

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
6/4/2013

Reporting Year: 2012

Influent Flow and Loading

Questions								
1.	Monthly average flows and (C)BOD loadings.							
	InFluent No.701	Influent Monthly Average Flow, MGD	X	Influent Monthly Average (C)BOD Concentrati on mg.l	X	8.34	=	Influent Monthly Average(C) BOD Loading, pounds/day
	January	0.1856	X	243	X	8.34	=	377
	February	0.1941	X	182	X	8.34	=	294
	March	0.2307	X	174	X	8.34	=	334
	April	0.1896	X	176	X	8.34	=	278
	May	0.2015	X	190	X	8.34	=	320
	June	0.1979	X	215	X	8.34	=	354
	July	0.1607	X	260	X	8.34	=	348
	August	0.1538	X	267	X	8.34	=	342
	September	0.1539	X	295	X	8.34	=	378
	October	0.1617	X	341	X	8.34	=	460
	November	0.1422	X	460	X	8.34	=	545
	December	0.1371	X	314	X	8.34	=	359
2.	Maximum month design flow and design (C)BOD loading.							
		Design	X	%	=	% of Design		
	Max Month Design Flow, MGD	.709	x	90	=	0.6381		
			x	100	=	.709		
	Design (C)BOD, lbs./day	700	x	90	=	630		
			x	100	=	700		

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Influent Flow and Loading (Continued)

3. Number of times the flow and (C)BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent Flow	Number of times flow was greater than 90% of design	Number of times flow was greater than 100% of design	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 exceedance		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0

4. Was the influent flow meter calibrated in the last year?

- Yes Enter last calibration date, MM/DD/YYYY 06/12/2012
 No -explain

5. Sewer Use Ordinance

5.1 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 describe:

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Influent Flow and Loading (Continued)

	<p>5.2 Was it necessary to enforce?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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6. Septage Receiving

	<p>6.1 Did you have requests to receive septage at your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> </table> <p>6.2 Did you receive septage at your facility? If yes, indicate volume in gallons</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>58200 gal</td> <td>349750 gal</td> <td>gal</td> </tr> </table> <p>6.2.1 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;"> Plant performance was not affected due to low volume received. </div>	Septic Tanks	Holding Tanks	Grease Traps	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	Septic Tanks	Holding Tanks	Grease Traps	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	58200 gal	349750 gal	gal
Septic Tanks	Holding Tanks	Grease Traps														
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
Septic Tanks	Holding Tanks	Grease Traps														
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
58200 gal	349750 gal	gal														

7. Pretreatment

	<p>7.1 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><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> 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>7.2 Did your facility accept hauled industrial wastes, landfill leachate, etc?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the plant from the discharge of hauled industrial wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
5/28/2013

Reporting Year: 2012

Effluent Quality and Plant Performance ((C)BOD)

Questions							
1.	Monthly average effluent values, exceedances, and points for (C)BOD:						
	Outfall No.001	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	10	10	3	1	0	0
	February	10	10	2	1	0	0
	March	10	10	1	1	0	0
	April	10	10	0	1	0	0
	May	5	5	0	1	0	0
	June	5	5	0	1	0	0
	July	5	5	1	1	0	0
	August	5	5	1	1	0	0
	September	5	5	3	1	0	0
	October	5	5	1	1	0	0
	November	10	10	0	1	0	0
	December	10	10	0	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
	<p>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 $12/6 = 2.0$</p>						
2.	If any violations occurred, what action was taken to regain compliance?						
3.	Was the effluent flow meter calibrated in the last year?						
	<input checked="" type="radio"/> Yes - enter last calibration date, MM/DD/YYYY:					06/12/2012	
	<input type="radio"/> No - explain:						

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
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Reporting Year: 2012

Effluent Quality and Plant Performance ((C)BOD) (Continued)

4.	What problems, if any, were experienced over the last year that threatened treatment?
5.	Other Monitoring and Limits
	<p>5.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as metals, pH, residual chlorine, or fecal coliform?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<p>5.2 At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px;"> A CHRONIC WET TEST WAS DONE IN DECEMBER 2012. RESULTS OF TEST PASSED. </div>
	<p>5.3 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"/> NA </p> <p>Please explain unless not applicable:</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

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
5/28/2013

Reporting Year: 2012

Effluent Quality and Plant Performance (Total Suspended Solids)

