#### **RESOLUTION NO. 2023-01**

#### VILLAGE OF YORKVILLE SEWER AND WATER COMMISSION RACINE COUNTY, WISCONSIN

# A RESOLUTION TO ADOPT THE FINDINGS OF THE 2022 YORKVILLE SEWER UTILITY DISTRICT'S COMPLIANCE MAINTENANCE ANNUAL REPORT

THE SEWER AND WATER COMMISSION OF THE VILLAGE OF YORKVILLE, RACINE COUNTY, WISCONSIN, RESOLVES AS FOLLOWS:

WHEREAS, the Wisconsin Department of Natural Resources requires that all Wastewater Treatment and/or Collection Systems file a Compliance Maintenance Annual Report (hereinafter "CMAR") to comply with the Wisconsin Pollutant Discharge Elimination System permit issued to them under the authority of Wisconsin Administrative Code NR 208, and

WHEREAS, the Wisconsin Department of Natural Resources requires that municipal governing bodies review and adopt the findings outlined within the CMAR, and

WHEREAS, the Village of Yorkville Sewer and Water Commission has reviewed the 2022 CMAR presented by the Village of Yorkville Sewer Utility District, and

WHEREAS, the Village of Yorkville Sewer and Water Commission reports that the 2022 CMAR presented by the Village of Yorkville Sewer Utility District has an overall grade point average of 3.27.

NOW, THEREFORE, BE IT RESOLVED, that the Village of Yorkville Sewer and Water Commission adopts the findings outlined within the 2022 CMAR, and

BE IT FURTHER RESOLVED, that the Administrator/Clerk is hereby directed to post this resolution in three places within thirty days of its adoption, and

BE IT FURTHER RESOLVED, that this resolution takes effect the day following its posting.

This Resolution was adopted by the Village of Yorkville Sewer and Water Commission on May 16, 2023.

	VILLAGE OF SEWER AND	YORKVILLE WATER COMMISSION
Ayes:	By: Dayers	Dela
Nays: Ø	Douglas Nels	on, President
Abstentions:		nney, Administrator/Clerk
Absences:		

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Last Updated:

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2022

#### **Influent Flow and Loading**

1. Monthly Average Flows and BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	х	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0494	х	208	х	8.34	=	86
February	0.0581	х	218	х	8.34	=	106
March	0.0763	х	204	х	8.34	=	130
April	0.0932	х	106	х	8.34	=	83
May	0.0842	х	131	х	8.34	=	92
June	0.0691	х	196	х	8.34	=	113
July	0.0640	х	151	х	8.34	=	80
August	0.1116	х	69	х	8.34	=	64
September	0.1025	х	140	х	8.34	=	119
October	0.0854	х	204	х	8.34	=	145
November	0.0848	х	185	х	8.34	=	131
December	0.0955	х	137	х	8.34	=	109

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	X	%	=	% of Design
Max Month Design Flow, MGD	.295	x	90	=	0.2655
		х	100	=	.295
Design BOD, lbs/day	551	x	90	=	495.9
		x	100	=	551

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

	Months of Influent	flow was greater	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	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 ea	ach	2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Numb	er of Po	ints			0

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			5/14/2023	2022
3. Flow Meter				
3.1 Was the inf		librated in the last year?		
• Yes	Enter last calibr	ration date (MM/DD/YYYY)		
	2022-07-12			
o No				
If No, please ex	xplain:			
1. Sewer Use Ord		that limited on my		
		ver use ordinance that limited or pro C)BOD, SS, or pH) or toxic substance		
		d waste, or residences?	ces to the sewer nom	
• Yes	Hereign addition	waste, or residences.		
o No				
If No, please e	explain:			
11107	Apidiii			
	ssary to enforce the o	ordinance?		
o Yes				
• No				
If Yes, please	explain:			
5. Septage Receiv	dea			
		e septage at your facility?		
Septic Tanks	Holding Tanks			
o Yes	o Yes	o Yes		
14114	- W			
• No	• No	• No		
	ive septage at your f	facility? If yes, indicate volume in g	jallons.	
Septic Tanks				
o Yes		gallons		
• No				
Holding Tanks				
o Yes		gallons		
• No				
Grease Traps				
o Yes		gallons		
• No				
	any of the above, ple	ease explain if plant performance is	affected when receiv	ina
any of these was		ase explain it plant porterna.	allected wilding	ilig
	and to control of			
. Pretreatment				
6.1 Did your facil		ational problems, permit violations,		cerns,
or hazardous situ	uations in the sewer s	system or treatment plant that wer		
commercial or inc	dustrial discharges in			
o Yes				
• No				110111
If yes, describe	the situation and yo	our community's response.		
C 2 Did your facil	the seems bouled inc	to the transfer landfill leachate of		
o.Z DIG VOUL LACH	ity accept nauleu ilic	dustrial wastes, landfill leachate, etc	.C.?	

