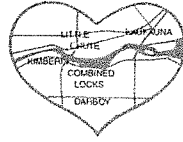


DISTRICT DIRECTOR:

Brian M. Helminger

SERVING:

Combined Locks
Kaukauna
Kimberly
Little Chute
Darboy S.D.



COMMISSIONERS:

David J. Casper, President
Bruce M. Siebers, Vice-Pres.
Kevin P. Coffey, Secretary
Patrick E. Hennessey
John W. Sundelius

**Heart of the Valley
METROPOLITAN SEWERAGE DISTRICT**

801 THILMANY ROAD
KAUKAUNA, WISCONSIN 54130
(920) 766-5731 FAX (920) 766-5733
www.hvmsd.org

May 22, 2017

District Commissioners and District Director

Heart of the Valley Metropolitan Sewerage District

Gentlemen;

The State of Wisconsin Department of Natural Resources 2016 "Compliance Maintenance Annual Report" (CMAR) preparation has been completed. Please review the document, ask any questions, and be prepared to accept the Document, by resolution, at the June Commission meeting.

In summary, regulatory compliance in year 2016 was very good. The District has received a grade of "A" in all sections of the CMAR. With these grades, no corrective actions, or operation or maintenance changes are required of the District.

The District has maintained, and must continue to maintain adequate bank funds to cover the amount required for the "Replacement Fund Account"

Adoption of the CMAR resolution by the Commission at the June meeting, and final submittal of completed forms and resolution to the DNR will complete the CMAR compliance process for 2016.

Respectfully Submitted,

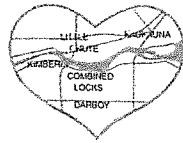
Kevin Skogman, Director of operations & Maintenance

DISTRICT DIRECTOR:

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SERVING:

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METROPOLITAN SEWERAGE DISTRICT**

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RESOLUTION NO. 173

BE IT RESOLVED, that the Heart of the Valley Metropolitan Sewerage District Commission has reviewed and understands the 2016 Compliance Maintenance Annual Report that is attached to this Resolution and will be submitted to the Wisconsin DNR.

APPROVED _____
David J. Casper
President

ATTEST _____
Kevin P. Coffey
Secretary

The above Resolution was approved and adopted by the Heart of the Valley Metropolitan Sewerage District Commission on June 13, 2017 by unanimous roll call vote.

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

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	5.7389	x	206	x	8.34	=	9,846
February	5.5252	x	199	x	8.34	=	9,156
March	8.6102	x	128	x	8.34	=	9,205
April	6.7180	x	172	x	8.34	=	9,635
May	5.0370	x	197	x	8.34	=	8,276
June	5.9296	x	222	x	8.34	=	10,995
July	4.7732	x	206	x	8.34	=	8,200
August	4.2429	x	217	x	8.34	=	7,665
September	5.1779	x	174	x	8.34	=	7,517
October	4.7745	x	201	x	8.34	=	8,006
November	4.5202	x	236	x	8.34	=	8,888
December	5.1804	x	220	x	8.34	=	9,486

2. Maximum Monthly 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	11.9	x	90	=	10.71
		x	100	=	11.9
Design (C)BOD, lbs/day	14651	x	90	=	13185.9
		x	100	=	14651

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

- Yes Enter last calibration date (MM/DD/YYYY)

No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

- Yes
 No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

- Yes
 No

If Yes, please explain:

5. Septage Receiving

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

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

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

- Septic Tanks
 Yes gallons
 No

- Holding Tanks
 Yes gallons
 No

- Grease Traps
 Yes gallons
 No

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

6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

- Yes
 No

If yes, describe the situation and your community's response.

