### **Evansville Wastewater Treatment Facility**

Last Updated: Reporting For: 5/27/2021

2020

## **Influent Flow and Loading**

- 1. Monthly Average Flows and BOD Loadings
- 1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.4334	Х	126	Х	8.34	=	455
February	0.4138	Х	134	Х	8.34	=	463
March	0.5379	Х	127	Х	8.34	=	570
April	0.5124	Х	148	Х	8.34	=	633
May	0.5314	Χ	122	Х	8.34	=	541
June	0.4908	Χ	133	Х	8.34	=	542
July	0.4626	Χ	90	Х	8.34	=	347
August	0.4029	Χ	92	Х	8.34	=	309
September	0.4369	Χ	229	Х	8.34	=	834
October	0.3854	Х	111	Х	8.34	=	357
November	0.3720	Х	149	Х	8.34	=	462
December	0.3605	Х	283	Х	8.34	=	851

- 2. Maximum Monthly Design Flow and Design BOD Loading
- 2.1 Verify the design flow and loading for your facility.

Design	Design Factor	х	%	=	% of Design
Max Month Design Flow, MGD	1.4	х	90	=	1.26
		Х	100	=	1.4
Design BOD, lbs/day	1450	х	90	=	1305
		Х	100	=	1450

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	; <u> </u>	0	0	0	0
Points		0	0	0	0
Total Number of Points					0

0

### **Evansville Wastewater Treatment Facility**

		-	
3. Flow Meter			
		rated in the last year?	
• Yes		cion date (MM/DD/YYYY)	
	2020-10-09		
o No			
If No, please explai	<u>n:</u>		
4. Sewer Use Ordinar	200		
		use ordinance that limited or prohibited the discharge of	
		BOD, SS, or pH) or toxic substances to the sewer from	
		vaste, or residences?	
<ul><li>Yes</li></ul>			
○ No			
If No, please expla	ain:		
4.2 Was it necessary	to onforce the or	dinanco?	
O Yes	to enforce the on	ulliance:	
• No			
If Yes, please expl	ain:		
Trest piedse expr	<u> </u>		
5. Septage Receiving			
		septage at your facility?	
Septic Tanks	Holding Tanks	Grease Traps	
o Yes	o Yes	o Yes	
• No	• No	● No	
5.2 Did you receive	septage at your fa	clity? If yes, indicate volume in gallons.	
Septic Tanks	soptage at you. Ta	Sincy ( 1. ) Co. manage volume in gaments	
o Yes		gallons	
• No			
Holding Tanks			
o Yes		gallons	
• No			
Grease Traps			
o Yes		gallons	
• No			
	of the above nlea	se explain if plant performance is affected when receiving	
any of these wastes		se explain it plant performance is affected when receiving	
6. Pretreatment			
		ional problems, permit violations, biosolids quality concerns,	
or nazardous situation commercial or indus		ystem or treatment plant that were attributable to	
O Yes	trial discriarges in	the last year:	
• No			
	e situation and voi	ur community's response.	
2. 7007 40001100 111	2 Sicaacion ana you		
6.2 Did your facility	accent hauled indu	ustrial wastes landfill leachate etc ?	

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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	
Score (100 - Total Points Generated)	
Section Grade	

**Evansville Wastewater Treatment Facility** 

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### **Effluent Quality and Plant Performance (BOD/CBOD)**

<ol> <li>Effluo</li> </ol>	uent (	(C)	BOD	Result	S
----------------------------	--------	-----	-----	--------	---

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

Outfall No.	Monthly	90% of	Effluent Monthly	Months of	Permit Limit	90% Permit
001	Average Limit (mg/L)	Permit Limit > 10 (mg/L)	Average (mg/L)	Discharge with a Limit	Exceedance	Limit Exceedance
January	50	45	4	1	0	0
February	50	45	6	1	0	0
March	50	45	4	1	0	0
April	50	45	5	1	0	0
May	50	45	3	1	0	0
June	50	45	3	1	0	0
July	50	45	2	1	0	0
August	50	45	1	1	0	0
September	50	45	1	1	0	0
October	50	45	1	1	0	0
November	50	45	1	1	0	0
December	50	45	2	1	0	0
		* Eq	uals limit if limit is	<= 10		
Months of di	ischarge/yr			12		
Points per each exceedance with 12 months of discharge					7	3
Exceedances					0	0
Points					0	0
Total 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	Flow	Meter	Calibration
∠.	1 10 00	merei	Campanon

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

o Yes

Enter last calibration date (MM/DD/YYYY)

No

If No, please explain:

Effluent flow is calculated from measuring elevation and referring to the calibration chart.