Questions						
1.	Monthly average effluent values, exceedances, and points for TSS:					
Outfall No.001	Monthly Average TSS Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average TSS (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	10	10	1	1	0	0
February	10	10	1	1	0	0
March	10	10	1	1	0	0
April	10	10	0	1	0	0
May	10	10	0	1	0	0
June	10	10	0	1	0	0
July	10	10	1	1	0	0
August	10	10	2	1	0	0
September	10	10	1	1	0	0
October	10	10	1	1	0	0
November	10	10	0	1	0	0
December	10	10	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
<p>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 $12/6 = 2.0$</p>						
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

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
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Reporting Year: 2012

Effluent Quality and Plant Performance (Ammonia = NH3)

Questions

1. Monthly and weekly average effluent values, exceedances, and points for 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	4.8		0.0	0					
February	4.8		0.0	0					
March	4.8		0.1	0					
April	3		0.0	0					
May	1.2		0.0	0					
June	1.2		0.0	0					
July	1.2		0.0	0					
August	1.2		0.0	0					
September	1.2		0.0	0					
October	4.8		0.0	0					
November	4.8		0.0	0					
December	4.8		0.0	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 detect 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 detect exceedances and generate points.

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

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Reporting Year: 2012

Effluent Quality and Plant Performance (Ammonia = NH3) (Continued)

2.	If any violations occurred, what action was taken to regain compliance?
	<div style="border: 1px solid black; height: 30px; width: 600px; margin: 5px 0;"></div>

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
5/28/2013

Reporting Year: 2012

Effluent Quality and Plant Performance (Phosphorus)

Questions					
1.	Monthly average effluent values, exceedances, and points for Phosphorus:				
	Outfall No.001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
	January	1	1.0	1	0
	February	1	1.0	1	0
	March	1	0.7	1	0
	April	1	0.3	1	0
	May	1	0.4	1	0
	June	1	0.6	1	0
	July	1	0.6	1	0
	August	1	0.7	1	0
	September	1	0.7	1	0
	October	1	0.8	1	0
	November	1	0.4	1	0
	December	1	0.7	1	0
	Months of Discharge/yr			12	
	Points per each exceedance with 12 months of discharge:				10
	Exceedances				0
	Total Number of Points				0
	<p>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 $12/6 = 2.0$</p>				
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

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
6/17/2013

Reporting Year: 2012

Biosolids Quality and Management

	Questions	Points						
1.	Biosolids Use/Disposal:							
	<p>1.1 How did you use or dispose of your biosolids?(Check all that apply)</p> <p> <input checked="" type="checkbox"/> Land Applied Under Your Permit <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids <input type="checkbox"/> Hauled to Another Permitted Facility <input type="checkbox"/> Landfilled <input type="checkbox"/> Incinerated <input type="checkbox"/> Other </p> <p>NOTE:If you do not remove biosolids from your system annually, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc, and if biosolids were land applied last year, please also check top box above.</p> <p>1.1.1 If you checked Other, Please describe: <input style="width: 400px; height: 20px;" type="text"/></p>							
2.	Land Application Site:							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Last Year's Approved and Active Land Application Sites</td> </tr> <tr> <td style="width: 50%;">2.1.1 How many acres did you have?</td> <td style="width: 50%;">2.1.2 How many acres did you use?</td> </tr> <tr> <td style="text-align: center;">168.90 acres</td> <td style="text-align: center;">23.36 acres</td> </tr> </table> <p>2.2 If you did not have enough acres for your land application needs, what action was taken? <input style="width: 400px; height: 20px;" type="text"/></p>	Last Year's Approved and Active Land Application Sites		2.1.1 How many acres did you have?	2.1.2 How many acres did you use?	168.90 acres	23.36 acres	
Last Year's Approved and Active Land Application Sites								
2.1.1 How many acres did you have?	2.1.2 How many acres did you use?							
168.90 acres	23.36 acres							
	<p>2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?</p> <p> <input type="radio"/> Yes(30 points) <input checked="" type="radio"/> No </p>	0						
	<p>2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points) <input type="radio"/> N/A </p>	0						
3.	Biosolids Metals							
	Number of biosolids outfalls in your WPDES permit = 1							
	3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year							
BIOSOLIDS METALS CHARACTERISTICS								
Outfall:002 - SLUDGE								

