

UTILITIES COMMITTEE – (WWTP)

MEETING AGENDA

Tuesday, October 6, 2015 at 7:30 A.M.
Sister Bay Fire Station — Large Meeting Room
2258 Mill Road

For additional information check: www.sisterbaywi.info

In order for everyone to hear the discussion please, turn off your cell phone. Thank you.

Call Meeting to Order

Roll Call

1	Chair – Pat Duffy		2	Scott Baker	
3	Vacant		4	Fred Anderson	
5	Peter Sauer		6	Hugh Mulliken	
	<i>Village Administrator – Zeke Jackson</i>			<i>Utility Manager – Steve Jacobson</i>	
	<i>Utility Supervisor – Mike Schell</i>			<i>Utility Clerk – Martha Baker</i>	
	<i>Town Administrator – Bud Kalms</i>				

Approval of the Agenda

Approval of minutes as attached

Comments and Correspondence

Discussion Items

1. ***Administrative related***
 - a. Compliance Maintenance Annual Report approval
2. ***Plant related***
 - a. Capacities Report
 - b. Maintenance planning
3. ***Matters to be placed on a future agenda or referred to a Committee, Official or Employee***

Adjournment

Public Notice

Questions regarding the nature of the agenda items or more detail on the agenda items listed above scheduled to be considered by the governmental body listed above can be directed to Zeke Jackson, Village Administrator at 920-854-4118 or at zeke.jackson@sisterbaywi.gov. It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice. Upon reasonable notice, a good faith effort will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aid at no cost to the individual to participate in public meetings. Due to the difficulty in finding interpreters, requests should be made as far in advance as possible preferably a minimum of 48 hours. For additional information or to request this service, contact the Sister Bay Village Administrator at 854-4118, (FAX) 854-9637, or by writing to the Village Administrator at the Village Administration Building, 2383 Maple Drive, PO Box 769, Sister Bay, WI 54234. Copies of reports and other supporting documentation are available for review at the Village Administration Building during operating hours. (8 a.m. – 4 p.m. weekdays).

I hereby certify that I have posted a copy of this agenda at the following locations:

Administration Building Library Post Office

Name

Date

**UTILITIES COMMITTEE - WWTP
COMMITTEE MEETING MINUTES
Tuesday, September 1, 2015
Sister Bay Fire Station
2258 Mill Road
(Unapproved Version)**

The September 1, 2015 meeting of the Utilities Committee was called to order by Committee Chair Patrick Duffy at 8:07 A.M.

Present: Committee Chair Patrick Duffy, and Members Scott Baker, Peter Sauer, Fred Anderson, and Huge Mulliken.

Staff Members: Administrator Zeke Jackson, Utility Manager Steve Jacobson, and Utility Clerk Martha Baker.

Excused: Member Shane Solomon, Utility Supervisor Mike Schell, and Administrator Bud Kalms.

Approval of the Agenda:

Motion was made by Anderson, seconded by Baker, to approve the September 1, 2015 agenda as presented. Motion carried – all Ayes.

Approval of the August 4, 2015 meeting minutes:

Motion was made by Baker, seconded by Sauer, to approve the August 4, 2015 meeting minutes as presented. Motion carried – all Ayes.

Public Comments and Correspondence

Regarding the proceeds from the sale of sludge spreading land Mulliken asked if Liberty Grove could “have their money.” Jackson explained that the committee agreed that the money would remain in a restricted fund to be used for future improvements and the issue will be addressed again with the ownership issue.

Discussion Items

1. Administrative Related:

a. Consider a motion to convene into Executive Session pursuant to Wisconsin State Statute Section 19.85(1)(c) to discuss personnel and employee benefits.

At 8:12 A.M. a motion was made by Anderson, seconded by Baker, to convene into Executive Session pursuant to Wisconsin State Statute Section 19.85(1)(c) to discuss personnel and employee benefits.

A roll call vote was taken on the motion and the committee members voted in the following fashion:

Duffy –Aye Baker – Aye Anderson – Aye Sauer – Aye Mulliken - Aye

b. Consider a motion to reconvene into Open Session

At 8:53 A.M. a motion was made by Anderson, seconded by Baker, to reconvene into Open Session.