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o Yes

No

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

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

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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	13	1	0	0
February	20	18	14	1	0	0
March	20	18	10	1	0	0
April	20	18	10	1	0	0
May	20	18	12	1	0	0
June	20	18	10	1	0	0
July	20	18	6	1	0	0
August	20	18	9	1	0	0
September	20	18	2	1	0	0
October	20	18	3	1	0	0
November	20	18	9	1	0	0
December	20	18	13	1	0	0
		* Equ	als limit if limit is	<= 10		
Months of di	scharge/yr			12		
oints per ea	ach exceedance	e with 12 mon	ths of discharge		7	3
xceedances					0	0
Points					0	0
otal numb	er 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	~	Makau	Call	hration
	INM	MENTER	can	nrannn

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

Yes

Enter last calibration date (MM/DD/YYYY)

2022-07-12

O No

If No, please explain:

3. Treatment Problems

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

The new plant was put online August 1st 2022

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

o No

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-		-47.7	CONTRACTOR OF		
11	VAC	n	lease	AVD	lain.
41	100,	$\mathbf{\nu}$	Cusc	CAD	ICHIII.

Chlorides due to Racine County highway dept located right by the plant with over 1000 tons of salt stored on-site and 40 plus trucks spreading salt

- 4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?
- o Yes
- No

If Yes, please explain:

- 4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?
- o Yes
- O No
- · N/A

Please explain unless not applicable:

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

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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	12	1	0	0
February	20	18	14	1	0	0
March	20	18	12	1	0	0
April	20	18	11	1	0	0
May	20	18	9	1	0	0
June	20	18	15	1	.0	0
July	20	18	11	1	0	0
August	20	18	5	1	0	0
September	20	18	3	1	0	0
October	20	18	4	1	0	0
November	20	18	11	1	0	0
December	20	18	7	1	0	0
	70	* Equ	uals limit if limit is	<= 10		
1onths of Di	scharge/yr			12		
oints per	each exceeda	nce with 12	months of discha	arge:	7	3
xceedances					0	0
oints					0	0
otal Numb	er 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?

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

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#### Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

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

Outfall No.	Monthly	Weekly	Effluent	Monthly	Effluent	Effluent	Effluent	Effluent	Weekly
001	Average	Average	Monthly	Permit	Weekly	Weekly	Weekly	Weekly	Permit
	NH3	NH3	Average	Limit	Average		Average	Average	Limit
	Limit	Limit	NH3	Exceed	for Week	for Week	for Week	for Week	Exceed
	(mg/L)	(mg/L)	(mg/L)	ance	1	2	3	4	ance
January	12.4		11.689	0					
February	12.4		20.625	1					
March	12.4		21	1					
April	12.4		13.04	1					
May	2.2		.738	0					
June	2.2		.23	0					
July	2.2		.189	0					
August	2.2		1.122	0					
September	2.2		0	0					
October	2.2		0	0					
November	12.4		1.013	0					Harris VI
December	12.4		1.478	0					
Points per ea	ach exceed	dance of M	lonthly av	erage:					10
xceedances	, Monthly	:							3
oints:									30
oints per ea	ch exceed	dance of w	eekly ave	rage (whe	en there is	no month	ly average	e):	2.5
xceedances	, Weekly:								0
oints:									0
otal Numb	er of Poi	nts							30

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points. 1.2 If any violations occurred, what action was taken to regain compliance?