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**Last Updated:
6/17/2013**

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Biosolids Quality and Management (Continued)

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	mg/kg on a dry weight basis												Times Exceeded				
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling		
arsenic		41	75																0	0
cadmium		39	85																0	0
copper		1500	4300																0	0
lead		300	840																0	0
mercury		17	57																0	0
molybdenum	60		75															0		0
nickel	336		420															0		0
selenium	80		100															0		0
zinc		2800	7500																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	0												
	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Exceedance Points</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">1-2</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">> 2</td> <td style="text-align: center;">15 Points</td> </tr> </tbody> </table>	Exceedance Points			<input checked="" type="radio"/>	0	0 Points	<input type="radio"/>	1-2	10 Points	<input type="radio"/>	> 2	15 Points	
Exceedance Points														
<input checked="" type="radio"/>	0	0 Points												
<input type="radio"/>	1-2	10 Points												
<input type="radio"/>	> 2	15 Points												
	3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loadings at each land application site? (check applicable box)	0												
	<input type="radio"/> Yes <input type="radio"/> No (10 points) <input checked="" type="radio"/> NA. Did not exceed limits or no HQ limit applies (0 points) <input type="radio"/> NA. 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	0												
	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Exceedance Points</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">> 1</td> <td style="text-align: center;">15 Points</td> </tr> </tbody> </table>	Exceedance Points			<input checked="" type="radio"/>	0	0 Points	<input type="radio"/>	1	10 Points	<input type="radio"/>	> 1	15 Points	
Exceedance Points														
<input checked="" type="radio"/>	0	0 Points												
<input type="radio"/>	1	10 Points												
<input type="radio"/>	> 1	15 Points												
	3.1.4 Were biosolids land applied which exceeded the ceiling limit?	0												
	<input type="radio"/> Yes(20 points) <input checked="" type="radio"/> 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?													

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Biosolids Quality and Management (Continued)

4.	Pathogen Control(per outfall):																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td>002</td> </tr> <tr> <td>Biosolids Class:</td> <td>B</td> </tr> <tr> <td>Bacteria Type and Limit</td> <td></td> </tr> <tr> <td>Sample Dates:</td> <td>1/1/2012 12:00:00 AM - 12/31/2012 12:00:00 AM</td> </tr> <tr> <td>Density:</td> <td></td> </tr> <tr> <td>Sample Concentrator Amount:</td> <td></td> </tr> <tr> <td>Process:</td> <td>ANAER</td> </tr> <tr> <td>Process Description:</td> <td>sludge is aerated for about 30 days before being pumped to storage.</td> </tr> </table>	Outfall Number:	002	Biosolids Class:	B	Bacteria Type and Limit		Sample Dates:	1/1/2012 12:00:00 AM - 12/31/2012 12:00:00 AM	Density:		Sample Concentrator Amount:		Process:	ANAER	Process Description:	sludge is aerated for about 30 days before being pumped to storage.	
Outfall Number:	002																	
Biosolids Class:	B																	
Bacteria Type and Limit																		
Sample Dates:	1/1/2012 12:00:00 AM - 12/31/2012 12:00:00 AM																	
Density:																		
Sample Concentrator Amount:																		
Process:	ANAER																	
Process Description:	sludge is aerated for about 30 days before being pumped to storage.																	
	4.1 If exceeded Class B limit or did not meet the process criteria at the time of land application(40 Points)																	
	<p>4.1.1 Was the limit exceeded or the process criteria not met at any time?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-left: 40px;"></div>																	
5.	Vector Attraction Reduction(per outfall):0																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td>002</td> </tr> <tr> <td>Method Date:</td> <td>12/31/2012 12:00:00 AM</td> </tr> <tr> <td>Option Used To Satisfy Requirement:</td> <td>INJ</td> </tr> <tr> <td>Limit (if applicable):</td> <td></td> </tr> <tr> <td>Results (if applicable):</td> <td></td> </tr> </table>	Outfall Number:	002	Method Date:	12/31/2012 12:00:00 AM	Option Used To Satisfy Requirement:	INJ	Limit (if applicable):		Results (if applicable):								
Outfall Number:	002																	
Method Date:	12/31/2012 12:00:00 AM																	
Option Used To Satisfy Requirement:	INJ																	
Limit (if applicable):																		
Results (if applicable):																		
	5.1 If the limit or criteria was exceeded at the time of land application, 40 point	0																
	<p>5.1.1 Was the limit exceeded or the process criteria not met at any time?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If yes, what action was taken?</p>																	