A roll call vote was taken on the motion and the committee members voted in the following fashion:

Duffy –Aye Baker – Aye Anderson – Aye Sauer – Aye Mulliken - Aye

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c. Consider a motion to take action, if required

Duffy thanked Utility Superintendent Steve Jacobson for his years of serviced and acknowledged that he will be sorely missed upon his upcoming retirement. *Duffy made a motion, seconded by Baker, to promote Supervisor Mike Schell into the position, recommending that Schell become a salaried employee with a starting salary of \$59,000. Motion carried – all Ayes.*

Motion was made by Duffy, seconded by Duffy, that the committee will refer the matter of compensation for Jacobson’s wife coming off medical insurance to the Personnel Committee. Duffy strongly opposed what has been done with former employees and mentioned “pension spiking.” Motion carried – all Ayes.

f. 2016 Budget Draft review; consider a motion for action, if necessary

The committee discussed the 2016 Budget Draft. Sauer asked about intergovernmental charges and Duffy asked about payroll figures. *Motion was made by Duffy, second by Baker, to recommend the Wastewater Treatment Plant 2016 Budget Draft be approved by the Finance Committee. Motion carried – all Ayes.*

Anderson left the meeting at 9:00 A.M.

e. 2016 Capital Expense Plan

Jacobson said he received an estimate of \$190,000 from Energenecs for pre-treatment equipment replacement. He met with Crane to get an estimate to retrofit their equipment into the pre-treatment channels. Great Lakes can perform channel sandblasting work in January. *Motion was made by Duffy, seconded by Baker, that the 2016 Capital Expense Plan be recommended to the Finance Committee for approval. Motion carried – all Ayes.*

d. Safety Program proposal

Jacobson talked with Advanced Safety Technologies, Inc., who set up the original Safety Program, regarding updates to the Utility Safety Program. Jackson asked that he include the entire Village in the proposal. Jacobson said there is a strong recommendation for Village employees to wear Class III reflective clothing. He suggested having the Village purchase Class III coats for employees and having the employees purchase shirts with their \$400 allowance.

2. Plant Related

a. Capacities Report

As presented.

b. Pre-treatment channel rebuild

Discussed earlier.

c. Grit removal equipment replacement

Discussed earlier.

d. Ferric Drive replacement/pump replacement

Jacobson said a controller will need to be replaced at a cost of approximately \$1,500.

e. Main Lift Station Control issues

Jacobson said a sonic sensor had slipped and is now repaired.

1 **3. Matters to be placed on a future agenda or referred to a Committee, Official, or Employee:**

2 - The next meeting of the Utilities Committee – WWTP was scheduled for October 6, 2015 at 7:30
3 A.M.

4

5 **Adjournment:**

6 *A motion was made by Mulliken, seconded by Sauer, to adjourn the September 1, 2015 meeting of*
7 *the Utilities Committee- WWTP at 9:30 A.M. Motion carried – all Ayes.*

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9 Respectfully submitted,

10 Martha Baker

11 Utility Clerk

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13 Name: h:\files\active\agendas\utilities\2015\2015_09\090115 wastewater treatment plant comm minutes - unapproved version 1.doc

14 Created: 09/30/2015 9:41 PM Printed: 10/2/2015 3:25 PM

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. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average (C)BOD Concentration mg/L	x	8.34	=	Influent Monthly Average (C)BOD Loading, lbs/day
January	0.1433	x	184	x	8.34	=	219
February	0.1336	x	216	x	8.34	=	241
March	0.1292	x	229	x	8.34	=	247
April	0.4008	x	100	x	8.34	=	335
May	0.2070	x	274	x	8.34	=	472
June	0.2230	x	376	x	8.34	=	699
July	0.3048	x	347	x	8.34	=	881
August	0.2881	x	421	x	8.34	=	1,011
September	0.2816	x	397	x	8.34	=	933
October	0.2688	x	289	x	8.34	=	649
November	0.1551	x	232	x	8.34	=	300
December	0.1376	x	184	x	8.34	=	219

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	.7	x	90	=	0.63
		x	100	=	.7
Design (C)BOD, lbs/day	1780	x	90	=	1602
		x	100	=	1780

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

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times (C)BOD was greater than 90% of design	Number of times (C)BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0

