VILLAGE OF MONTFORT RESOLUTION #2022-02 Wisconsin Department of Natural Resources NR 208 – Compliance Maintenance Resolution 2021

WHEREAS, it is a requirement under a Wisconsin Pollutant Discharge Elimination System (WPDES) permit issued by the Wisconsin Department of Natural Resources to file a Compliance Maintenance Annual Report (CMAR) for its (wastewater treatment/wastewater collection system) under Wisconsin Administrative Code NR 208;

WHEREAS, it is necessary to acknowledge that the governing body has reviewed the Compliance Maintenance Annual Report (CMAR);

WHEREAS, it is necessary to provide recommendations or an action response plan for all individual CMAR section grades (of "C" or less) and/or an overall grade point average (< 3.00);

BE IT THEREFORE RESOLVED by the Village Board of the Village of Montfort that the following recommendations or actions will be taken to address or correct problems/ deficiencies of the wastewater treatment or collection system as identified in the Compliance Maintenance Annual Report (CMAR) :

(1) No action needed.

Adopted the 15th day of June, 2022.

VILLAGE OF MONTFORT IOWA AND GRANT COUNTY, WISCONSIN.

Signed: _____ Charles Piper

Charles Piper, Village President

Attest: <u>Shelly Kazda</u> Shelly Kazda, Clerk-Treasurer

Date: 06/15/2022

Montfort Wastewater Treatment Facility

Last Updated: Reporting For: 6/6/2022 **2021**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadir

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

-	,						
Influent No. 701	Influent Monthly Average Flow, MGD	×	Influent Monthly Average BOD Concentration mg/L	×	8.34	=	Influent Monthly Average BOD Loading, Ibs/day
January	0.0317	×	324	×	8.34	=	86
February	0.0345	X	354	X	8.34	=	102
March	0.0371	x	300	x	8.34	=	93
April	0.0337	x	352	X	8.34	=	99
Мау	0.0338	x	304	X	8.34	=	86
June	0.0336	х	344	X	8.34	=	97
July	0.0312	x	340	x	8.34	=	89
August	0.0335	Х	295	X	8.34	=	82
September	0.0302	х	275	x	8.34	=	69
October	0.0313	х	264	x	8.34	=	69
November	0.0330	х	277	x	8.34	=	76
December	0.0351	х	222	x	8.34	=	65

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

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.105	X	90	=	0.0945
		X	100	=	.105
Design BOD, lbs/day	135	x	90	=	121.5
		X	100	=	135

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

	Monthe	Number of times	Number of times	Number of times	Nume have a fitting a g
					Number of times
	of		flow was greater		BOD was greater
	Influent	than 90% of	than 100% of	than 90% of design	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
Мау	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per ea	ch	2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Numb	er of Po	ints			0

Montfort Wastewate	er Treatment Facili	lity	Last Updated: 6/6/2022	Reporting For: 2021
 3. Flow Meter 3.1 Was the influen Yes O No If No, please explain 	Enter last calibratio 2021-10-12	ted in the last year? on date (MM/DD/YYYY)]		
 4. Sewer Use Ordinar 4.1 Did your commu excessive conventio industries, commerce Yes No If No, please expland 4.2 Was it necessary Yes No 	inity have a sewer u nal pollutants ((C)B(ial users, hauled wa ain:		bited the discharg s to the sewer fro	ge of om
If Yes, please exp	lain:			
Septic Tanks O Yes • No	quests to receive se Holding Tanks O Yes • No	eptage at your facility? Grease Traps • Yes • No dity? If yes, indicate volume in gal	lons.	
 No Holding Tanks Yes No Grease Traps Yes No 		gallons gallons e explain if plant performance is a	ffected when rec	eiving
or hazardous situati commercial or indus O Yes • No	ons in the sewer sys strial discharges in t	onal problems, permit violations, b stem or treatment plant that were the last year? r community's response.	piosolids quality c attributable to	oncerns,
6.2 Did your facility	accept hauled indus	strial wastes, landfill leachate, etc	.?	

Iontfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For: 2021
o Yes		
• No		
If yes, describe the types of wastes received and any procedures or of in place to protect the facility from the discharge of hauled industrial w	ther restrictions that wastes.	at were
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

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

Montfort Wastewater Treatment Facility

Last Updated:	Reporting	For
6/6/2022	2021	

Effluent Quality and Plant Performance (BOD/CBOD)

1	Effluent	(C)BOI) Results
1.	LILIUCIL		

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	6	1	0	0
February	30	27	5	1	0	0
March	30	27	4	1	0	0
April	30	27	1	1	0	0
May	30	27	1	1	0	0
June	30	27	3	1	0	0
July	30	27	2	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	0	1	0	0
December	30	27	0	1	0	0
		* Eq	uals limit if limit is	<= 10		
Months of d	lischarge/yr			12		
		ce with 12 mor	nths of discharge	1	7	3
Exceedance	S				0	0
Points					0	0
Total num	ber of points			· · · · · · · · · · · · · · · · · · ·	1	0
the number of the year	er of months of r, the multiplic	⁻ discharge. Ex ation factor is	sed upon a multipl ample: For a wast 12/6 = 2.0 on was taken to re	ewater facility	discharging o	
2.1 Was theYesNo	Enter		ed in the last year n date (MM/DD/Y]			
	nt Problems	,				
. Treatmer					astanad trastr	
		, were experie	enced over the last	year that thre	eateneu treatn	hent?
3. Treatmer 3.1 What p None		v, were experie	enced over the last	t year that three		nent?

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For 2021
If Yes, please explain:		
4.2 At any time in the past year was there a failure of an effluent acute o toxicity (WET) test? • Yes	or chronic whole ef	fluent
• No		
If Yes, please explain:		
4.3 If the biomonitoring (WET) test did not pass, were steps taken to ider source(s) of toxicity?o Yes	ntify and/or reduc	e
O NO		
• N/A		
Please explain unless not applicable:		

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

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Montfort Wastewater Treatme	nt Facility
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Last Updated:	Reporting For:
6/6/2022	2021

Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent T	otal Suspended	i Solids Results	s effluent values, e	xceedances, a	nd points for	rss:	
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	1	1	0	0	
April	30	27	1	1	0	0	
Мау	30	27	1	1	0	0	
June	30	27	2	1	0	0	
July	30	27	2	1	0	0	
August	30	27	2	1	0	0	
September	30	27	2	1	0	0	
October	30	27	1	1.	0	0	
November	30	27	1	1	0	0	0
December	30	27	0	1	0	0	
		* Eq	uals limit if limit is	<= 10			
Months of [Discharge/yr		······································	12			
Points per	each exceed	ance with 12	months of disch	arge:	7	3	
Exceedance	25				0	0	
Points					0	0	
Total Num	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

Montfort Wastewater Treatment Facility

Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

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

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceed ance		Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceed ance	
January	16		5.443	0						
February	16		4,98	0						
March	16		3.564	0						
April	16		.346	0						
May	16		.143	0						
June	16		.06	0						
July	16		.157	0						
August	16	-	.009	0						
September	16		0	0						
October	16		.006	0						0
November	16		.172	0						
December	16		1.96	0						
Points per each exceedance of Monthly average:						10				
Exceedances	s, Monthly	y							0	
Points:									0	
Points per ea	ach excee	dance of w	eekly ave	rage (whe	en there is	no month	ly average	e):	2.5	
Exceedances	s, Weekly:								0	
Points:									0	
Total Numb	per of Poi	nts							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?										

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

Last Updated: Reporting For: 6/6/2022 2021

Montfort Wastewater Treatment Facility

Last Updated:	Reporting	For:
6/6/2022	2021	

Effluent Quality and Plant Performance (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	5.8	5.281	1	0	
February	5.8	5.681	1	0	
March	5.8	5.663	1	0	
April	5.8	6.468	1	1.	
Мау	5.8	7.380	1	1.	
June	5.8	7.448	1	1	
July	5.8	6.574	1	1	
August	5,8	7.107	1	1.	
September	5.8	5,529	1	0	
October	5.8	5,588	1	0	
November	5.8	4.707	1	0	
December	5.8	4.679	1	0	
Months of Dischar	ge/yr		12		
Points per each	exceedance with 1	2 months of dischar	ge:	10	
Exceedances				5	
Total Number of	Points			50	
exceedance for the number of mo Example: For a w is 12/6 = 2.0	his section shall be ba onths of discharge, astewater facility dis	ermittently to waters o ased upon a multiplicat scharging only 6 month tion was taken to rega	tion factor of 12 mor ns of the year, the m	iths divided by	

