic | Advanced | A1 | Suspended Growth Processes | X |  |  | X | A2 | Attached Growth Processes |  |  |  |  | A3 | Recirculating Media Filters |  |  |  |  | A4 | Ponds, Lagoons and Natural |  |  |  |  | A5 | Anaerobic Treatment Of Liquid |  |  |  |  | B | Solids Separation | X |  |  | X | C | Biological Solids/Sludges | X |  |  | X | P | Total Phosphorus | X |  |  | X | N | Total Nitrogen |  |  |  |  | D | Disinfection | X |  |  | X | L | Laboratory | X |  |  | X | U | Unique Treatment Systems |  |  |  |  | SS | Sanitary Sewage Collection | X | NA | NA | NA | 0 |
| Sub Class  |                               |                      | SubClass Description | WWTP  |          | OIC |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
|  | Basic                         | OIT                  |                      | Basic | Advanced |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| A1   | Suspended Growth Processes    | X                    |                      |       | X        |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| A2   | Attached Growth Processes     |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| A3   | Recirculating Media Filters   |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| A4   | Ponds, Lagoons and Natural    |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| A5   | Anaerobic Treatment Of Liquid |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| B  | Solids Separation             | X                    |                      |       | X        |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| C  | Biological Solids/Sludges     | X                    |                      |       | X        |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| P  | Total Phosphorus              | X                    |                      |       | X        |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| N  | Total Nitrogen                |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| D  | Disinfection                  | X                    |                      |       | X        |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| L  | Laboratory                    | X                    |                      |       | X        |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| U  | Unique Treatment Systems      |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| SS   | Sanitary Sewage Collection    | X                    | NA                   | NA    | NA       |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| <p>3. Succession Planning</p> <p>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)?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> One or more additional certified operators on staff</li> <li><input type="checkbox"/> An arrangement with another certified operator</li> <li><input type="checkbox"/> An arrangement with another community with a certified operator</li> <li><input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year</li> <li><input type="checkbox"/> A consultant to serve as your certified operator</li> <li><input type="checkbox"/> None of the above (20 points)</li> </ul> <p>If "None of the above" is selected, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>  | 0                             |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |
| <p>4. Continuing Education Credits</p> <p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>OIT and Basic Certification:</p>  |                               |                      |                      |       |          |     |       |     |       |          |    |                            |   |  |  |   |    |                           |  |  |  |  |    |                             |  |  |  |  |    |                            |  |  |  |  |    |                               |  |  |  |  |   |                   |   |  |  |   |   |                           |   |  |  |   |   |                  |   |  |  |   |   |                |  |  |  |  |   |              |   |  |  |   |   |            |   |  |  |   |   |                          |  |  |  |  |    |                            |   |    |    |    |   |

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
6/3/2016 2015

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>○ Averaging 6 or more CECs per year.</li><li>○ Averaging less than 6 CECs per year.</li></ul> Advanced Certification: <ul style="list-style-type: none"><li>● Averaging 8 or more CECs per year.</li><li>○ Averaging less than 8 CECs per year.</li></ul> |  |
|---|--|