- 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?
- o Yes
- No

### **Evansville Wastewater Treatment Facility**

<u>,                                      </u>	5/27/2021	2020
If Yes, please explain:		
<ul><li>4.2 At any time in the past year was there a failure of an effluent acute or cloxicity (WET) test?</li><li>Yes</li></ul>	nronic whole eff	fluent
• No		
If Yes, please explain:		
4.3 If the biomonitoring (WET) test did not pass, were steps taken to identification source(s) of toxicity?	y and/or reduce	9
o Yes		
o No		
• N/A		
Please explain unless not applicable:		

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

#### **Evansville Wastewater Treatment Facility**

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## **Effluent Quality and Plant Performance (Total Nitrogen)**

1. Effluent Total Nitrogen Results

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

rotal Nulliber of	FUIILS			10
Total Number of	Points			10
Exceedances	1			
Points per each	10			
Months of Dischar	ge/yr		12	
December	10	8.214	1	0
November	10	8.305	1	0
October	10	6.364	1	0
September	10	10.439	1	1
August	10	7.538	1	0
July	10	8.729	1	0
June	10	6.676	1	0
May	10	8.184	1	0
April	10	6.733	1	0
March	10	8.41	1	0
February	10	8.225	1	0
January	10	7.572	1	0
	Limit (mg/L)	Average N (mg/L)	Discharge with a Limit	Exceedance
Outfall No. 001	Monthly Average N	Effluent Monthly	Months of	Permit Limit

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

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

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

The actuators that control air flow to the VLR basins failed and were being repaired. During this time DO in the basin was not being regulated as closely. Once the actuators were repaired and working properly the problem was resolved. We also plan to have our anoxic basin cleaned out this summer. We are hoping that helps with our TN as well.

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

10

**Evansville Wastewater Treatment Facility** 

Last Updated: Reporting For: 5/27/2021

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# **Groundwater Quality**

ſ	Total Points Generated	
2	. Groundwater Evaluation Report 2.1 Has a comprehensive Groundwater Compliance Evaluation Report been done by either your consultant or the Department ?  O Yes  Date:  No  If yes, what were the findings:	
(   	1.3 At any time in the past year were there Enforcement Standard (ES) or ES Alternative Concentration Limit (ACL) exceedances at any point of standards application monitoring well? Point of standards application monitoring wells are those wells used to determine if an ES or ACL has been exceeded at any one or more of the following: 1) Any point of groundwater use; 2) Any point beyond the property boundary on which the facility is located; 3) Any point beyond the design management zone.  O Yes (10 points)  No  N/A - Based on a Department confirmation that the hydrogeologic situation is, in effect, a diffuse surface water discharge system rather than a discharge system potentially impacting the groundwater beyond a groundwater compliance boundary. In this case the facility may have received an NR 140.28 exemption.  If Yes, please list the exceedances in each well:	0
(	<ul> <li>1.2 At any time in the past year were there Enforcement Standard (ES) or ES Alternative Concentration Limit (ACL) exceedances in any groundwater monitoring well downgradient of the discharge location?</li> <li>Yes (20 points)</li> <li>No (If no, proceed to question 1.3)</li> <li>N/A - Based on a Department confirmation that the hydrogeologic situation is, in effect, a diffuse surface water discharge system.</li> <li>If Yes, please list the exceedances in each well:</li> </ul>	
(	<ul> <li>Groundwater Quality Standards</li> <li>1.1 At any time in the past year were there Preventative Action Limit (PAL) or Alternative Concentration Limit (ACL) exceedances of public health and welfare parameters in any groundwater monitoring wells downgradient of the discharge location?         <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>If Yes, please list the exceedances in each downgradient well:</li> </ul>	

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

### **Evansville Wastewater Treatment Facility**

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# **Biosolids Quality and Management**