New plant put online August 1st 2022

Total Points Generated	30
Score (100 - Total Points Generated)	70
Section Grade	D

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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	1.283	1	1
February	1	1.925	1	1
March	1	0.652	1	0
April	1	0.501	1	0
May	1	0.671	1	0
June	1	6.489	1	1
July	.8	0.958	1	1
August	.8	1.320	1	1
September	.8	1.969	1	1
October	.8	1.288	1	1
November	.8	2.294	1	1
December	.8	0.844	1	1
onths of Discharg	je/yr		12	
oints per each e	je:	10		
xceedances		9		
otal Number of	Points			90

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?

Old plant was unable to meet phosphorus limits due to high effluent SS of the plant effluent. New plant was put online August 1st 2022.

Total Points Generated	90
Score (100 - Total Points Generated)	10
Section Grade	F

90

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#### **Biosolids Quality and Management**

Biosolids Use/Disposal     Ghadall that	
1.1 How did you use or dispose of your biosolids? (Check all that a ☐ Land applied under your permit	арріу)
☐ Publicly Distributed Exceptional Quality Biosolids	
☐ Hauled to another permitted facility	
☐ Landfilled	The second secon
☐ Incinerated	
☐ Other	
NOTE: If you did not remove biosolids from your system, please as lagoons, reed beds, recirculating sand filters, etc.	describe your system type such
1.1.1 If you checked Other, please describe:	

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.

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	
Arsenic		41	75						<92.4								0	0
Cadmium		39	85						<.84								0	0
Copper		1500	4300						357								0	0
Lead		300	840						<37.8								0	0
Mercury		17	57						<.36								0	0
1olybdenum	60		75						16.4							0		0
Nickel	336		420				-	-	<16.7	-						0		0
Selenium	80		100						<82.6							0		0
Zinc		2800	7500						415								0	0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

**Exceedence Points** 

- 0 (0 Points)
- o 1-2 (10 Points)
- 0 > 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)
- o Yes
- o No (10 points)
- N/A Did not exceed limits or no HQ limit applies (0 points)
- o 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)
- 0 1 (10 Points)
- 0 > 1 (15 Points)
- 3.1.4 Were biosolids land applied which exceeded the ceiling limit?
- o Yes (20 Points)
- No (0 Points)

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Has the source of the metals been identified?	0
6. Biosolids Storage	+
6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?  • >= 180 days (0 Points)	
o 150 - 179 days (10 Points)	
o 120 - 149 days (20 Points)	
o 90 - 119 days (30 Points)	0
o < 90 days (40 Points)	
o N/A (0 Points)	
6.2 If you checked N/A above, explain why.	
7. Issues	+
7.1 Describe any outstanding biosolids issues with treatment, use or overall management:	

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

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

Plant Staffing     1.1 Was your wastewater treatment plant adequately staffed last year?     • Yes	
o No	
If No, please explain:	
Trivo, piedse explain.	
Could use more help/staff for:	
1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?  • Yes  • No  If No, please explain:	
Preventative Maintenance     2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?      ● Yes (Continue with question 2) □□     ○ No (40 points)□□	
If No, please explain, then go to question 3:	
<ul> <li>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</li> <li>Yes</li> </ul>	0
o No (10 points)	
<ul><li>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</li><li>Yes</li></ul>	
Paper file system	
o Computer system	
o Both paper and computer system	
o No (10 points)	
<ul> <li>3. O&amp;M Manual</li> <li>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</li> <li>Yes</li> </ul>	
o No	
4. Overall Maintenance /Repairs 4.1 Rate the overall maintenance of your wastewater plant.  • Excellent	
O Very good	
o Good	
o Fair	
o Poor	
Describe your rating:	
we follow recommendations for preventive maintenaance	

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

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0

#### Operator Certification and Education

1. Operator-In-Charge	
<ul><li>1.1 Did you have a designated operator-in-charge during the report year?</li><li>Yes (0 points)</li></ul>	
o No (20 points)	
Name:	0
GARY W HANSON	
Certification No:	
01590	