Total Points Generated	50
Score (100 - Total Points Generated)	50
Section Grade	F

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For 2021
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 Mauled to another permitted facility Landfilled Incinerated Other NOTE: If you did not remove biosolids from your system, please describe as lagoons, reed beds, recirculating sand filters, etc. 1.1.1 If you checked Other, please describe: 	your system typ	e such
 6. Biosolids Storage 6.1 How many days of actual, current biosolids storage capacity did your v facility have either on-site or off-site? >= 180 days (0 Points) 0 150 - 179 days (10 Points) 0 120 - 149 days (20 Points) 0 90 - 119 days (30 Points) 0 < 90 days (40 Points) 0 N/A (0 Points) 6.2 If you checked N/A above, explain why. 	vastewater treati	ment 0
 7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overa None 	ll management:	

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

_ ____ - ___ -

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For 2021
Staffing and Preventative Maintenance (All Treatmen	nt Plants)	
 Plant Staffing 1.1 Was your wastewater treatment plant adequately staffed last ye Yes No 	ear?	
If No, please explain:		
Could use more help/staff for:		
 1.2 Did your wastewater staff have adequate time to properly operfulfill all wastewater management tasks including recordkeeping? Yes No 	ate and maintain the p	lant and
If No, please explain:		
 2. Preventative Maintenance 2.1 Did your plant have a documented AND implemented plan for pmajor equipment items? Yes (Continue with question 2) □□ No (40 points)□□ If No, please explain, then go to question 3: 	preventative maintenar	nce on
 2.2 Did this preventative maintenance program depict frequency of and other tasks necessary for each piece of equipment? Yes No (10 points) 	f intervals, types of lub	rication,
 2.3 Were these preventative maintenance tasks, as well as major effiled so future maintenance problems can be assessed properly? Yes Paper file system Computer system Both paper and computer system No (10 points) 	equipment repairs, reco	orded and
 3. O&M Manual 3.1 Does your plant have a detailed O&M and Manufacturer Equipment as a reference when needed? Yes No 	nent Manuals that can	be used
 4. Overall Maintenance /Repairs 4.1 Rate the overall maintenance of your wastewater plant. Excellent Very good Good Fair Poor Describe your rating: 		

ontfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For: 2021
We preform regular maintenance and continue to have the service that is needed.	e plant serviced yearly along w	vith any

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

Montfort Wastewater Treatment Facility

Last Updated:	Reporting For:
6/6/2022	2021

Operator Certification and Education

						T
1.1 Did yc • Yes (0 • No (20 Name:	D points) DDD R GRIFFITHS	o-charge during the	report year?			0
2.1 In acc and subcl treatment Sub	tion Requirements cordance with Chapter NR 114.5 ass(es) were required for the op plant and what level and subclass SubClass Description	erator-in-charge (C ass(es) were held b WWTP	DIC) to operate y the operator	e the waste in-charge? OIC	water	
Class		Basic	OIT	Basic	Advanced	
A1	Suspended Growth Processes					
A2	Attached Growth Processes					
A3	Recirculating Media Filters	Х		Х		
A4	Ponds, Lagoons and Natural					
A5	Anaerobic Treatment Of Liquid					
В	Solids Separation					0
С	Biological Solids/Sludges					
Р	Total Phosphorus		Х			
N	Total Nitrogen					
D	Disinfection	Х		Х		
L	Laboratory					
U	Unique Treatment Systems					1
SS	Sanitary Sewage Collection	Х	X	NA	NA	ļ
plant? (N • Yes (0	he operator-in-charge certified a ote: Certification in subclass SS points) 0 points)	at the appropriate le is required 5 years	evel and subc after permit r	lass(es) to o eissuance.)	operate this	
3.1 In the to ensure of the fol □ One c ☑ An ar □ An ar □ An ope be cer □ A con □ None	sion Planning e event of the loss of your design the continued proper operation lowing options (check all that ap or more additional certified opera- rangement with another certified rangement with another commu- erator on staff who has an opera- tified within one year sultant to serve as your certified of the above (20 points) e of the above" is selected, pleas	and maintenance c ply)? itors on staff d operator nity with a certified tor-in-training certi	of the plant the operator	at includes	one or more	o
4.1 If you	ing Education Credits had a designated operator-in-c Credits at the following rates?	harge, was the ope	erator-in-char	ge earning (Continuing	