0

<p>3. Flow Meter</p> <p>3.1 Was the influent flow meter calibrated in the last year?</p> <p>● Yes Enter last calibration date (MM/DD/YYYY) <input style="width: 150px;" type="text" value="04/21/2015"/></p> <p>○ No</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
<p>4. Sewer Use Ordinance</p> <p>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?</p> <p>● Yes</p> <p>○ No</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>4.2 Was it necessary to enforce the ordinance?</p> <p>○ Yes</p> <p>● No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
<p>5. Septage Receiving</p> <p>5.1 Did you have requests to receive septage at your facility?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Septic Tanks</td> <td style="width: 33%;">Holding Tanks</td> <td style="width: 33%;">Grease Traps</td> </tr> <tr> <td>● Yes</td> <td>● Yes</td> <td>○ Yes</td> </tr> <tr> <td>○ No</td> <td>○ No</td> <td>● No</td> </tr> </table> <p>5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.</p> <p>Septic Tanks</p> <p>● Yes <input style="width: 100px;" type="text" value="394,300"/> gallons</p> <p>○ No</p> <p>Holding Tanks</p> <p>● Yes <input style="width: 100px;" type="text" value="6,988,300"/> gallons</p> <p>○ No</p> <p>Grease Traps</p> <p>○ Yes <input style="width: 100px;" type="text" value="0"/> gallons</p> <p>● No</p> <p>5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.</p> <div style="border: 1px solid black; padding: 5px; min-height: 20px;"> WWTP was designed to be able to treat this waste stream. </div>	Septic Tanks	Holding Tanks	Grease Traps	● Yes	● Yes	○ Yes	○ No	○ No	● No	
Septic Tanks	Holding Tanks	Grease Traps								
● Yes	● Yes	○ Yes								
○ No	○ No	● No								
<p>6. Pretreatment</p> <p>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?</p> <p>○ Yes</p> <p>● No</p> <p>If yes, describe the situation and your community's response.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p> <p>● Yes</p>										

Compliance Maintenance Annual Report

7

Sister Bay Wastewater Treatment Facility

Last Updated: Reporting For:
6/4/2015 2014

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.

We have recieved Going Garbage transfer station leachate for many years without having any issues. We test and charge for load based on B.O.D., S.S., Phos. and flow.

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

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	30	27	4	1	0	0
February	30	27	4	1	0	0
March	30	27	2	1	0	0
April	30	27	3	1	0	0
May	30	27	2	1	0	0
June	30	27	0	1	0	0
July	30	27	0	1	0	0
August	30	27	0	1	0	0
September	30	27	0	1	0	0
October	30	27	0	1	0	0
November	30	27	2	1	0	0
December	30	27	2	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) 04/21/2015
- 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:

<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 <input checked="" type="radio"/> No </p> <p>If Yes, please explain:</p>	
<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 <input type="radio"/> No <input checked="" type="radio"/> N/A </p> <p>Please explain unless not applicable:</p>	

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

Compliance Maintenance Annual Report

10

Sister Bay Wastewater Treatment Facility

Last Updated: Reporting For:
6/4/2015 2014

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	30	27	2	1	0	0
February	30	27	1	1	0	0
March	30	27	2	1	0	0
April	30	27	1	1	0	0
May	30	27	1	1	0	0
June	30	27	0	1	0	0
July	30	27	1	1	0	0
August	30	27	0	1	0	0
September	30	27	1	1	0	0
October	30	27	0	1	0	0
November	30	27	2	1	0	0
December	30	27	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?

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

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	.215384615	1	0
February	1	.4	1	0
March	1	.407692308	1	0
April	1	.378571429	1	0
May	1	.258333333	1	0
June	1	.384615385	1	0
July	1	.378571429	1	0
August	1	.358333333	1	0
September	1	.457142857	1	0
October	1	.246153846	1	0
November	1	.15	1	0
December	1	.092857143	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	0
Score (100 - Total Points Generated)	100
Section Grade	A

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?

91 acres

2.1.2 How many acres did you use?

0 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

10

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. 002 - Liquid Sludge

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			6.4											0	0
Cadmium		39	85			.5											0	0
Copper		1500	4300			670											0	0
Lead		300	840			17											0	0
Mercury		17	57			<.63											0	0
Molybdenum	60		75			5.6										0		0
Nickel	336		420			20										0		0
Selenium	80		100			<7.7										0		0
Zinc		2800	7500			690											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)

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:	
Biosolids Class:	
Bacteria Type and Limit:	
Sample Dates:	-
Density:	
Sample Concentration Amount:	
Requirement Met:	No
Land Applied:	No
Process:	
Process Description:	

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):	