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

<p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p> <ul style="list-style-type: none">● Yes○ No <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <p>The District accepts landfill leachate from permitted sites. It is received at the septage receiving station which affords the District the same protections as described in section 5.2.1.</p>

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmt Fac

Last Updated: Reporting For:

5/22/2017

2016

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	25	22.5	5	1	0	0
February	25	22.5	7	1	0	0
March	25	22.5	6	1	0	0
April	25	22.5	5	1	0	0
May	25	22.5	6	1	0	0
June	25	22.5	5	1	0	0
July	25	22.5	7	1	0	0
August	25	22.5	5	1	0	0
September	25	22.5	5	1	0	0
October	25	22.5	5	1	0	0
November	25	22.5	7	1	0	0
December	25	22.5	7	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)
2016-08-26

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

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?

Yes

No

N/A

Please explain unless not applicable:

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

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	11	1	0	0
February	30	27	14	1	0	0
March	30	27	11	1	0	0
April	30	27	9	1	0	0
May	30	27	10	1	0	0
June	30	27	13	1	0	0
July	30	27	18	1	0	0
August	30	27	23	1	0	0
September	30	27	26	1	0	0
October	30	27	25	1	0	0
November	30	27	23	1	0	0
December	30	27	21	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?						

0

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

Effluent Quality and Plant Performance (Ammonia - NH3)

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	10		.15238095	2 0					
February	10		.195238095	5 0					
March	10		.17826087	7 0					
April	11		.35	0					
May	11		1.082608696	6 0					
June	4.4		.827272727	7 0					
July	4.4		.304761905	5 0					
August	4.4		.573913043	3 0					
September	4.4		.419047619	0					
October	18		.354545455	5 0					
November	18		.963636364	0					
December	18		.857142857	0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
Total Number of Points									0
NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to 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?									

0

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

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

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.3	1	0
February	1	0.4	1	0
March	1	0.3	1	0
April	1	0.2	1	0
May	1	0.4	1	0
June	1	0.4	1	0
July	1	0.4	1	0
August	1	0.6	1	0
September	1	0.5	1	0
October	1	0.6	1	0
November	1	0.6	1	0
December	1	0.5	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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:
5/22/2017 2016

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:

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. 003 - 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	6.3			1.2			<5.9			10.4				0	0
Cadmium		39	85	<.39			<.1			<.62			<1.1				0	0
Copper		1500	4300	550			128			580			774				0	0
Lead		300	840	19.5			4.2			19.2			25.1				0	0
Mercury		17	57	.47			.034			.42			.84				0	0
Molybdenum	60		75	19.4			10.8			14			18.6			0		0
Nickel	336		420	28.5			5.7			26.6			41.7			0		0
Selenium	80		100	2.6			<1.2			<7.2			4.7			0		0
Zinc		2800	7500	832			210			922			1220				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)

Compliance Maintenance Annual Report

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Last Updated: Reporting For:

5/22/2017

2016

<p>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?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0																				
<p>4. Pathogen Control (per outfall): 4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td style="text-align: center;">003</td> </tr> <tr> <td>Biosolids Class:</td> <td style="text-align: center;">A</td> </tr> <tr> <td>Bacteria Type and Limit:</td> <td style="text-align: center;">Fecal Coliform</td> </tr> <tr> <td>Sample Dates:</td> <td>10/01/2016 - 12/31/2016</td> </tr> <tr> <td>Density:</td> <td>5</td> </tr> <tr> <td>Sample Concentration Amount:</td> <td>MPN/G TS</td> </tr> <tr> <td>Requirement Met:</td> <td>Yes</td> </tr> <tr> <td>Land Applied:</td> <td>Yes</td> </tr> <tr> <td>Process:</td> <td>Thermophilic Aerobic Digestion</td> </tr> <tr> <td>Process Description:</td> <td>Autothermal Thermophilic aerobic digestion</td> </tr> </table> <p>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?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (40 Points) <input checked="" type="radio"/> No <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Outfall Number:	003	Biosolids Class:	A	Bacteria Type and Limit:	Fecal Coliform	Sample Dates:	10/01/2016 - 12/31/2016	Density:	5	Sample Concentration Amount:	MPN/G TS	Requirement Met:	Yes	Land Applied:	Yes	Process:	Thermophilic Aerobic Digestion	Process Description:	Autothermal Thermophilic aerobic digestion	0
Outfall Number:	003																				
Biosolids Class:	A																				
Bacteria Type and Limit:	Fecal Coliform																				
Sample Dates:	10/01/2016 - 12/31/2016																				
Density:	5																				
Sample Concentration Amount:	MPN/G TS																				
Requirement Met:	Yes																				
Land Applied:	Yes																				
Process:	Thermophilic Aerobic Digestion																				
Process Description:	Autothermal Thermophilic aerobic digestion																				
<p>5. Vector Attraction Reduction (per outfall): 5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td style="text-align: center;">003</td> </tr> <tr> <td>Method Date:</td> <td style="text-align: center;">12/31/2016</td> </tr> <tr> <td>Option Used To Satisfy Requirement:</td> <td style="text-align: center;">Injection when land apply</td> </tr> <tr> <td>Requirement Met:</td> <td>Yes</td> </tr> <tr> <td>Land Applied:</td> <td>Yes</td> </tr> <tr> <td>Limit (if applicable):</td> <td></td> </tr> <tr> <td>Results (if applicable):</td> <td></td> </tr> </table> <p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (40 Points) <input checked="" type="radio"/> No <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Outfall Number:	003	Method Date:	12/31/2016	Option Used To Satisfy Requirement:	Injection when land apply	Requirement Met:	Yes	Land Applied:	Yes	Limit (if applicable):		Results (if applicable):		0						
Outfall Number:	003																				
Method Date:	12/31/2016																				
Option Used To Satisfy Requirement:	Injection when land apply																				
Requirement Met:	Yes																				
Land Applied:	Yes																				
Limit (if applicable):																					
Results (if applicable):																					
<p>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?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> >= 180 days (0 Points) <input type="radio"/> 150 - 179 days (10 Points) <input type="radio"/> 120 - 149 days (20 Points) <input type="radio"/> 90 - 119 days (30 Points) 	0																				

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:
5/22/2017 2016

<p> <input type="radio"/> < 90 days (40 Points) <input type="radio"/> N/A (0 Points) 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 7.1 Describe any outstanding biosolids issues with treatment, use or overall management: </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:

5/22/2017

2016

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 and Manufacturer Equipment Manuals 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 type="radio"/> Excellent<input checked="" type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor <p>Describe your rating:</p>	

Compliance Maintenance Annual Report

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Last Updated: Reporting For:
5/22/2017 2016

The District has completely switched over to the Total Electronic Asset Management System (TEAMS) to track routine preventative maintenance and corrective maintenance tasks. The Districts has a very aggressive maintenance program and team members that understand the need for preventative maintenance to keep the wastewater plant operating efficiently.