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For 2021	
 OIT and Basic Certification: Averaging 6 or more CECs per year. Averaging less than 6 CECs per year. Advanced Certification: Averaging 8 or more CECs per year. Averaging less than 8 CECs per year. 			

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

Montfort Wastewater Treatment Facility

Last Updated:	Reporting For:
6/6/2022	2021

Financial Managemen	t			<u> </u>
1. Provider of Financial Info	rmation			
Name:	Shelly Kazda			
Telephone:				
	608-943-6917		(XXX) XXX-XXXX	
E-Mail Address	- A contraction of the second second			
(optional):				
	clerk@montfortvillage.com			
treatment plant AND/OR co • Yes (0 points) • No (40 points) If No, please explain: 2.2 When was the User Ch Year: 2020 • 0-2 years ago (0 points) • 3 or more years ago (20 • N/A (private facility)	ther revenues sufficient to c bllection system ? harge System or other reven]) □□) points)□□	nue source(s) las	t reviewed and/or revised?	0
financial resources availabl plant and/or collection syst • Yes (0 points)	l account (e.g., CWFP requir le for repairing or replacing o tem?	ed segregated R equipment for ye	teplacement Fund, etc.) or our wastewater treatment	
O No (40 points)			ETE QUESTION 3]	
3. Equipment Replacement	JBLIC MUNICIPAL FACILITIE	5 SHALL COMPL		-
	nent Replacement Fund last i	reviewed and/or	revised?	
3.2 Equipment Replaceme	ent Fund Activity			-
3.2.1 Ending Balance R	eported on Last Year's CM	1AR	\$ 85,117.02	
3.2.2 Adjustments - if neo	cessary (e.g. earned interest al of excess funds, increase		\$ 0.00	Salarie Bulderich Commis en rener
3.2.3 Adjusted January 1s	st Beginning Balance		\$ 85,117.02	
3.2.4 Additions to Fund (e earned interest, etc.)	.g. portion of User Fee,	+	\$ 3,501.99	

Montfort Wastewater Treatment Facility	Last Updated 6/6/2022	d: Reporting For 2021
 3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) 3.2.6 Ending Balance as of December 31st for CMAR Reporting Year 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 repair 3.3 What amount should be in your Replacement Fund? 88, Please note: If you had a CWFP loan, this amount was originally based o Assistance Agreement (FAA) and should be regularly updated as needed, instructions and an example can be found by clicking the SectionInstruct header in the left-side menu. 	0. 88,619. s from 3.2.5 a 519.01 n the Financial Further calcu	00 01 bove. lation
 3.3.1 Is the December 31 Ending Balance in your Replacement Fund aborgreater than the amount that should be in it (#3.3)? Yes No If No, please explain. 	ve, (#3.2.6) e	qual to, or
 4. Future Planning 4.1 During the next ten years, will you be involved in formal planning for a or new construction of your treatment facility or collection system? Yes - If Yes, please provide major project information, if not already lis o No 		
Project Project Description #		Approximate Construction Year
1 rehabbing existing plant and looking at in pack of phosphorus removal	1000000	2018
2 Replacement of 1050 ft. Of 8" sanitary sewer. replace 7 manholes.	95400	2014
3 Replacement of 1450 ft of 8" sanitary sewer and 9 manholes.	109325	2015
4 Replacing and updating collection system on North St. project.	110000	2019
5 Replaced 125 feet of sewer main running north to south between Oak st. and Rt.66 through right away.	9150.00	2021
5. Financial Management General Comments		
ENERGY EFFICIENCY AND USE 6. Collection System 6.1 Energy Usage		
6.1.1 Enter the monthly energy usage from the different energy sources:		
COLLECTION SYSTEM PUMPAGE: Total Power Consumed		
Number of Municipally Owned Pump/Lift Stations: 2		