2. Certification Requirements

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

Sub	SubClass Description	WWTP		OIC			
Class		Basic	OIT	Basic	Advanced		
A1 Suspended Growth Processes A2 Attached Growth Processes		X			X		
					×		
А3	Recirculating Media Filters						
A4	Ponds, Lagoons and Natural				X		
A5	Anaerobic Treatment Of Liquid						
В	Solids Separation	Х			×		
С	Biological Solids/Sludges	X			X		
Р	Total Phosphorus	X			×		
N	Total Nitrogen						
D	Disinfection			Desired to the	×		
L	Laboratory	X			X		
U	Unique Treatment Systems						
SS	Sanitary Sewage Collection	X	NA	NA	NA		

- 2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)
  - Yes (0 points)
  - o No (20 points)
- 3. Succession Planning
- 3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

☑ One or more additional certified operators on staff

- ☐ An arrangement with another certified operator
- ☐ An arrangement with another community with a certified operator
- An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- ☐ A consultant to serve as your certified operator
- ☐ None of the above (20 points)
- If "None of the above" is selected, please explain:

4. Continuing Education Credits

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

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OIT and Basic Certification: o Averaging 6 or more CECs per year.		
O Averaging less than 6 CECs per year.		
Advanced Certification:		
<ul> <li>Averaging 8 or more CECs per year.</li> </ul>		
O Averaging less than 8 CECs per year		

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

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Financial	Management
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Name:					
	Michael McKinney		1		
Telephone:	, noned i formito)		_		
	2628782123		(XX	(X) XXX-XXXX	
E-Mail Address					
(optional):					
Treatment Works Operati     1.1 Are User Charges or other     treatment plant AND/OR collection     • Yes (0 points) □□     • No (40 points)	her revenues sufficient to cove	er O&M e	xpenses fo	or your wastewater	
If No, please explain:					
2.2 When was the User Cha Year: 2022	arge System or other revenue	source(s	) last revi	ewed and/or revised?	0
<ul> <li>0-2 years ago (0 points)</li> <li>0 3 or more years ago (20</li> <li>0 N/A (private facility)</li> </ul>					
	account (e.g., CWFP required	segregat			
plant and/or collection syste  Yes (0 points)	for repairing or replacing equing?	ipment f	or your wa	stewater treatment	
plant and/or collection syste		ipment fo	or your wa	stewater treatment	
<ul><li>plant and/or collection syste</li><li>Yes (0 points)</li><li>No (40 points)</li></ul>					
plant and/or collection syste     Yes (0 points)     No (40 points)     REPLACEMENT FUNDS [PUE 3. Equipment Replacement F 3.1 When was the Equipment Year:	m? BLIC MUNICIPAL FACILITIES S	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste     Yes (0 points)     No (40 points)     REPLACEMENT FUNDS [PUB 3. Equipment Replacement F 3.1 When was the Equipment Year:	m? BLIC MUNICIPAL FACILITIES S unds nt Replacement Fund last revi	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste     Yes (0 points)     No (40 points)     REPLACEMENT FUNDS [PUE 3. Equipment Replacement F 3.1 When was the Equipment Year:     2022     1-2 years ago (0 points)	m?  BLIC MUNICIPAL FACILITIES S  Funds  nt Replacement Fund last revi	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste     Yes (0 points)     No (40 points)     REPLACEMENT FUNDS [PUB 3. Equipment Replacement F 3.1 When was the Equipment Year:	m?  BLIC MUNICIPAL FACILITIES S  Funds  nt Replacement Fund last revi	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste    Yes (0 points)    No (40 points)    REPLACEMENT FUNDS [PUE 3. Equipment Replacement F 3.1 When was the Equipment Year:	m?  BLIC MUNICIPAL FACILITIES S  Funds  nt Replacement Fund last revi	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste  Yes (0 points)  No (40 points)  REPLACEMENT FUNDS [PUE  3. Equipment Replacement F  3.1 When was the Equipment Year:  2022  1-2 years ago (0 points)  3 or more years ago (20 points)	m?  BLIC MUNICIPAL FACILITIES S  Funds  nt Replacement Fund last revi	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste    Yes (0 points)    No (40 points)    REPLACEMENT FUNDS [PUE 3. Equipment Replacement F 3.1 When was the Equipment Year:	m?  BLIC MUNICIPAL FACILITIES Sunds  Int Replacement Fund last revi	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste    Yes (0 points)    No (40 points)    REPLACEMENT FUNDS [PUE 3. Equipment Replacement F 3.1 When was the Equipment Year:	m?  BLIC MUNICIPAL FACILITIES Sunds  Int Replacement Fund last revi	SHALL CO	MPLETE Q	UESTION 3]	
plant and/or collection syste     Yes (0 points)     No (40 points)     REPLACEMENT FUNDS [PUE 3. Equipment Replacement F 3.1 When was the Equipment Year:	BLIC MUNICIPAL FACILITIES Sunds for Replacement Fund last revi	SHALL CO	MPLETE Q	ed?	
plant and/or collection syste    Yes (0 points)    No (40 points)    REPLACEMENT FUNDS [PUE  3. Equipment Replacement F 3.1 When was the Equipment Year:	BLIC MUNICIPAL FACILITIES Solutions funds funds for Replacement Fund last revi  Dipoints)  Fund Activity forted on Last Year's CMAR fisary (e.g. earned interest, for excess funds, increase funds, etc.)	SHALL CO	MPLETE Q	UESTION 3] ed? 41,844.81	
plant and/or collection syste    Yes (0 points)    No (40 points)    REPLACEMENT FUNDS [PUE  3. Equipment Replacement F    3.1 When was the Equipment Year:	BLIC MUNICIPAL FACILITIES Solutions funds funds fund Replacement Fund last revi  points)  Fund Activity  corted on Last Year's CMAR  ssary (e.g. earned interest, for excess funds, increase funds, increase funds, increase funds, increase	SHALL CO	MPLETE Q	UESTION 3] ed? 41,844.81 1,846.78	