Compliance Maintenance Annual Report

14

Sister Bay Wastewater Treatment Facility

Last Updated: Reporting For:
6/4/2015 2014

<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"/> >= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> < 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <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	10
Score (100 - Total Points Generated)	90
Section Grade	B

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"> <input checked="" type="radio"/> Yes <input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; 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"> <input checked="" type="radio"/> Yes <input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes (Continue with question 2) <input type="radio"/> No (40 points) <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"> <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> Paper file system <input type="radio"/> Computer system <input checked="" type="radio"/> Both paper and computer system <input type="radio"/> No (10 points) 	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M Manual that can be used as a reference when needed?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No 	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Excellent long time caring employees</p> </div>	

Compliance Maintenance Annual Report

16

Sister Bay Wastewater Treatment Facility

Last Updated: Reporting For:
6/4/2015 2014

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

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"> ● Yes (0 points) ○ No (20 points) <p>Name: <input style="width: 300px;" type="text" value="STEVEN D JACOBSON"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="01308"/></p>	0
<p>2. Certification Requirements</p> <p>2.1 In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?</p> <p>Required:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2 - CEIJ; C - ACTIVATED SLUDGE; E - DISINFECTION; I - PHOSPHORUS REMOVAL; J - LABORATORY</div> <p>Held:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2 - ABCDEFGHIJ; 2 - A=PRIMARY SETTLING GRADE 2; B=TRICKLING FILTER/RBC GRADE 2; C=ACTIVATED SLUDGE GRADE 2; D=PONDS/AERATED LAGOONS GRADE 2; E=DISINFECTION GRADE 2; F=ANAEROBIC DIGESTION GRADE 2; G=MECHANICAL SLUDGE GRADE 2; H=FILTRATION GRADE 2; I=PHOSPHORUS REMOVAL GRADE 2; J=LABORATORY GRADE 2</div> <p>2.2 Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <ul style="list-style-type: none"> ● Yes (0 points) ○ No (20 points) 	0
<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"> <input checked="" type="checkbox"/> One or more additional certified operators on staff <input checked="" type="checkbox"/> An arrangement with another certified operator <input checked="" type="checkbox"/> An arrangement with another community with a certified operator <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 <input type="checkbox"/> A consultant to serve as your certified operator <input type="checkbox"/> None of the above (20 points) <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>Grades T, 1, and 2:</p> <ul style="list-style-type: none"> ● Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. <p>Grades 3 and 4:</p> <ul style="list-style-type: none"> ○ Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year. 	

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

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 80%;" type="text" value="Steven D. Jacobson"/></p> <p>Telephone: <input style="width: 30%;" type="text" value="920-421-0254"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 80%;" type="text" value="steve.jacobson@sisterbaywi.gov"/></p>																										
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&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: 15%;" type="text" value="2013"/></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: 15%;" type="text" value="2013"/></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: 90%;" type="text" value="907,178.00"/></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 style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 90%;" type="text" value="0.46"/></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: 90%;" type="text" value="907,178.46"/></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: 90%;" type="text" value="76,026.00"/></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: 90%;" type="text" value="44,228.88"/></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: 90%;" type="text" value="938,975.58"/></td> </tr> </table>		3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 90%;" type="text" value="907,178.00"/>	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: 90%;" type="text" value="0.46"/>	3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 90%;" type="text" value="907,178.46"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 90%;" type="text" value="76,026.00"/>	3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input style="width: 90%;" type="text" value="44,228.88"/>	3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		\$	<input style="width: 90%;" type="text" value="938,975.58"/>	
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3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		\$	<input style="width: 90%;" type="text" value="938,975.58"/>																							

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.

Digester piping, Dissolved oxygen control, sludge pump, valve replacement, scum and drain pump, lab still, lab D.O. meter,

3.3 What amount should be in your Replacement Fund? \$ 938,975.58

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.

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
None reported			

5. Financial Management General Comments

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

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:

Develop a plan on how to upgrade the back up power supply at the main lift station. Continue to eliminate 4 open pick holes, install new benches and flowlines, and repair rings on manholes. Conduct study with in the next 5 years to inspect the condition and proper sizing of each of the pumps in all lift stations.

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
- Manhole location map
- Lift station pump and wet well capacity information
- Lift station O&M manuals

Within your sewer system have you identified the following?