	ewater Treatment Faci	Last Updated: 6/6/2022	2021	
	Electricity Consumed (kWh)	Natural Gas Consumed (therms)		
January	103			
February	122			
March	108			
April	118			
Мау	125			
June	105			
July	273			1
August	126			
September	120			
October	124			
November	101			
December	100			
Total	1,525	0		
Average	127	0		
6.2.1 Indicat	elated Processes and Equi e equipment and practice ition or Screening	pment es utilized at your pump/lift stati	ons (Check all that	apply):
.2 Energy Re 6.2.1 Indicat Comminu Extended Flow Met Pneumat SCADA S Self-Prim Submers Variable	elated Processes and Equi te equipment and practice ition or Screening I Shaft Pumps ering and Recording ic Pumping ystem ing Pumps	pment s utilized at your pump/lift stati	ons (Check all that	apply):
.2 Energy Re 6.2.1 Indicat Comminu Extended Flow Met Pneumat SCADA S Self-Prim Submers	elated Processes and Equi e equipment and practice ition or Screening I Shaft Pumps ering and Recording ic Pumping ystem ing Pumps ible Pumps Speed Drives	pment es utilized at your pump/lift stati	ons (Check all that	apply):
.2 Energy Re 6.2.1 Indicat Comminu Extended Flow Met Pneumat SCADA S Self-Prim Submers Variable Other:	elated Processes and Equi e equipment and practice ition or Screening I Shaft Pumps ering and Recording ic Pumping ystem ing Pumps ible Pumps Speed Drives	pment es utilized at your pump/lift stati	ons (Check all that	apply):
6.2 Energy Re 6.2.1 Indicat Comminu Extended Flow Met Pneumat SCADA S Self-Prim Submers Variable Other: 6.2.2 Comm	elated Processes and Equi e equipment and practice ition or Screening I Shaft Pumps ering and Recording ic Pumping ystem ing Pumps ible Pumps Speed Drives	pment es utilized at your pump/lift stati	ons (Check all that	apply):

lontfort W	astewater T	reatment Facil	lity		Last Upc 6/6/201	dated: Reporting 22 202 2
6.4 Future	Energy Relat	ed Equipment				
6.4.1 Wh pump/lift	at energy effic stations?	cient equipment	or practices d	lo you have plar	ned for the fut	ure for your
None co	ntinue with re	gular maintenar	nce			
	/ Usage er the monthly	y energy usage Total Power Co			rces:	
	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	3,146	0.98	3,210	2.67	1,178	
February	3,758	0.97	3,874	2.86	1,314	
March	3,904	1.15	3,395	2.88	1,356	
	3,220	1.01	3,188	2.97	1,084	
April				0.67	1 1 2 2	······
April May	3,026	1.05	2,882	2.67	1,133	
•	3,026 3,016	1.05 1.01	2,882	2.67	1,133	
May						
May June	3,016	1.01	2,986	2.91	1,036	
May June July August	3,016 3,258	1.01 0.97	2,986 3,359	2.91 2.76	1,036 1,180	
May June July August	3,016 3,258 3,470	1.01 0.97 1.04	2,986 3,359 3,337	2.91 2.76 2.54	1,036 1,180 1,366	
May June July August September October	3,016 3,258 3,470 3,075	1.01 0.97 1.04 0.91	2,986 3,359 3,337 3,379	2.91 2.76 2.54 2.07	1,036 1,180 1,366 1,486	
May June July August September October November	3,016 3,258 3,470 3,075 3,195	1.01 0.97 1.04 0.91 0.97	2,986 3,359 3,337 3,379 3,294	2.91 2.76 2.54 2.07 2.14	1,036 1,180 1,366 1,486 1,493	
May June July August September	3,016 3,258 3,470 3,075 3,195 2,310	1.01 0.97 1.04 0.91 0.97 0.99	2,986 3,359 3,337 3,379 3,294 2,333	2.91 2.76 2.54 2.07 2.14 2.28	1,036 1,180 1,366 1,486 1,493 1,013	0