			ast Update 5/14/2023		1000
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)		\$	(	0.00	
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		\$	129,291	1.59	
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 majo	r repairs f	rom 3.2.5	above.	
none					
3.3 What amount should be in your Replacement Fund?	\$	85,60	0.00		0
<ul> <li>3.3.1 Is the December 31 Ending Balance in your Replace greater than the amount that should be in it (#3.3)?</li> <li>Yes</li> <li>No</li> <li>If No, please explain.</li> </ul>	ement Fu	ind above,	(#3.2.6)	equal to, or	
i No, piease explain.					
Future Planning 4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of Yes - If Yes, please provide major project information, o No	system?				
<ul> <li>Future Planning</li> <li>4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of yes - If Yes, please provide major project information,</li> </ul>	system?	eady liste	d below.□		
I. Future Planning 4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of Yes - If Yes, please provide major project information,  No  Project Project Description	system?	eady liste	d below.	Approximate Construction Year	
I. Future Planning 4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of yes - If Yes, please provide major project information,  No  Project  Project Description	system?	eady liste	d below.   Estimated  Cost	Approximate Construction Year	
I. Future Planning 4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of Yes - If Yes, please provide major project information, o No  Project Project Description  1 Upgrade collection system lift stations  I. Financial Management General Comments	system?	eady liste	d below.   Estimated  Cost	Approximate Construction Year	
I. Future Planning 4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of yes - If Yes, please provide major project information, o No  Project Project Description  1 Upgrade collection system lift stations  Financial Management General Comments  ENERGY EFFICIENCY AND USE	system?	eady liste	d below.   Estimated  Cost	Approximate Construction Year	
I. Future Planning 4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of Yes - If Yes, please provide major project information, o No  Project Project Description  1 Upgrade collection system lift stations  I. Financial Management General Comments	system? if not alr	ready liste	d below.   Estimated  Cost	Approximate Construction Year	
A. Future Planning 4.1 During the next ten years, will you be involved in form or new construction of your treatment facility or collection of yes - If Yes, please provide major project information, o No  Project Project Description  1 Upgrade collection system lift stations  5. Financial Management General Comments  ENERGY EFFICIENCY AND USE  Collection System  6.1 Energy Usage	system? if not alr	ready liste	d below.   Estimated  Cost	Approximate Construction Year	