1. Biosolide	-				_													
1.1 How did you use or dispose of your biosolids? (Check all that apply)																		
	Land applied under your permit																	
☐ Publicl	☐ Publicly Distributed Exceptional Quality Biosolids																	
	☐ Hauled to another permitted facility																	
☐ Landfil	□ Landfilled																	
☐ Incine	□ Incinerated																	
☐ Other																		
NOTE: If	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:																	
,																		
3. Biosolids	Meta	als																
Number o	f bios	olids	outfal	ls in	your	WPD	ES p	ermi	t:									
3.1 For ea	ich oi	ıtfall	tested	ver	ifv th	e hic	nsolic	ls me	etal d	ualit	v val	ues f	or vo	ur fa	cility	durin	a the	last
calendar y		aciuii	testeu	, •	ii y ci	ic bic	)3011C	13 1110	cai q	uunt	y van	ucs i	oi yo	ui iu	Cilicy	uuriii	g the	last
Outfall No.						<u> </u>	— <u> </u>											
Parameter	80%		Ceiling	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80%		Ceiling
	of Limit	Limit	Limit													value	Quality	
Arsenic		41	75						1.601	8							0	0
Cadmium		39	85						<6.08								0	0
Copper		1500	4300						909								0	0
Lead		300	840						32								0	0
Mercury		17	57						.63								0	0
Molybdenum	60		75						7.1							0		0
Nickel	336		420						<9.12							0		0
Selenium	80		100						8.480	2						0		0
Zinc		2800	7500						793								0	0
Outfall No. 0	04 - D	rying E	Bed Sluc	lge (C	ake)													
Parameter	80%	H.Q.	Ceiling	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80%	High	Ceiling
	of	_	Limit				'	'									Quality	
A	Limit	41	75															
Arsenic		41	75						0								0	0
Cadmium		39	85						0								0	0
Copper		1500							0								0	0
Lead		300	840						0								0	0
Mercury		17	57						0								0	0
Molybdenum			75						0							0	1	0
Nickel	336		420						0							0		0
Selenium	80		100						0							0		0

#### **Evansville Wastewater Treatment Facility**

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Outfall No	Outfall No. 002 - LAGOON SLUDGE (Liquid)																	
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						0								0	0
Cadmium																	0	0
Copper		1500	4300						0								0	0
Lead		300	840						0								0	0
Mercury		17	57						0								0	0
Molybdenum	60		75						0							0		0
Nickel	336		420						0							0		0
Selenium	80		100						0							0		0
Zinc		2800	7500						0								0	0

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)
- 0 1-2 (10 Points)
- $\circ$  > 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
- 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)
- $\circ$  > 1 (15 Points)
- 3.1.4 Were biosolids land applied which exceeded the ceiling limit?
- O 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?

N/A

- 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)
- 0 150 179 days (10 Points)
- 120 149 days (20 Points)
- o 90 119 days (30 Points)
- 0 < 90 days (40 Points)</p>
- 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:

None

0

n

<b>Evansville Wastewater Treatment Facility</b>	Last Updated:	Reporting For:
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Total Points Generated	
Score (100 - Total Points Generated)	
Section Grade	

### **Evansville Wastewater Treatment Facility**

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing  1.1 Was your wastewater treatment plant adequately staffed last year?  ● Yes  ○ No  If No, please 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:	
<ul> <li>2. Preventative Maintenance</li> <li>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</li> <li>Yes (Continue with question 2) □□</li> <li>No (40 points)□□</li> <li>If No, please explain, then go to question 3:</li> </ul>	
2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?  • Yes	0
○ 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>	
O Paper file system	
o Computer system	
Both paper and computer system	
○ 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	
<ul> <li>4. Overall Maintenance /Repairs</li> <li>4.1 Rate the overall maintenance of your wastewater plant.</li> <li>• Excellent</li> <li>• Very good</li> </ul>	
○ Good	
o Fair	
o Poor	
Describe your rating:	

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Used JobCal for maintenance scheduling. An inspection walk around is performed multiple times per day.