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

Compliance Maintenance Annual Report

Heart Of The Valley Msd Ww Trtmnt Fac

Last Updated: Reporting For:
5/22/2017 2016

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="BRIAN M HELMINGER"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="28032"/></p>	0																																																																																								
<p>2. Certification Requirements</p> <p>2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th colspan="2">WWTP</th> <th colspan="2">OIC</th> </tr> <tr> <th>Advanced</th> <th>OIT</th> <th>Basic</th> <th>Advanced</th> </tr> </thead> <tbody> <tr><td>A1</td><td>Suspended Growth Processes</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>A2</td><td>Attached Growth Processes</td><td></td><td></td><td></td><td>X</td></tr> <tr><td>A3</td><td>Recirculating Media Filters</td><td></td><td></td><td></td><td></td></tr> <tr><td>A4</td><td>Ponds, Lagoons and Natural</td><td></td><td>X</td><td></td><td></td></tr> <tr><td>A5</td><td>Anaerobic Treatment Of Liquid</td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td>Solids Separation</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>C</td><td>Biological Solids/Sludges</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>P</td><td>Total Phosphorus</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>N</td><td>Total Nitrogen</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>Disinfection</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>L</td><td>Laboratory</td><td>X</td><td></td><td></td><td>X</td></tr> <tr><td>U</td><td>Unique Treatment Systems</td><td></td><td></td><td></td><td></td></tr> <tr><td>SS</td><td>Sanitary Sewage Collection</td><td>X</td><td>NA</td><td>NA</td><td>NA</td></tr> </tbody> </table> <p>2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS, N and A5 not required in 2016; subclass SS is basic level only.)</p> <ul style="list-style-type: none"> ● Yes (0 points) ○ No (20 points) 	Sub Class	SubClass Description	WWTP		OIC		Advanced	OIT	Basic	Advanced	A1	Suspended Growth Processes	X			X	A2	Attached Growth Processes				X	A3	Recirculating Media Filters					A4	Ponds, Lagoons and Natural		X			A5	Anaerobic Treatment Of Liquid					B	Solids Separation	X			X	C	Biological Solids/Sludges	X			X	P	Total Phosphorus	X			X	N	Total Nitrogen					D	Disinfection	X			X	L	Laboratory	X			X	U	Unique Treatment Systems					SS	Sanitary Sewage Collection	X	NA	NA	NA	0
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<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 type="checkbox"/> An arrangement with another certified operator <input 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%;"></div>	0																																																																																								
<p>4. Continuing Education Credits</p>																																																																																									

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<p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>OIT and Basic Certification:</p> <ul style="list-style-type: none"><input type="radio"/> Averaging 6 or more CECs per year.<input type="radio"/> Averaging less than 6 CECs per year. <p>Advanced Certification:</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Averaging 8 or more CECs per year.<input type="radio"/> 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

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 300px;" type="text" value="Kevin D. Skogman"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="920-766-5731"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="kevin.skogman@hvmsd.org"/></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? Year: <input style="width: 100px;" type="text" value="2016"/></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., CWF 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												
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2016"/></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%; text-align: center;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 100%;" type="text" value="5,015,613.00"/></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;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: center;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="5,015,613.00"/></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;"><input style="width: 100%;" type="text" value="783,580.00"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 100%;" type="text" value="5,015,613.00"/>	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: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="5,015,613.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 100%;" type="text" value="783,580.00"/>	
3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 100%;" type="text" value="5,015,613.00"/>											
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3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 100%;" type="text" value="783,580.00"/>											

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)

- \$ 213,966.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 5,585,227.00

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.

Equipment replaced during the year was \$139,180
Proceeds on equipment sold was \$-0-
Major repair on ACTI-FLO train 2 coagulation mixer - spool shaft replacement.
ACTI-FLO train 1 and 2 influent slide gate repair.

0

3.3 What amount should be in your Replacement Fund? \$ 5,585,227.00

Please note: If you had a CFWP 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 SectionInstructions link under Info header 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
1	Planning, rehabilitating, or new construction at the treatment facility to provide effluent quality improvements for the proposed changes to the effluent Total Phosphorus and Total Suspended Solids Permit limits.	0	2020
2	Explore the potential for adaptive management options to offset some of the phosphorus and solids limits.	40,000	2017
3	Engineering Services for priority action plan to evaluate the condition of interceptor sewer based on a recent inspection of interceptor.	31,000	2017
4	Capital improvements to interceptor sewer and marine manholes from priority action plan.	2,500,000	2018

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:

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COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	12,700	
February	11,857	
March	7,389	
April	3,249	
May	1,665	
June	2,254	
July	2,413	
August	2,727	
September	1,957	
October	1,483	
November	4,002	
December	11,049	
Total	62,745	0
Average	5,229	0

6.1.2 Comments:

These are not pump/lift station, they are meter stations in the member communities that the District owns. Also two ventilation systems that are on the Districts interceptor.

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

Lighting and electric heat, ventilation equipment, refrigerated samplers.

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

No

Yes

Year:

By Whom:

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Describe and Comment:

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

LED lighting, refrigerated samplers that maybe more energy efficient.