Yorkville Sewer Utility District No 1

Last Updated: Reporting For: 5/14/2023 2022

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)		
January	1,504			
February	1,417			
March	1,435			
April	1,575			
May	1,696			
June	1,825			
July	1,618			
August	1,376			
September	1,596			
October	598			
November	345			
December	408			
Total	15,393	0		
Average	1,283	0		
5.2.1 Indicate  ☐ Comminut ☐ Extended	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps	ment utilized at your pump/lift station	ns (Check all that ap	ply):
.2 Energy Ref 5.2.1 Indicate Solution Comminut Extended Flow Mete Pneumatio SCADA Sy Self-Primit Submersit	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording : Pumping stem ing Pumps		ns (Check all that ap	pply):
.2 Energy Rel 5.2.1 Indicate S Comminut S Extended S Flow Mete S Pneumatio S SCADA Sy Self-Primit	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording : Pumping stem ing Pumps		ns (Check all that ap	oply):
.2 Energy Rei 5.2.1 Indicate	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording : Pumping stem ing Pumps		ns (Check all that ap	oply):
.2 Energy Rei 5.2.1 Indicate	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping stem ng Pumps ple Pumps peed Drives		ns (Check all that ap	oply):
.2 Energy Rei 5.2.1 Indicate	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping stem ng Pumps ple Pumps peed Drives		ns (Check all that ap	oply):
.2 Energy Rei 5.2.1 Indicate	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping estem ng Pumps ple Pumps peed Drives	utilized at your pump/lift station	ns (Check all that ap	oply):
.2 Energy Rei 5.2.1 Indicate	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping estem ng Pumps ple Pumps peed Drives		ns (Check all that ap	oply):
.2 Energy Rei 5.2.1 Indicate	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping estem ng Pumps ple Pumps peed Drives	utilized at your pump/lift station	ns (Check all that ap	oply):
2 Energy Rel 2.2.1 Indicate 3.2.1 Indicate 4 Comminut 5.2.1 Extended 5 Flow Mete 6 Pneumatic 6 SCADA Sy 6 Self-Primit 7 Submersit 8 Variable S 7 Other: 8.2.2 Comme	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping estem ng Pumps ple Pumps peed Drives	utilized at your pump/lift station	ns (Check all that ap	oply):
.2 Energy Rel 5.2.1 Indicate     Comminut     Extended     Flow Mete     Pneumatic     SCADA Sy     Self-Primit     Submersit     Variable S     Other:  3 Has an Energy     Yes Year:	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping estem ng Pumps ple Pumps peed Drives	utilized at your pump/lift station	ns (Check all that ap	oply):
.2 Energy Rei 5.2.1 Indicate	lated Processes and Equip e equipment and practices cion or Screening Shaft Pumps ring and Recording Pumping estem ng Pumps ple Pumps peed Drives	utilized at your pump/lift station	ns (Check all that ap	oply):

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Last Updated: Reporting For: 5/14/2023 2022

6.4 Fut	ure Ene	ray Relate	ed Equipm	ent
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6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

#### 7. Treatment Facility

7.1 Energy Usage

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

#### **TREATMENT PLANT: Total Power Consumed/Month**

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/ Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/ Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	16,604	1.53	10,852	2.67	6,219	117
February	16,718	1.63	10,256	2.97	5,629	380
March	14,286	2.37	6,028	4.03	3,545	418
April	12,120	2.80	4,329	2.49	4,867	330
May	11,211	2.61	4,295	2.85	3,934	58
June	12,381	2.07	5,981	3.39	3,652	1
July	13,706	1.98	6,922	2.48	5,527	1
August	17,007	3.46	4,915	1.98	8,589	0
September	23,680	3.08	7,688	3.57	6,633	0
October	23,200	2.65	8,755	4.50	5,156	1,318
November	23,280	2.54	9,165	3.93	5,924	1,476
December	15,376	2.96	5,195	3.38	4,549	2,218
Total	199,569	29.68		38.24		6,317
Average	16,631	2.47	7,032	3.19	5,352	632