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

**Evansville Wastewater Treatment Facility** 

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0

0

5/27/2021 2020

### **Operator Certification and Education**

<ol> <li>Operator-In-Charge</li> <li>Did you have a designated operator-in-charge during the report year?</li> <li>Yes (0 points)</li> </ol>	
○ No (20 points)	
Name:	0
DALE R ROBERTS	
Certification No:	
36539	
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	Χ			X
A2	Attached Growth Processes				
А3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				
A5	Anaerobic Treatment Of Liquid				
В	Solids Separation	Χ			X
С	Biological Solids/Sludges	Χ			X
Р	Total Phosphorus				
N	Total Nitrogen	Χ			X
D	Disinfection				
L	Laboratory				
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	NA	Х

- 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 and is basic level only.)
- Yes (0 points)
- No (20 points)
- 3. Succession Planning

4. Continuing Education Credits

### **Evansville Wastewater Treatment Facility**

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

OIT and Basic Certification:

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

Advanced Certification:

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

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

## **Evansville Wastewater Treatment Facility**

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**Financial Management** 

1. Provider of Financial Info	rmation			
Name:	Julie Roberts			
Telephone:	608-882-2266		(XXX) XXX-XXXX	
E-Mail Address				
(optional):	julie.roberts@ci.evansville.wi.g	ov		
treatment plant AND/OR co  • Yes (0 points) □□  • No (40 points)  If No, please explain:  2.2 When was the User Ch Year:  2020  • 0-2 years ago (0 points)  • 3 or more years ago (20  • N/A (private facility)  2.3 Did you have a special	arge System or other revenue s  points)  account (e.g., CWFP required se for repairing or replacing equi	ource(s) la	ast reviewed and/or revised?  Replacement Fund, etc.) or	0
REPLACEMENT FUNDS [PU	BLIC MUNICIPAL FACILITIES SI	HALL COMF	PLETE QUESTION 3]	
<ul> <li>3. Equipment Replacement</li> <li>3.1 When was the Equipm Year:</li> <li>2020</li> <li>1-2 years ago (0 points)</li> <li>3 or more years ago (20</li> <li>N/A</li> <li>If N/A, please explain:</li> </ul>	ent Replacement Fund last revie ] □□	ewed and/o	or revised?	
3.2 Equipment Replaceme	nt Fund Activity			
3.2.1 Ending Balance Re	ported on Last Year's CMAR		\$ 840,427.00	
3.2.2 Adjustments - if nec audit correction, withdrawa making up previous shortfa		+	\$ 9,656.41	
3.2.3 Adjusted January 1s	•		\$ 850,083.41	
3.2.4 Additions to Fund (e earned interest, etc.)	g. portion of User Fee,	+	\$ 48,892.82	

**Evansville Wastewater Treatment Facility** 

	5/2//2021	2020	<u>,                                    </u>
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 \$	898,976	.23	
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	s from 3.2.5 a	above.	1
3.3 What amount should be in your Replacement Fund? \$ 461,5  Please note: If you had a CWFP loan, this amount was originally based or Assistance Agreement (FAA) and should be regularly updated as needed. instructions and an example can be found by clicking the SectionInstruct header in the left-side menu.  3.3.1 Is the December 31 Ending Balance in your Replacement Fund above greater than the amount that should be in it (#3.3)?	Further calcuions link unde	ulation er Info	0
● Yes ○ No If No, please explain.			
<ul> <li>4. Future Planning</li> <li>4.1 During the next ten years, will you be involved in formal planning for user or new construction of your treatment facility or collection system?</li> <li>Yes - If Yes, please provide major project information, if not already lise</li> <li>No</li> </ul>			
Project Project Description #		Approximate Construction Year	
1 10 Year Capital Plan - Sewer Main replacement and lining from 2021 to 2030.	5381831		
2 6 Remaining Lift Station Rebuild/Repairs 2021-2030	1740000	2028	
5. Financial Management General Comments			
ENERGY EFFICIENCY AND USE			
6. Collection System 6.1 Energy Usage 6.1.1 Enter the monthly energy usage from the different energy sources:			
COLLECTION SYSTEM PUMPAGE: Total Power Consumed			
Number of Municipally Owned Pump/Lift Stations: 8			