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6/17/2013**

Reporting Year: 2012

Biosolids Quality and Management (Continued)

6.	Biosolids Storage:0	
	6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?	0
	<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) <input type="radio"/> < 90 days (40 points) <input type="radio"/> Not Applicable (0 points) 	
	6.2 If you check Not Applicable above, explain why. <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	
7.	Issues:	
	7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt? <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
5/28/2013

Reporting Year: 2012

Staffing and Preventative Maintenance (All Treatment Plants)

Questions		Points
1.	Was your wastewater treatment plant adequately staffed last year? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please describe: <input style="width: 600px; height: 20px;" type="text"/> Could use more help/staff for: <input style="width: 600px; height: 20px;" type="text"/>	
2.	Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping? <input checked="" type="radio"/> Yes <input type="radio"/> No. Explain <input style="width: 600px; height: 20px;" type="text"/>	
3.	Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items? <input checked="" type="radio"/> Yes (Continue with questions below) <input type="radio"/> No (40 points and go to question 6) If No, explain: <input style="width: 600px; height: 20px;" type="text"/>	0
4.	Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment? <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points)	0
5.	Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly? <input checked="" type="radio"/> Yes <input type="radio"/> (Paper file system) <input type="radio"/> (Computer program) <input checked="" type="radio"/> (Both Paper and Computer) <input type="radio"/> No (10 points)	0
6.	Did your plant have a detailed O&M Manual that was used as a reference when needed? <input checked="" type="radio"/> Yes <input type="radio"/> No	
7.	Rate the overall maintenance of your wastewater plant. <input type="radio"/> Excellent	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
5/28/2013

Reporting Year: 2012

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

	<p> <input type="radio"/> Very Good <input checked="" type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor </p> <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;"> ALL NECESSARY MAINTENANCE WAS PERFORMED ON ESSENTIAL EQUIPMENT. </div>	
--	---	--

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
5/28/2013

Reporting Year: 2012

Operator Certification and Education

Questions		Points
1.	Did you have a designated operator-in-charge during the report year?	0
	<p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p> <p>Name: <input type="text" value="SCOTT ALAN GRETSCHMANN"/></p> <p>Certification No: <input type="text" value="20870"/></p>	
2.	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>Required: <input type="text" value="2 - CEIJ; C - ACTIVATED SLUDGE; E - DISINFECTION; I - PHOSPHORUS REMOVAL; J - LABORATORY"/></p> <p>Held: <input type="text" value="4 - ABCEFHIJ; 4 - A=PRIMARY SETTLING GRADE 4; B=TRICKLING FILTER/RBC GRADE 4; C=ACTIVATED SLUDGE GRADE 4; E=DISINFECTION GRADE 4; F=ANAEROBIC DIGESTION GRADE 4; H=FILTRATION GRADE 4; I=PHOSPHORUS REMOVAL GRADE 4; J=LABORATORY GRADE 4"/></p>	
3.	Was the operator-in-charge certified at the appropriate level to operate this plant?	0
	<p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p>	
4.	In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation & maintenance of the plant that includes one or more of the following options (check all that apply):	0
	<p> 4.1 <input checked="" type="checkbox"/> one or more additional certified operators on staff 4.2 <input type="checkbox"/> an arrangement with another certified operator 4.3 <input type="checkbox"/> an arrangement with another community with a certified operator 4.4 <input type="checkbox"/> an operator on staff who has an operator-in-training certificate for your plant and is expected be certified within one year 4.5 <input type="checkbox"/> a consultant to serve as your certified operator 4.6 <input type="checkbox"/> None of the above (20 points) </p> <p>Explain: <input type="text"/></p>	
5.	If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?	
	Grades T, 1, and 2:	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

**Last Updated:
5/28/2013**

Reporting Year: 2012

Operator Certification and Education (Continued)

	<input type="radio"/>	Averaging 6 or more CEUs per year	
	<input type="radio"/>	Averaging less than 6 CEUs per year	
	Grades 3 and 4:		
	<input checked="" type="radio"/>	Averaging 8 or more CEUs per year	
	<input type="radio"/>	Averaging less than 8 CEUs per year	
	Not applicable:		
	<input type="radio"/>	See Question 1.	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
6/4/2013