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	644,809	177.91	3,624	305.23	2,113	
February	594,002	160.23	3,707	265.52	2,237	
March	666,833	266.92	2,498	285.36	2,337	
April	625,757	201.54	3,105	289.05	2,165	
May	596,522	156.15	3,820	256.56	2,325	
June	627,591	177.89	3,528	329.85	1,903	
July	631,202	147.97	4,266	254.20	2,483	
August	588,308	131.53	4,473	237.62	2,476	
September	587,052	155.34	3,779	225.51	2,603	
October	617,490	148.01	4,172	248.19	2,488	
November	611,654	135.61	4,510	266.64	2,294	
December	655,404	160.59	4,081	294.07	2,229	
Total	7,446,624	2,019.69		3,257.80		0
Average	620,552	168.31	3,797	271.48	2,304	0

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
- Effluent Pumping
- Fine Bubble Diffusers
- Mechanical Sludge Processing
- Nitrification
- SCADA System

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- UV Disinfection
- Variable Speed Drives
- Other:

Influent pumping, Secondary treatment (Biostyr) aeration for nitrification. Bio-solids pumping of high rate primary clarifiers in ACTI-FLO process.

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?

Installation of a less horse power turbine pump to accommodate influent pumping during lower flow situations.
Biostyr blower replacement.
Most premium efficient motors when replacing electric motors.
Switching over to all LED lighting in buildings.

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

- No
- 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?

- No
- Yes
- Entire facility

Year:

2016

By Whom:

University of Wisconsin-Milwaukee Industrial Assessment Center

Describe and Comment:

The energy assessment that was performed came up with eight recommended measures. The district is planning on implementing four of these recommendations. Use of synthetic grease for motors, building LED lighting, to accomplish bio-solids transfer during off peak time. Lower air compressor tank pressures.

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<input type="checkbox"/> Part of the facility Year: <input type="text"/> By Whom: <input type="text"/> Describe and Comment: <input type="text"/>

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

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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
- 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:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

- Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Cleaning and televising of entire interceptor. Continuation of the 100% inspection of land based manhole structures.

Did you accomplish them?

- Yes
- 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?

2006-1

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2016-04-12

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

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A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
 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:
 Responsible personnel communication procedures
 Response order, timing and clean-up
 Public notification protocols
 Training
 Emergency operation protocols and implementation procedures
 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 Management Plan (SECAP)
 Lift Station Evaluation Report
 Others:
 Antecedent Moisture Modeling for I/I Analysis.

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	<input type="text" value="98"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="100"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="98"/>	% of system/year
Manhole inspections	<input type="text" value="100"/>	% of system/year
Lift station O&M	<input type="text" value="12"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

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Private sewer I/I removal % of private services

River or water crossings % 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.

<input type="text" value="27.71"/>	Total actual amount of precipitation last year in inches
<input type="text" value="31.73"/>	Annual average precipitation (for your location)
<input type="text" value="5.54"/>	Miles of sanitary sewer
<input type="text" value="1"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="0"/>	Number of basement backup occurrences
<input type="text" value="0"/>	Number of complaints
<input type="text" value="5.536"/>	Average daily flow in MGD (if available)
<input type="text" value="8.610"/>	Peak monthly flow in MGD (if available)
<input type="text" value="24.130"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="1.6"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="4.4"/>	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:

I/I continue to be a concern for the District, The rainfall was not above average in the past year but during some rainfall events the District did see significant increase in flow due to I/I. With the Antecedent moisture modeling for I/I it has been a great tool for the District and the five member communities to continually work on the reduction of I/I.

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5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

Yes

No

If Yes, please describe:

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

The district continues to see significant reductions in I/I with the continuing efforts of the five member communities. With the Antecedent moisture modeling the member communities can see that there efforts are helping in the reduction of I/I

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

The Districts interceptor was cleaned and televised this past year for defects and possible I/I. In the process of having a priority action plan conducted for capital improvements to the system in the future.

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

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Grading Summary

WPDES No: 0031232

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	A	4	5	20
Phosphorus	A	4	3	12
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	148
GRADE POINT AVERAGE (GPA) = 4.00				

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)