7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

Aerobic Digestion

□ Anaerobic Digestion

□ Biological Phosphorus Removal

Coarse Bubble Diffusers

Dissolved O2 Monitoring and Aeration Control

□ Effluent Pumping

☐ Fine Bubble Diffusers

□ Influent Pumping

Mechanical Sludge Processing

□ Nitrification

□ SCADA System

UV Disinfection

□ Variable Speed Drives

🛛 Other:

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For 2021
We pump to a recirculating sand filter.		
7.2.2 Comments:		
U.V. disinfection is May-Oct.		
7.3 Future Energy Related Equipment		
7.3.1 What energy efficient equipment or practices do you have planned treatment facility?	for the future for	your
Regular maintenance		
8. Biogas Generation		
 8.1 Do you generate/produce biogas at your facility? No O Yes 		
If Yes, how is the biogas used (Check all that apply): Flared Off Building Heat Process Heat		
Generate Electricity Other:		
9. Energy Efficiency Study		
 9.1 Has an Energy Study been performed for your treatment facility? No 		
o Yes □ Entire facility		
Year:		:
By Whom:		
Describe and Comment:		
Part of the facility Year:		
By Whom:		
Describe and Comment:		

Montfort Wastewater Treatment Facility	Last Updated:	Reporting For:
	6/6/2022	2021

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

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For: 2021
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 comp according to Wisc. Adm Code NR 210.23 (4)? Yes 	onents and items	
o No (30 points)		
o N/A If No or N/A, explain:		
L 1.3 Does your CMOM program contain the following components and iter components and items that apply) ☐ Goals [NR 210.23 (4)(a)]		
Describe the major goals you had for your collection system last year:		
To clean and televise 10% of sewer mains, inspect 25% of manholes/ 5% of manholes/year, replace or rehab 5% of mains, laterals/year, u prioritized preventive maintenance schedule with assigned work hour issues.	pdate maps, cont.	with a 🛛 📋
Did you accomplish them? o Yes • No		
If No, explain:		
We did not replace any manholes.		
 Organization [NR 210.23 (4) (b)] Does this chapter of your CMOM include: Ø Organizational structure and positions (eg. organizational chart and Ø Internal and external lines of communication responsibilities 		
Person(s) responsible for reporting overflow events to the departm	ent and the public	
 Legal Authority [NR 210.23 (4) (c)] What is the legally binding document that regulates the use of your se sewer use ordinance 	ewer system?	
If you have a Sewer Use Ordinance or other similar document, when v revised? (MM/DD/YYYY) 2004-04-09		
Does your sewer use ordinance or other legally binding document add Private property inflow and infiltration		
 New sewer and building sewer design, construction, installation, te Rehabilitated sewer and lift station installation, testing and inspect 	ion	
 Sewage flows satellite system and large private users are monitore necessary Fat, oil and grease control 		ب بي ا
Enforcement procedures for sewer use non-compliance		
□ Operation and Maintenance [NR 210.23 (4) (d)]	a tha following	
Does your operation and maintenance program and equipment include Equipment and replacement part inventories	e the following.	

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For 2021
 Up-to-date sewer system map A management system (computer database information for O&M activities, investigation A description of routine operation and maint Capacity assessment program Basement back assessment and correction Regular O&M training Design and Performance Provisions [NR 210.2 What standards and procedures are established the sewer collection system, including building s property? State Plumbing Code, DNR NR 110 Standard Construction, Inspection, and Testing Others: 	and rehabilitation tenance activities (see question 2 below) 3 (4) (e)] for the design, construction, and inspecti sewers and interceptor sewers on private	
 Overflow Emergency Response Plan [NR 210.2 Does your emergency response capability includ Responsible personnel communication proce Response order, timing and clean-up Public notification protocols Training Emergency operation protocols and impleme Annual Self-Auditing of your CMOM Program [I Special Studies Last Year (check only those th Infiltration/Inflow (I/I) Analysis Sewer System Evaluation Survey (SSES) Sewer Evaluation and Capacity Managment I Lift Station Evaluation Report Others: 	de: edures entation procedures NR 210.23 (5)]□□ at apply):	O
Flow monitoring0Smoke testing0Sewer line televising10Manhole inspections25Lift station O&M2Manhole rehabilitation0Mainline0	 intenance program include the following nd indicate the amount maintained. % of system/year % of system/year # per L.S./year % of manholes rehabbed % of sewer lines rehabbed 	