Reporting Year: 2012

Financial Management

	Questions	Points												
1.	Person Providing This Financial Information													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="border: 1px solid black; padding: 2px;">Pam Franseen</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(608) 676-5304</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">Tres@clintonwi.us</td> </tr> </table>	Name:	Pam Franseen	Telephone:	(608) 676-5304	E-Mail Address(optional):	Tres@clintonwi.us							
Name:	Pam Franseen													
Telephone:	(608) 676-5304													
E-Mail Address(optional):	Tres@clintonwi.us													
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0												
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>													
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2013	0												
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> 0-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable (Private Facility) </p>													
4.	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?	0												
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </p>													
REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)														
5.	Equipment Replacement Funds													
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2012	0												
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> 1-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable Explain: </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>													
	5.2 What amount is in your Replacement Fund?													
	Equipment Replacement Fund Activity													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5.2.1 Ending Balance Reported on Last Year's CMAR:</td> <td style="width: 10%;"></td> <td style="width: 30%; text-align: right;">\$164143.70</td> </tr> <tr> <td>5.2.2 Adjustments</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td colspan="3" style="font-size: small;">if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$164,143.70</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:		\$164143.70	5.2.2 Adjustments	+	\$0.00	if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)			5.2.3 Adjusted January 1st Beginning Balance		\$164,143.70	
5.2.1 Ending Balance Reported on Last Year's CMAR:		\$164143.70												
5.2.2 Adjustments	+	\$0.00												
if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)														
5.2.3 Adjusted January 1st Beginning Balance		\$164,143.70												

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

**Last Updated:
6/4/2013**

Reporting Year: 2012

Financial Management (Continued)

	<p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$17,320.43</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$0.00</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$181,464.13</p> <p>(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)</p> <p>*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
	<p>5.3 What amount should be in your replacement fund? \$179,000.00</p> <p>(If you had a CWFPP 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 option button.)</p>							
	<p>5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
6.	Future Planning							
	<p>6.1 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?</p> <p><input checked="" type="radio"/> Yes (If yes, please provide major project information, if not already listed below)</p> <p><input type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Project Description</th> <th style="width: 20%;">Estimated Cost</th> <th style="width: 20%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year				
Project Description	Estimated Cost	Approximate Construction Year						
7.	Financial Management General Comments:							
	<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

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
6/18/2013

Reporting Year: 2012

Sanitary Sewer Collection Systems

Questions	Points
<p>1. Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>	
<p>2. Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4) </p>	0
<p>3. Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:</p>	
<p><input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> PERFORM SEWER TELEVISIONING, REPAIR, AND CLEANING TO MAINTAIN COLLECTION SYSTEM AND AVOID BACKUPS AND/OR FAILURES. </div> <p><input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ownership and governing body description <input checked="" type="checkbox"/> Organizational chart <input checked="" type="checkbox"/> Personnel and position descriptions <input type="checkbox"/> Internal communication procedures <input type="checkbox"/> Public information and education program <p><input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY 04/02/2007 <input checked="" type="checkbox"/> Pretreatment/Industrial control Programs <input checked="" type="checkbox"/> Fat, Oil and Grease control <input type="checkbox"/> Illicit discharges (commercial, industrial) <input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc) <input type="checkbox"/> Private lateral inspections/repairs <input type="checkbox"/> Service and management agreements <p><input checked="" type="checkbox"/> Maintenance Activities: details in Question 4</p> <p><input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> State plumbing code <input checked="" type="checkbox"/> DNR NR 110 standards <input checked="" type="checkbox"/> Local municipal code requirements <input checked="" type="checkbox"/> Construction, inspection and testing <input type="checkbox"/> Others: 	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

**Last Updated:
6/18/2013**

Reporting Year: 2012

Sanitary Sewer Collection Systems (Continued)