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)		
January	13,344	5		
February	12,960	5		
March	13,824	6		
April	11,328	5		
May	9,888	4		
June	7,968	5		
July	7,584	4		
August	7,008	4		
September	6,912	4		
October	7,776	5		
November	7,968	4		
December	10,368	7		
Total	116,928	58		
Average	9,744	5		
6.2.1 Indicate   ☐ Comminu	lated Processes and Equipe equipment and practice tion or Screening Shaft Pumps		stations (Check all that apply)	):
6.2.1 Indicate  ☐ Comminu ☐ Extended ☐ Flow Mete ☐ Pneumati ☐ SCADA Sy ☐ Self-Primi ☐ Submersi	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps		stations (Check all that apply)	):
6.2.1 Indicate  ☐ Comminu ☐ Extended ☐ Flow Mete ☐ Pneumati ☐ SCADA Sy ☐ Self-Primi ☐ Submersi ☐ Variable S	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps		stations (Check all that apply)	):
6.2.1 Indicate  ☐ Comminu ☐ Extended ☐ Flow Mete ☐ Pneumati ☐ SCADA Sy ☐ Self-Primi ☐ Submersi ☐ Variable S	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		stations (Check all that apply)	): 
6.2.1 Indicate  Comminu  Extended  Flow Mete  Pneumati  SCADA Sy  Self-Primi  Submersi  Variable S	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		stations (Check all that apply)	): 
6.2.1 Indicate  Comminu  Extended  Flow Mete  Pneumati  SCADA Sy  Self-Primi  Submersi  Variable S  Other:	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives			):
6.2.1 Indicate  Comminut Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S Other:  6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift		):
6.2.1 Indicate  Comminu  Extended  Flow Mete  Pneumati  SCADA Sy  Self-Primi  Submersi  Variable S  Other:  6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift		):
6.2.1 Indicate  Comminu  Extended  Flow Mete  Pneumati  SCADA Sy  Self-Primi  Submersi  Variable S  Other:  6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift		
6.2.1 Indicate  Comminu  Extended  Flow Mete  Pneumati  SCADA Sy  Self-Primi  Submersi  Variable S  Other:  6.2.2 Comme  No  No  Yes	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift		):
6.2.1 Indicate  Comminu  Extended  Flow Mete  Pneumati  SCADA Sy  Self-Primi  Submersi  Variable S  Other:  6.2.2 Comme  No  Year:	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives ents: ergy Study been perform	s utilized at your pump/lift		): 

#### **Evansville Wastewater Treatment Facility**

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6.4 Future Energy	Related	Equipment
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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?

New lift station pumps in two 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	40,032	13.44	2,979	14.11	2,837	1,086
February	35,424	12.00	2,952	13.43	2,638	910
March	38,880	16.67	2,332	17.67	2,200	532
April	38,880	15.37	2,530	18.99	2,047	201
May	40,320	16.47	2,448	16.77	2,404	8
June	42,048	14.72	2,857	16.26	2,586	5
July	43,488	14.34	3,033	10.76	4,042	4
August	44,064	12.49	3,528	9.58	4,600	21
September	40,032	13.11	3,054	25.02	1,600	158
October	39,168	11.95	3,278	11.07	3,538	299
November	37,152	11.16	3,329	13.86	2,681	644
December	37,728	11.18	3,375	26.38	1,430	988
Total	477,216	162.90		193.90		4,856
Average	39,768	13.58	2,975	16.16	2,717	405

7.1.2 Comments:

☐ UV Disinfection

☐ Other:

✓ Variable Speed Drives

7.2 Energy Related Processes and Equipment
7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):
Aerobic Digestion
☐ Anaerobic Digestion
☐ Biological Phosphorus Removal
□ Coarse Bubble Diffusers
□ Dissolved O2 Monitoring and Aeration Control
☐ Effluent Pumping
☐ Fine Bubble Diffusers
☐ Influent Pumping
SCADA System     ■ SCAD

### **Evansville Wastewater Treatment Facility**

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7.2.2 Comments:	
7.3 Future Energy Related Equipment	
7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?	`
Electric mower	
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	
<ul><li>☐ Building Heat</li><li>☐ Process Heat</li></ul>	
☐ Generate Electricity	
☐ Other:	
9. Energy Efficiency Study	
0.1 Has an Engage Chiefe been neglegies of factoring brooking and facility 2	
<ul><li>9.1 Has an Energy Study been performed for your treatment facility?</li><li>No</li></ul>	
• Yes	
☐ Entire facility	
Year:	
2009	
By Whom:	
Foth Engineering	
Describe and Comment:	
Plant reconstruction and we installed a wind turbine	
☐ Part of the facility	
Year:	
D 144	
By Whom:	
Describe and Comment:	
Describe and Comment.	