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

# Compliance Maintenance Annual Report

Stanley Wastewater Treatment Facility

Last Updated: Reporting For:  
6/3/2016 2015

## Financial Management

|   |   |    |  |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
|---|---|----|--|--|--|--|----|--|--|--|----|--|---|---|----|--|--|---|----|--|--|--|----|--|--|
| <p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Ketty Clow"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="715-644-5758"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="clerk@stanleywisconsin.us"/></p>  |   |    |  |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| <p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 80px;" type="text" value="2014"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A (private facility)</p> <p>2.3 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?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p>  | 0   |    |  |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]   |   |    |  |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| <p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 80px;" type="text" value="2014"/></p> <p><input checked="" type="radio"/> 1-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |   |    |  |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| <p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 100%;" type="text" value="382,605.57"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="382,605.57"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="1,239.43"/></td> </tr> <tr> <td>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="383,845.00"/></td> </tr> </table> | 3.2.1 Ending Balance Reported on Last Year's CMAR |    | \$   | <input style="width: 100%;" type="text" value="382,605.57"/> | 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) |  | \$ | <input style="width: 100%;" type="text" value="0.00"/> | 3.2.3 Adjusted January 1st Beginning Balance |  | \$ | <input style="width: 100%;" type="text" value="382,605.57"/> | 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | + | \$ | <input style="width: 100%;" type="text" value="1,239.43"/> | 3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) | - | \$ | <input style="width: 100%;" type="text" value="0.00"/> | 3.2.6 Ending Balance as of December 31st for CMAR Reporting Year |  | \$ | <input style="width: 100%;" type="text" value="383,845.00"/> |  |
| 3.2.1 Ending Balance Reported on Last Year's CMAR   |   | \$ | <input style="width: 100%;" type="text" value="382,605.57"/> |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)  |   | \$ | <input style="width: 100%;" type="text" value="0.00"/>       |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| 3.2.3 Adjusted January 1st Beginning Balance  |   | \$ | <input style="width: 100%;" type="text" value="382,605.57"/> |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)   | +   | \$ | <input style="width: 100%;" type="text" value="1,239.43"/>   |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| 3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)  | -   | \$ | <input style="width: 100%;" type="text" value="0.00"/>       |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |
| 3.2.6 Ending Balance as of December 31st for CMAR Reporting Year  |   | \$ | <input style="width: 100%;" type="text" value="383,845.00"/> |  |  |  |    |  |  |  |    |  |   |   |    |  |  |   |    |  |  |  |    |  |  |



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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.

0

3.3 What amount should be in your Replacement Fund? \$ 383,845.00

Please note: 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 link under Info 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.

0

## 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         | The City of Stanley is planning a major plant upgrade in 2016. As part of the plan, the City will upgrade the UV Disinfection, Rehab the Clarifiers, Reed Beds, Wastewater Pumps, Replace Chemical Feed System, Aerobic Digester Equipment and add another clarifier and grit removal system. | 6508168.00     | 2016                          |

## 5. Financial Management General Comments

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

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## Sanitary Sewer Collection Systems

### 1. CMOM Program

1.1 Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?

Yes

No

1.2 Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance (O&M) or CMOM program last calendar year?

Yes (Continue with question 1)

No (30 points) (Go to question 2)

1.3 Check the elements listed below that are included in your O&M or CMOM program.

Goals

Describe the specific goals you have for your collection system:

Organization

Do you have the following written organizational elements (check only those that apply)?

Ownership and governing body description

Organizational chart

Personnel and position descriptions

Internal communication procedures

Public information and education program

Legal Authority

Do you have the legal authority for the following (check only those that apply)?

Sewer use ordinance Last Revised Date (MM/DD/YYYY)

Pretreatment/industrial control Programs

Fat, oil and grease control

Illicit discharges (commercial, industrial)

Private property clear water (sump pumps, roof or foundation drains, etc.)

Private lateral inspections/repairs

Service and management agreements

Maintenance Activities (provide details in question 2)

Design and Performance Provisions

How do you ensure that your sewer system is designed and constructed properly?

State plumbing code

DNR NR 110 standards

Local municipal code requirements

Construction, inspection, and testing

Others:

Overflow Emergency Response Plan:

Does your emergency response capability include (check only those that apply)?

Alarm system and routine testing

Emergency equipment

Emergency procedures

Communications/notifications (DNR, internal, public, media, etc.)

Capacity Assurance:

How well do you know your sewer system? Do you have the following?

Current and up-to-date sewer map

Sewer system plans and specifications

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|   |   |
|---|---|
| <input checked="" type="checkbox"/> Manhole location map<br><input checked="" type="checkbox"/> Lift station pump and wet well capacity information<br><input checked="" type="checkbox"/> Lift station O&M manuals<br>Within your sewer system have you identified the following?<br><input type="checkbox"/> Areas with flat sewers<br><input type="checkbox"/> Areas with surcharging<br><input type="checkbox"/> Areas with bottlenecks or constrictions<br><input type="checkbox"/> Areas with chronic basement backups or SSOs<br><input type="checkbox"/> Areas with excess debris, solids, or grease accumulation<br><input type="checkbox"/> Areas with heavy root growth<br><input type="checkbox"/> Areas with excessive infiltration/inflow (I/I)<br><input type="checkbox"/> Sewers with severe defects that affect flow capacity<br><input type="checkbox"/> Adequacy of capacity for new connections<br><input type="checkbox"/> Lift station capacity and/or pumping problems<br><input checked="" type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed<br><input type="checkbox"/> Special Studies Last Year (check only those that apply):<br><input type="checkbox"/> Infiltration/Inflow (I/I) Analysis<br><input type="checkbox"/> Sewer System Evaluation Survey (SSES)<br><input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP)<br><input type="checkbox"/> Lift Station Evaluation Report<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | 0 |
|---|---|