	<p><input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alarm system and routine testing <input checked="" type="checkbox"/> Emergency equipment <input type="checkbox"/> Emergency procedures <input type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc) <p><input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Current and up-to-date sewer map <input checked="" type="checkbox"/> Sewer system plans and specifications <input checked="" type="checkbox"/> Manhole location map <input checked="" type="checkbox"/> Lift station pump and wet well capacity information <input checked="" type="checkbox"/> Lift station O&M manuals <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Areas with flat sewers <input type="checkbox"/> Areas with surcharging <input type="checkbox"/> Areas with bottlenecks or constrictions <input type="checkbox"/> Areas with chronic basement backups or SSO's <input type="checkbox"/> Areas with excess debris, solids or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input checked="" type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input type="checkbox"/> Sewers with severe defects that affect flow capacity <input checked="" type="checkbox"/> Adequacy of capacity for new connections <input checked="" type="checkbox"/> Lift station capacity and/or pumping problems <p><input type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input type="checkbox"/> Special Studies Last Year(check only if applicable):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: 	
--	---	--

4.	Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:	
----	---	--

Cleaning	<input style="width: 40px;" type="text" value="8"/>	% of system/year
Root Removal	<input style="width: 40px;" type="text" value="0"/>	% of system/year
Flow Monitoring	<input style="width: 40px;" type="text" value="0"/>	% of system/year
Smoke Testing	<input style="width: 40px;" type="text" value="0"/>	% of system/year
Sewer Line Televising	<input style="width: 40px;" type="text" value="0"/>	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

**Last Updated:
6/18/2013**

Reporting Year: 2012

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="11"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="12"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px;" type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<input style="width: 100%; height: 20px;" type="text"/>		

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

<input style="width: 80px;" type="text" value="24.76"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="41.3"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="11"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="2"/>	Number of Lift Stations
<input style="width: 80px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 80px;" type="text" value="0"/>	Number of Sewer Pipe Failures
<input style="width: 80px;" type="text" value="1"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="1"/>	Number of Complaints
<input style="width: 80px;" type="text"/>	Average Daily Flow in MGD
<input style="width: 80px;" type="text"/>	Peak Monthly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

**Last Updated:
6/18/2013**

Reporting Year: 2012

Sanitary Sewer Collection Systems (Continued)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</th> </tr> <tr> <th style="width: 10%; padding: 2px;">Date</th> <th style="width: 40%; padding: 2px;">Location</th> <th style="width: 30%; padding: 2px;">Cause</th> <th style="width: 20%; padding: 2px;">Estimated Volume (MG)</th> </tr> <tr> <td colspan="4" style="padding: 5px;">NONE REPORTED</td> </tr> </table> <p style="margin-top: 10px;">Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>	NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)				Date	Location	Cause	Estimated Volume (MG)	NONE REPORTED				0
NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)														
Date	Location	Cause	Estimated Volume (MG)											
NONE REPORTED														
	<p>PERFORMANCE INDICATORS</p> <p><input style="width: 60px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="0.09"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 60px;" type="text" value="0.09"/> Complaints (number/sewer mile)</p> <p><input style="width: 60px;" type="text"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 60px;" type="text"/> Peaking Factor Ratio(Peak Hourly:Annual daily Average)</p>													
6.	<p>Was infiltration/inflow(I/I) significant in your community last year?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>													
7.	<p>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?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>													
8.	<p>Explain any infiltration/inflow(I/I) changes this year from previous years?</p>													

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:
6/18/2013

Reporting Year: 2012

Sanitary Sewer Collection Systems (Continued)

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

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:

Reporting Year: 2012

WPDES No.0022039

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	A	4.0	10	40
Effluent Quality:TSS	A	4.0	5	20
Effluent Quality:Ammonia	A	4.0	5	20
Effluent Quality:P	A	4.0	3	12
Biosolids Mgt.	A	4.0	5	20
Prev.Maintenance.Staffing	A	4.0	1	4
Operator Certification	A	4.0	1	4
Financial Management	A	4.0	1	4
Collection Systems	A	4.0	3	12
TOTALS			37	148
GRADE POINT AVERAGE(GPA)=4.00		4.00		

Notes:

- A = Voluntary Range
- B = Voluntary Range
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Clinton Wastewater Treatment Facility

Last Updated:

Reporting Year: 2012

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
RESOLUTION NUMBER	
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):	
Influent Flow and Loadings: Grade=A	
Effluent Quality: BOD: Grade=A	
Effluent Quality: TSS: Grade=A	
Effluent Quality: Ammonia: Grade=A	
Effluent Quality: Phosphorus: Grade=A	
Biosolids Quality and Management: Grade=A	
Staffing: Grade=A	
Operator Certification: Grade=A	
Financial Management: Grade=A	
Collection Systems: Grade=A	
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. = 4.00	