7.1.2 Comments:

7.	2	Energy	Related	Processes	and	Equipment

- 7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):
- Aerobic Digestion
- ☐ Anaerobic Digestion
- ☑ Biological Phosphorus Removal
- ☑ Coarse Bubble Diffusers
- ☑ Dissolved O2 Monitoring and Aeration Control
- ☑ Fine Bubble Diffusers
- ☑ Influent Pumping
- ☐ Mechanical Sludge Processing
- ☑ Nitrification
- ☐ UV Disinfection
- ☑ Variable Speed Drives
- ☐ Other:

**Yorkville Sewer Utility District No 1** Last Updated: Reporting For: 5/14/2023 2022 7.2.2 Comments: 7.3 Future Energy Related Equipment 7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility? none 8. Biogas Generation 8.1 Do you generate/produce biogas at your facility? No o Yes If Yes, how is the biogas used (Check all that apply): ☐ Flared Off □ Building Heat ☐ Process Heat ☐ Generate Electricity ☐ Other: 9. Energy Efficiency Study 9.1 Has an Energy Study been performed for your treatment facility? O No Yes ☑ Entire facility Year: 2021 By Whom: SEH Describe and Comment: Design of new treatment plant. including influent pumping, SBR and effluent pumping □ Part of the facility Year: By Whom: Describe and Comment:

Yorkville Sewer Utility District No 1 Last Updated: Reporting For: 5/14/2023 2022

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

Yorkville Sewer Utility District No 1

Last Updated: Reporting For:

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### **Sanitary Sewer Collection Systems**

Capacity, Management, Operation, and Maintenance (CMOM) Program     Do you have a CMOM program that is being implemented?	
• Yes	
o No	
If No, explain:	
1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?	
• Yes	
o No (30 points) o N/A	
If No or N/A, explain:	
I No or NyA, explain.	
1.3. Donous CMOM assessment and the following assessment and there? (about the	
<ul> <li>1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)</li> <li>☑ Goals [NR 210.23 (4)(a)]</li> </ul>	
Describe the major goals you had for your collection system last year:	
reduce I&I and sample all users yearly	
Did you accomplish them?	
• Yes	
o No	
If No, explain:	
□ Organization [NR 210.23 (4) (b)]     □	
Does this chapter of your CMOM include:	
☑ Organizational structure and positions (eg. organizational chart and position descriptions)	
☑ Internal and external lines of communication responsibilities	
☑ Person(s) responsible for reporting overflow events to the department and the public	
□ Legal Authority [NR 210.23 (4) (c)]	
What is the legally binding document that regulates the use of your sewer system?	
sewer use ordiance	
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2020-08-01	
Does your sewer use ordinance or other legally binding document address the following:  ☑ Private property inflow and infiltration	
☑ New sewer and building sewer design, construction, installation, testing and inspection	
☑ Rehabilitated sewer and lift station installation, testing and inspection	
Sewage flows satellite system and large private users are monitored and controlled, as necessary	
☐ Fat, oil and grease control	
☑ Enforcement procedures for sewer use non-compliance	
☑ Operation and Maintenance [NR 210.23 (4) (d)]	
Does your operation and maintenance program and equipment include the following:   Equipment and replacement part inventories	
☑ Up-to-date sewer system map	
☐ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation	

Yorkville Sewer Utility District No 1

5/14/2023 2022 ☐ A description of routine operation and maintenance activities (see question 2 below) ☐ Capacity assessment program ☐ Basement back assessment and correction ☑ Regular O&M training ☑ Design and Performance Provisions [NR 210.23 (4) (e)]
☐ ☐ What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property? ☑ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements ☑ Construction, Inspection, and Testing Others: ☑ Overflow Emergency Response Plan [NR 210.23 (4) (f)]□□ Does your emergency response capability include: 0 Responsible personnel communication procedures ☐ Response order, timing and clean-up ☑ Public notification protocols ▼ Training
 ▼ Training ☐ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]☐☐ ☐ Special Studies Last Year (check only those that apply): ☐ Infiltration/Inflow (I/I) Analysis ☐ Sewer System Evaluation Survey (SSES) ☐ Sewer Evaluation and Capacity Managment Plan (SECAP) ☐ Lift Station Evaluation Report ☐ Others: 2. Operation and Maintenance 2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained. % of system/year 33 Cleaning 0 % of system/year Root removal 0 % of system/year Flow monitoring % of system/year Smoke testing Sewer line 33 % of system/year televising Manhole 10 % of system/year inspections Lift station O&M 120 # per L.S./year Manhole % of manholes rehabbed 10 rehabilitation Mainline rehabilitation % of sewer lines rehabbed Private sewer % of system/year inspections Private sewer I/I % of private services removal