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                  | 100 | % of system/year          |
| Root removal              | 0   | % of system/year          |
| Flow monitoring           | 100 | % of system/year          |
| Smoke testing             | 0   | % of system/year          |
| Sewer line televising     | 0   | % of system/year          |
| Manhole inspections       | 15  | % of system/year          |
| Lift station O&M          | 100 | # per L.S./year           |
| Manhole rehabilitation    | 0   | % of manholes rehabbed    |
| Mainline rehabilitation   | 0   | % of sewer lines rehabbed |
| 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:

Our entire sewer system is now PVC and waste televised in 2012-2013.

3. Performance Indicators

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

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|   |  |
|---|--|
| 36.00                                     | Total actual amount of precipitation last year in inches |
| 31.25                                     | Annual average precipitation (for your location)         |
| 17.3                                      | Miles of sanitary sewer                                  |
| 7   | Number of lift stations                                  |
| 0   | Number of lift station failures                          |
| 0   | Number of sewer pipe failures                            |
| 6   | Number of basement backup occurrences                    |
| 6   | Number of complaints                                     |
| .497                                      | Average daily flow in MGD (if available)                 |
| .575                                      | Peak monthly flow in MGD (if available)                  |
|   | Peak hourly flow in MGD (if available)                   |
| 3.2 Performance ratios for the past year: |  |
| 0.00                                      | Lift station failures (failures/year)                    |
| 0.00                                      | Sewer pipe failures (pipe failures/sewer mile/yr)        |
| 0.00                                      | Sanitary sewer overflows (number/sewer mile/yr)          |
| 0.35                                      | Basement backups (number/sewer mile)                     |
| 0.35                                      | Complaints (number/sewer mile)                           |
| 1.2                                       | Peaking factor ratio (Peak Monthly: Annual Daily Avg)    |
| 0.0                                       | Peaking factor ratio (Peak Hourly: Annual Daily Avg)     |

4. Overflows

| LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OFERFLOWS 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:

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

No changes.

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

We continue to inspect the sewer system when we clean sewers.

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

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Last Updated: Reporting For:  
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## Grading Summary

WPDES No: 0021857

| SECTIONS                    | LETTER GRADE | GRADE POINTS | WEIGHTING FACTORS | SECTION POINTS |
|-----------------------------|--------------|--------------|-------------------|----------------|
| Influent                    |              |              |                   |                |
| BOD/CBOD                    |              |              |                   |                |
| TSS                         |              |              |                   |                |
| Ammonia                     |              |              |                   |                |
| Phosphorus                  |              |              |                   |                |
| Biosolids                   |              |              |                   |                |
| Staffing/PM                 |              |              |                   |                |
| OpCert                      |              |              |                   |                |
| Financial                   |              |              |                   |                |
| Collection                  |              |              |                   |                |
| TOTALS                      |              |              | 0                 | 0              |
| GRADE POINT AVERAGE (GPA) = |              |              |                   |                |

### 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)

# Compliance Maintenance Annual Report

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Last Updated: Reporting For:  
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## Resolution or Owner's Statement

Name of Governing

Body or Owner:

City of Stanley

Date of Resolution or

Action Taken:

06/06/2016

Resolution Number:

2016-006

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 =

Effluent Quality: BOD: Grade =

Effluent Quality: TSS: Grade =

Effluent Quality: Ammonia: Grade =

Effluent Quality: Phosphorus: Grade =

Biosolids Quality and Management: Grade =

Staffing: Grade =

Operator Certification: Grade =

Financial Management: Grade =

Collection Systems: Grade =

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

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. =