- Areas with flat sewers
- Areas with surcharging
- Areas with bottlenecks or constrictions
- Areas with chronic basement backups or SSOs
- Areas with excess debris, solids, or grease accumulation
- Areas with heavy root growth
- Areas with excessive infiltration/inflow (I/I)
- Sewers with severe defects that affect flow capacity
- Adequacy of capacity for new connections
- Lift station capacity and/or pumping problems
- Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed
- Special Studies Last Year (check only those that apply):
 - Infiltration/Inflow (I/I) Analysis
 - Sewer System Evaluation Survey (SSES)
 - Sewer Evaluation and Capacity Management Plan (SECAP)
 - Lift Station Evaluation Report
 - Others:

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	5	% of system/year
Root removal	1	% of system/year
Flow monitoring	100	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	5	% of system/year
Manhole inspections	25	% of system/year
Lift station O&M	8	# 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:

Inspections and cleaning of sewer mains and laterals was minimized this year due to time constraints for other Village projects. Anticipate getting back on yearly schedule next year.

3. Performance Indicators

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

35.17	Total actual amount of precipitation last year in inches
30.0	Annual average precipitation (for your location)
29.12	Miles of sanitary sewer
8	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
0	Number of basement backup occurrences
2	Number of complaints
.210	Average daily flow in MGD (if available)
.401	Peak monthly flow in MGD (if available)
	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

	Lift station failures (failures/year)
	Sewer pipe failures (pipe failures/sewer mile/yr)
	Sanitary sewer overflows (number/sewer mile/yr)
	Basement backups (number/sewer mile)
	Complaints (number/sewer mile)
	Peaking factor ratio (Peak Monthly: Annual Daily Avg)
	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:

We had a combination of a high snow pack and a quick melt in the spring that resulted in infiltration issues and we had a 7" rainfall event in the Fall that resulted in infiltration issues.

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:

<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div style="border: 1px solid black; padding: 2px;"> <p>High snow pack, quick melt and 7" rainfall event or not usual weather events.</p> </div> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 2px;"> <p>Continue to clean, TV, and monitor sewer mains and private laterals on 15% of the Village yearly.</p> </div>	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

Grading Summary

WPDES No: 0022071

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
Phosphorus	A	4	3	12
Biosolids	B	3	5	15
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			32	123
GRADE POINT AVERAGE (GPA) = 3.84				

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)

Resolution or Owner's Statement

Name of Governing Body or Owner:	<input type="text"/>
Date of Resolution or Action Taken:	<input type="text"/>
Resolution Number:	<input type="text"/>
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F. Regardless of grade, required for Collection Systems if SSOs were reported):	
Effluent Quality: BOD: Grade = A	<input type="text"/>
Effluent Quality: TSS: Grade = A	<input type="text"/>
Effluent Quality: Phosphorus: Grade = A	<input type="text"/>
Biosolids Quality and Management: Grade = B	<input type="text"/>
Staffing: Grade = A	<input type="text"/>
Operator Certification: Grade = A	<input type="text"/>
Financial Management: Grade = A	<input type="text"/>
Collection Systems: Grade = A	<input type="text"/>
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)	
G.P.A. = 3.84	<input type="text"/>

Village of Sister Bay Capacity Report

TOTAL Plant Loads

Month/Yr	Hydraulic Flow		0.945
	Tot mg/mo	Avg mgd	% Usage
January-2015	3.8040	0.1227	12.99
February-2015	3.0470	0.0969	11.52
March-2015	3.6220	0.1168	12.36
April-2015	4.1680	0.1389	14.70
May-2015	5.7220	0.1846	19.53
June-2015	7.2190	0.2406	25.46
July-2015	10.3020	0.3323	35.17
August-2015	9.3100	0.3003	31.78
September-2014	8.4430	0.2814	29.78
October-2014	8.3320	0.2688	28.44
November-2014	4.6520	0.1551	16.41
December-2014	4.2670	0.1376	14.57
Tot mg/Yr=	72.8880	Yrly Ave % Use =	21.06

Month/Yr	BOD5		2369
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	8925	288	12.15
February-2015	7902	267	11.91
March-2015	7592	245	10.34
April-2015	14199	473	19.98
May-2015	19598	632	26.69
June-2015	23823	794	33.52
July-2015	30745	992	41.86
August-2015	34766	1121	47.34
September-2014	27961	932	39.34
October-2014	20115	649	27.39
November-2014	9003	300	12.67
December-2014	8726	281	11.88
Tot lbs/Yr=	213355	Yrly Ave % Use =	24.59