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

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# **Sanitary Sewer Collection Systems**

1. Capacity, Management, Operation, and Maintenance (CMOM) Program
1.1 Do you have a CMOM program that is being implemented?
• Yes
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
No (30 points)
○ N/A
If No or N/A, explain:
<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:
Cleaned 25% and televised suspected bad sections of the collection system.
Did you accomplish them?
• Yes
O No
If No, explain:
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 ordinance
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2009-01-02
Does your sewer use ordinance or other legally binding document address the following:     Does your sewer use ordinance or other legally binding document address the following:
☑ 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

#### **Evansville Wastewater Treatment Facility**

5/27/2021 A description of routine operation and maintenance activities (see question 2 below) ☐ Capacity assessment program ☑ Basement back assessment and correction □ Regular O&M training  $\square$  Design and Performance Provisions [NR 210.23 (4) (e)]  $\square$ 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:  $\square$  Overflow Emergency Response Plan [NR 210.23 (4) (f)]  $\square$ Does your emergency response capability include: 0 ☑ Responsible personnel communication procedures □ Response order, timing and clean-up ☑ Public notification protocols ☑ Emergency operation protocols and implementation procedures  $\square$  Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]  $\square$ ☐ 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 Cleaning 25 25 % of system/year Root removal % of system/year Flow monitoring % of system/year Smoke testing Sewer line % of system/year 25 televising Manhole 25 % of system/year inspections # per L.S./year Lift station O&M Manhole % of manholes rehabbed rehabilitation Mainline 0 % of sewer lines rehabbed rehabilitation Private sewer % of system/year inspections Private sewer I/I % of private services removal

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If Yes, please describe:

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River or water	
crossings 0 % of pipe crossings evaluated or maintained	
Please include additional comments about your sanitary sewer collection system below:	
3. Performance Indicators	
3.1 Provide the following collection system and flow information for the past year.  39 Total actual amount of precipitation last year in inches	
36 Annual average precipitation (for your location)	
28.4 Miles of sanitary sewer	
8 Number of lift stations	
0 Number of lift station failures	
0 Number of sewer pipe failures	
Number of basement backup occurrences	
0 Number of complaints	
0.445 Average daily flow in MGD (if available)	
0.724 Peak monthly flow in MGD (if available)	
1.08 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)  0.00 Basement backups (number/sewer mile)	
0.00 Complaints (number/sewer mile)	
1.6 Peaking factor ratio (Peak Monthly:Annual Daily Avg)	
2.4 Peaking factor ratio (Peak Hourly:Annual Daily Avg)	
Z.4 reaking factor ratio (reak riodity. Annual Bully Avg)	
4. Overflows	
LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED	) **
Date Location Cause Estim	
Volu	me
None reported	
** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop on this section until corrected.	work
5. Infiltration / Inflow (I/I)	
5.1 Was infiltration/inflow (I/I) significant in your community last year?  ● Yes	
O No	
If Yes, please describe:	
After significant rain events there was a noticeable amount of clear water in the mains.	
5.2 Has infiltration/inflow and resultant high flows affected performance or created problems i	 n
your collection system, lift stations, or treatment plant at any time in the past year?	
○ Yes	

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5.3 Explain any infiltration/inflow (I/I) changes this year from previous ye	ars:	
None		
5.4 What is being done to address infiltration/inflow in your collection syst	tem?	
We are still in the process of doing a I/I study. We are also televising kr have a budget for lining these areas.	nown problem are	eas and

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

### **Evansville Wastewater Treatment Facility**

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## **Grading Summary**

WPDES No: 0023957

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent				
BOD/CBOD				
Nitrogen				
Groundwater				
Biosolids				
Staffing/PM				
OpCert				
Financial	-			
Collection				
TOTALS			0	0
GRADE POINT AVER	RAGE (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)

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Resolution o	r Owner's	Statement
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Name of Governing Body or Owner:			
	City of Evansville		
Date of Resolution or Action Taken:	2021-05-27		
Resolution Number:			
Date of Submittal:			
	IE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR add A or B. Required for grade C, D, or F):		
initident Flow and Loadings. C	Stade –		
Effluent Quality: BOD: Grade	=		
Efficient Occility Nitrogram Co			
Effluent Quality: Nitrogen: Gr	rade =		
Groundwater: Grade =			
Biosolids Quality and Manage	ment: Grade =		
Staffing: Grade =			
Operator Certification: Grade	=		
Financial Management: Grade	e = -		
Collection Systems: Grade = (Regardless of grade, respons	se 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. =			