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Yorkville Sewer Utility District No 1

		5/14/20	23 202
River or water rossings Please include add	0 % of pitional comments about your sanita	pipe crossings evaluated or ma ry sewer collection system bel	
Performance Indic	ators		
	wing collection system and flow info Total actual amount of precipitati		
34.2	1 Annual average precipitation (for	your location)	
	Miles of sanitary sewer		
	Number of lift stations		
	Number of lift station failures		
	Number of sewer pipe failures		
	Number of basement backup occu	irrences	
	Number of complaints		
	Average daily flow in MGD (if ava	lable)	
	Peak monthly flow in MGD (if ava	lable)	
	Peak hourly flow in MGD (if availa	ble)	
	os for the past year:  Lift station failures (failures/year)		
	Sewer pipe failures (pipe failures/		
	Sanitary sewer overflows (numbe		
0.0	0.00 Basement backups (number/sewer mile)		
0.0	Complaints (number/sewer mile)		
	Peaking factor ratio (Peak Monthly	/:Annual Daily Avg)	
	Peaking factor ratio (Peak Hourly:	Annual Daily Avg)	
Overflows			
LIST OF SANITARY	SEWER (SSO) AND TREATMENT FA	ACILITY (TFO) OVERFLOWS RI	EPORTED **
Date	Location	Cause	Estimated Volume
0 11/13/2022 6:00:00 A 11/13/2022 8:00:00 A	M - 14100 washington ave M	Equipment Failure, Other causes	500
* If there were any SSOs	or TFOs that are not listed above, please co	ntact the DNR and stop work on this	section until
orrected. What actions were taken	or are underway, to reduce or eliminate SSC	or TEO occurences in the future?	
	o prevent future problems	of 110 occurences in the lattice	
Infiltration / Inflow 5.1 Was infiltration/i	nflow (I/I) significant in your comm	unity last year?	
o Yes			
• No			
If Yes, please descr	ibe:		

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5/14/2023	2022	

	3/14/2023	2022
o Yes		
• No		
If Yes, please describe:		
5.3 Explain any infiltration/inflow (I/I) changes this year fi	rom previous years:	
none		
5.4 What is being done to address infiltration/inflow in you	ur collection system?	
annual TVing of part of the system and repairing leaks a	s they are found.	

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

Yorkville Sewer Utility District No 1

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#### **Grading Summary**

WPDES No: 0029831

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Ammonia	D	1	5	5
Phosphorus	F	0	3	0
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			37	121
GRADE POINT AVER	RAGE (GPA) = 3.27			

#### 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)

Yorkville Sewer Utility District No 1

Last Updated: Reporting For:

	3/14/2023	2022
esolution or Owner's Statement		
Name of Governing		
Body or Owner:		
rate of Resolution or ction Taken:		
cuon raken.		
esolution Number:		
ate of Submittal:		
CTIONS SET FORTH BY THE GOVERNING BODY OR OF SECTIONS (Optional for grade A or B. Required for grantlent Flow and Loadings: Grade = A		CMAR
Effluent Quality: BOD: Grade = A		
Effluent Quality: TSS: Grade = A		
Effluent Quality: Ammonia: Grade = D		
Effluent Quality: Phosphorus: Grade = F		
Biosolids Quality and Management: Grade = A		
Staffing: Grade = A		
Operator Certification: Grade = A		
Financial Management: Grade = A		
Collection Systems: Grade = A		
Regardless of grade, response required for Collection Syst	ems if SSOs were reported)	
CTIONS SET FORTH BY THE GOVERNING BODY OR O	MALES DEL ATTILO TO THE OVER	2011
RADE POINT AVERAGE AND ANY GENERAL COMMENT		MALL
optional for G.P.A. greater than or equal to 3.00, required	for G.P.A. less than 3.00)	