Month/Yr	TSS		2176
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	7030	227	10.42
February-2015	7048	214	11.57
March-2015	7095	229	10.52
April-2015	17224	574	26.38
May-2015	17347	560	25.72
June-2015	20525	684	31.44
July-2015	30137	972	44.68
August-2015	42405	1368	62.86
September-2014	27413	914	41.99
October-2014	22559	728	33.44
November-2014	8048	268	12.33
December-2014	7579	244	11.24
Tot lbs/Yr=	214410	Yrly Ave % Use =	26.88

Month/Yr	TP		102
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	174.7	5.6	5.52
February-2015	181.9	5.8	6.37
March-2015	197.8	6.4	6.26
April-2015	291.2	9.7	9.52
May-2015	404.2	13.0	12.78
June-2015	508.0	16.9	16.60
July-2015	770.6	24.9	24.37
August-2015	884.5	28.5	27.97
September-2014	592.0	19.7	19.35
October-2014	433.0	14.0	13.69
November-2014	211.3	7.0	6.91
December-2014	200.5	6.5	6.34
Tot lbs/Yr=	4849.7	Yrly Ave % Use =	12.97

Village of Sister Bay Capacity Report

Sister Bay Loadings

Month/Yr	Hydraulic Flow		0.62
	Tot mg/mo	Avg mgd	% Usage
January-2015	3.2640	0.1053	16.98
February-2015	2.6330	0.0940	15.17
March-2015	3.0950	0.0998	16.10
April-2015	3.3970	0.1132	18.26
May-2015	4.6060	0.1486	23.96
June-2015	5.6890	0.1896	30.59
July-2015	7.9180	0.2554	41.20
August-2015	7.1580	0.2309	37.24
September-2014	6.7940	0.2265	36.53
October-2014	6.8590	0.2213	35.69
November-2014	4.1130	0.1371	22.11
December-2014	3.7500	0.1210	19.51
Tot mg/Yr=	59.2760	Yrly Ave % Use =	26.11

Month/Yr	BOD5		905
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	7641	246	27.24
February-2015	6695	239	26.42
March-2015	6397	206	22.80
April-2015	10624	354	39.13
May-2015	13581	438	48.41
June-2015	14554	485	53.61
July-2015	21191	684	75.53
August-2015	24409	787	87.00
September-2014	19879	663	73.22
October-2014	14798	477	52.75
November-2014	7616	254	28.05
December-2014	7650	247	27.27
Tot lbs/Yr=	155035	Yrly Ave % Use =	46.79

Month/Yr	TSS		1076
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	5874	189	17.61
February-2015	5883	210	19.53
March-2015	5954	192	17.85
April-2015	11698	390	36.24
May-2015	10943	353	32.81
June-2015	7043	235	21.82
July-2015	16126	520	48.35
August-2015	28275	912	84.77
September-2014	16191	540	50.16
October-2014	11793	380	35.35
November-2014	6389	213	19.79
December-2014	6295	203	18.87
Tot lbs/Yr=	132464	Yrly Ave % Use =	33.60

Month/Yr	TP		54
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	138.4	4.5	8.27
February-2015	149.6	5.3	9.89
March-2015	151.9	4.9	9.07
April-2015	205.8	6.9	12.70
May-2015	291.1	9.4	17.39
June-2015	341.7	11.4	21.09
July-2015	494.4	15.9	29.53
August-2015	629.8	20.3	37.62
September-2014	408.5	13.6	25.21
October-2014	289.7	9.3	17.31
November-2014	166.7	5.6	10.29
December-2014	161.3	5.2	9.63
Tot lbs/Yr=	3429	Yrly Ave % Use =	17.34

Village of Sister Bay Capacity Report
Liberty Grove Utility District #1

Month/Yr	Hydraulic Flow		0.059
	Tot mg/mo	Avg mgd	% Usage
January-2015	0.2873	0.0093	15.71
February-2015	0.2320	0.0110	14.04
March-2015	0.2730	0.0110	14.92
April-2015	0.4290	0.0143	24.24
May-2015	0.5785	0.0187	31.63
June-2015	0.7180	0.0239	40.56
July-2015	1.1300	0.0365	61.78
August-2015	1.0300	0.0332	56.31
September-2014	0.8155	0.0272	46.07
October-2014	0.7500	0.0242	41.01
November-2014	0.2500	0.0083	14.12
December-2014	0.2282	0.0074	12.48
Tot mg/Yr=	6.7215	Yrly Ave % Use =	31.07