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For: 2021
0 % of system/year		
Private sewer I/I removal 0 % of private services		
River or water crossings 01 % of pipe crossings eval	uated or maintai	ned
Please include additional comments about your sanitary sewer collection		
We replaced 125 feet of sewer main.		
 3. Performance Indicators 3.1 Provide the following collection system and flow information for the particular of precipitation (for your location) 4.2 Annual average precipitation (for your location) 4.2 Annual average precipitation (for your location) 4.2 Miles of sanitary sewer 2 Number of lift stations 0 Number of lift station failures 0 Number of sewer pipe failures 0 Number of basement backup occurrences 0 Number of complaints Average daily flow in MGD (if available) Peak monthly flow in MGD (if available) Peak hourly flow in MGD (if available) 	ast year. hes	
3.2 Performance ratios for the past year: 0.00 Lift station failures (failures/year) 0.00 Sewer pipe failures (pipe failures/sewer mile/yr) 0.00 Sanitary sewer overflows (number/sewer mile/yr) 0.00 Basement backups (number/sewer mile) 0.00 Complaints (number/sewer mile) 0.00 Peaking factor ratio (Peak Monthly:Annual Daily Avg		
4. Overflows		
LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OV	ERFLOWS REPOI	RTED **
Date Location	Cause E	stimated Volume
None reported		
** If there were any SSOs or TFOs that are not listed above, please conta on this section until corrected.	act the DNR and	stop work
 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 have higher inflow during heavy rains plus the rain falls directly on 	our sand filter.	

Montfort Wastewater Treatment Facility	Last Updated: 6/6/2022	Reporting For 2021
5.2 Has infiltration/inflow and resultant high flows affected performance o your collection system, lift stations, or treatment plant at any time in the p o Yes	r created proble bast year?	ms in
• No		
If Yes, please describe:		
5.3 Explain any infiltration/inflow (I/I) changes this year from previous yea	ars:	
We less rain than normal in 2021 and have replaced a main that had cra	cks and a root p	roblem.
5.4 What is being done to address infiltration/inflow in your collection system	em?	
We continue to put corks in M.H. pick holes and replace poorer mains whether the poorer mains wh	en possible.	

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

Montfort Wastewater Treatment Facility

Last Updated: Reporting For: 6/6/2022 2021

Grading Summary

WPDES No: 0024821

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	Α	4	5	20
Ammonia	A	4	5	20
Phosphorus	F	0	3	0
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS		•	37	136
GRADE POINT AVERAGE (GPA) = 3.68				

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)

Montfort Wastewater Trea	tment Facility	Last Updated: 6/6/2022	Reporting For: 2021
Resolution or Owner's	Statement		
Name of Governing			
Body or Owner:	Village of Montfort		
Date of Resolution or Action Taken:			
Resolution Number:			
Date of Submittal:			
	HE GOVERNING BODY OR OWNE rade A or B. Required for grade C Grade = A		CMAR
Effluent Quality: BOD: Grad	e = A		
Effluent Quality: TSS: Grade	2 = A		
Effluent Quality: Ammonia:	Grade = A		
Effluent Quality: Phosphorus	:: Grade = F	······	
Biosolids Quality and Manag	ement: Grade = A		
Staffing: Grade = A			
Operator Certification: Grad	e = A		
Financial Management: Grad	ie = A		
Collection Systems: Grade = (Regardless of grade, respon	 A nse required for Collection Systems i 	f SSOs were reported)	
GRADE POINT AVERAGE A	HE GOVERNING BODY OR OWNE ND ANY GENERAL COMMENTS han or equal to 3.00, required for G.		RALL