Month/Yr	BOD5		105
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	673	22	20.66
February-2015	589	21	20.02
March-2015	563	18	17.31
April-2015	1330	44	42.21
May-2015	1076	35	33.06
June-2015	1600	53	57.13
July-2015	2980	96	91.57
August-2015	3495	113	107.37
September-2014	2328	78	73.90
October-2014	1600	52	49.14
November-2014	461	15	14.64
December-2014	466	15	14.31
Tot lbs/Yr=	17161	Yrly Ave % Use =	45.11

Month/Yr	TSS		101
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	516	17	16.47
February-2015	516	22	18.26
March-2015	524	17	16.74
April-2015	1449	48	47.82
May-2015	1324	43	42.29
June-2015	809	27	26.72
July-2015	2178	70	69.56
August-2015	4036	130	128.90
September-2014	1814	60	59.86
October-2014	1218	39	38.91
November-2014	385	13	12.70
December-2014	382	12	12.21
Tot lbs/Yr=	15151	Yrly Ave % Use =	40.87

Month/Yr	TP		5
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	12.1	0.4	7.80
February-2015	13.1	0.6	9.37
March-2015	13.3	0.4	8.57
April-2015	25.6	0.9	17.07
May-2015	36.0	1.2	23.22
June-2015	42.6	1.4	28.41
July-2015	68.8	2.2	44.41
August-2015	90.2	2.9	58.19
September-2014	47.5	1.6	31.68
October-2014	31.0	1.0	19.99
November-2014	10.0	0.3	6.69
December-2014	9.8	0.3	6.31
Tot lbs/Yr=	400.0	Yrly Ave % Use =	21.81

Village of Sister Bay Capacity Report
Town of Liberty Grove

Month/Yr mmm-yyyy	Hydraulic Flow		0.266
	Tot mg/mo	Avg mgd	% Usage
January-2015	0.2530	0.0082	3.07
February-2015	0.1828	0.0065	2.45
March-2015	0.2540	0.0082	3.08
April-2015	0.3420	0.0114	4.29
May-2015	0.5380	0.0174	6.52
June-2015	0.8130	0.0271	10.19
July-2015	1.2540	0.0405	15.21
August-2015	1.1220	0.0362	13.61
September-2014	0.8340	0.0278	10.45
October-2014	0.7230	0.0233	8.77
November-2014	0.2890	0.0096	3.62
December-2014	0.2880	0.0093	3.49
Tot mg/Yr=	6.8928	Yrly Ave % Use =	7.06

Month/Yr mmm-yyyy	BOD5		1359
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	612	20	1.45
February-2015	618	22	1.62
March-2015	631	20	1.50
April-2015	2245	75	5.51
May-2015	4348	140	10.32
June-2015	7469	249	18.32
July-2015	6574	212	15.61
August-2015	6862	221	16.29
September-2014	5754	192	14.11
October-2014	3718	120	8.82
November-2014	927	31	2.27
December-2014	610	20	1.45
Tot lbs/Yr=	40368	Yrly Ave % Use =	8.11

Month/Yr mmm-yyyy	TSS		999
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	640	21	2.07
February-2015	649	11	2.32
March-2015	617	20	1.99
April-2015	4077	136	13.60
May-2015	5080	164	16.40
June-2015	12673	422	42.29
July-2015	11833	382	38.21
August-2015	10093	326	32.59
September-2014	9408	314	31.39
October-2014	9548	308	30.83
November-2014	1274	42	4.25
December-2014	903	29	2.91
Tot lbs/Yr=	66795	Yrly Ave % Use =	18.24

Month/Yr mmm-yyyy	TP		43
	Tot lbs/mo	Avg lbs/dy	% Usage
January-2015	24.2	0.8	1.82
February-2015	19.2	0.7	1.59
March-2015	32.6	1.1	2.44
April-2015	59.8	2.0	4.64
May-2015	77.1	2.5	5.78
June-2015	123.7	4.1	9.59
July-2015	207.4	6.7	15.56
August-2015	164.5	5.3	12.34
September-2014	136.0	4.5	10.54
October-2014	112.3	3.6	8.42
November-2014	34.6	1.2	2.68
December-2014	29.5	1.0	2.21
Tot lbs/Yr=	1020.9	Yrly Ave % Use =	6.47