

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

Last Updated:
5/3/2012

Reporting Year: 2011

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	0.0660	X	334	X	8.34	=	184
	February	0.0689	X	264	X	8.34	=	152
	March	0.0724	X	233	X	8.34	=	141
	April	0.0734	X	241	X	8.34	=	148
	May	0.0717	X	280	X	8.34	=	168
	June	0.0667	X	269	X	8.34	=	150
	July	0.0667	X	248	X	8.34	=	138
	August	0.0635	X	302	X	8.34	=	160
	September	0.0642	X	266	X	8.34	=	143
	October	0.0645	X	331	X	8.34	=	178
	November	0.0635	X	230	X	8.34	=	122
	December	0.0631	X	277	X	8.34	=	146
2.	Maximum month design flow and design (C)BOD loading.							
		Design	X	%	=	% of Design		
	Max Month Design Flow, MGD	.116	x	90	=	0.1044		
			x	100	=	.116		
	Design (C)BOD, lbs./day	290	x	90	=	261		
			x	100	=	290		

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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 11-28-2011
 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 type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>gal</td> <td>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; height: 20px; width: 100%;"></div>	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	gal	gal	gal
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
gal	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

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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	15	13.5	4	1	0	0
	February	15	13.5	3	1	0	0
	March	15	13.5	3	1	0	0
	April	15	13.5	5	1	0	0
	May	15	13.5	6	1	0	0
	June	15	13.5	5	1	0	0
	July	15	13.5	3	1	0	0
	August	15	13.5	2	1	0	0
	September	15	13.5	1	1	0	0
	October	15	13.5	2	1	0	0
	November	15	13.5	1	1	0	0
	December	15	13.5	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?						
3.	Was the effluent flow meter calibrated in the last year?						
	<p> <input checked="" type="radio"/> Yes - enter last calibration date, MM/DD/YYYY: 11-28-2011 </p> <p> <input type="radio"/> No - explain: </p>						

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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 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>5.3 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

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Reporting Year: 2011

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	20	18	10	1	0	0
	February	20	18	5	1	0	0
	March	20	18	3	1	0	0
	April	20	18	10	1	0	0
	May	20	18	8	1	0	0
	June	20	18	11	1	0	0
	July	20	18	5	1	0	0
	August	20	18	4	1	0	0
	September	20	18	2	1	0	0
	October	20	18	3	1	0	0
	November	20	18	3	1	0	0
	December	20	18	2	1	0	0
	* Equals limit if limit is <=10						
	Months of Discharge/yr				12		
	Points per each exceedance with 12 months of discharge:					7	3
	Exceedances					0	0
	Points					0	0
	Total Number of Points						0
	<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: Brooklyn Wastewater Treatment Facility

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Reporting Year: 2011

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	9.4		0.1	0					
February	9.4		0.5	0					
March	9.4		0.4	0					
April	9.9		0.4	0					
May	5.4		0.2	0					
June	5.4		0.2	0					
July	5.4		1.6	0					
August	5.4		0.1	0					
September	5.4		0.1	0					
October	9.4		0.1	0					
November	9.4		0.1	0					
December	9.4		0.1	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.

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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;"></div>

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

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Reporting Year: 2011

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 type="checkbox"/> Land Applied Under Your Permit <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids <input checked="" 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>	
6. Biosolids Storage:0	
<p>6.1 How many days of actual,current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p> <input checked="" type="radio"/> >+ 180 days (0 points) <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) </p>	0
<p>6.2 If you check Not Applicable above, explain why.</p> <input style="width: 400px; height: 20px;" type="text"/>	
7. Issues:	
<p>7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt?</p> <input style="width: 400px; height: 20px;" type="text"/>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

**Last Updated:
5/4/2012**

Reporting Year: 2011

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 checked="" type="radio"/> (Computer program) <input 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	

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Facility Name: Brooklyn Wastewater Treatment Facility

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

	<ul style="list-style-type: none"> <input checked="" type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>The village of Brooklyn WWTP overall maintenance program is very good.</p> </div>	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Facility Name: Brooklyn Wastewater Treatment Facility

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Reporting Year: 2011

Operator Certification and Education

Questions	Points
1.	0
<p>Did you have a designated operator-in-charge during the report year?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p> <p>Name: <input type="text" value="LEIF T SPILDE"/></p> <p>Certification No: <input type="text" value="23236"/></p>	
2.	
<p>In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?</p> <p>Required: <input type="text" value="2 - CH; C - ACTIVATED SLUDGE; H - FILTRATION"/></p> <p>Held: <input type="text" value="2 - CHJ; 2 - C=ACTIVATED SLUDGE GRADE 2; H=FILTRATION GRADE 2; J=LABORATORY GRADE 2"/></p>	
3.	0
<p>Was the operator-in-charge certified at the appropriate level to operate this plant?</p> <p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p>	
4.	0
<p>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):</p> <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.	
<p>If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?</p> <p>Grades T, 1, and 2:</p> <p> <input checked="" type="radio"/> Averaging 6 or more CEUs per year <input type="radio"/> Averaging less than 6 CEUs per year </p> <p>Grades 3 and 4:</p> <p> <input type="radio"/> Averaging 8 or more CEUs per year <input type="radio"/> Averaging less than 8 CEUs per year </p> <p>Not applicable:</p>	

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Operator Certification and Education (Continued)

	<input type="radio"/> See Question 1.	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

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**Last Updated:
5/4/2012**

Reporting Year: 2011

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;">Carol Strause</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(608) 455-4201</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">clerk@brooklynwi.gov</td> </tr> </table>	Name:	Carol Strause	Telephone:	(608) 455-4201	E-Mail Address(optional):	clerk@brooklynwi.gov				
Name:	Carol Strause										
Telephone:	(608) 455-4201										
E-Mail Address(optional):	clerk@brooklynwi.gov										
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: 2009	20									
	<p style="margin-left: 40px;"> <input type="radio"/> 0-2 years ago (0 points) <input checked="" 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: 2010	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: 5%;"></td> <td style="width: 35%; text-align: right;">\$127,502.12</td> </tr> <tr> <td>5.2.2 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;">\$25,867.24</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$153,369.36</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:		\$127,502.12	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$25,867.24	5.2.3 Adjusted January 1st Beginning Balance		\$153,369.36	
5.2.1 Ending Balance Reported on Last Year's CMAR:		\$127,502.12									
5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$25,867.24									
5.2.3 Adjusted January 1st Beginning Balance		\$153,369.36									

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**Last Updated:
5/4/2012**

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Financial Management (Continued)

	<p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$0.00</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$16,539.50</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$136,829.86</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; padding: 5px; width: fit-content;">replace lift station pumps and toolcat.</div>							
	<p>5.3 What amount <u>should</u> be in your replacement fund? \$136,829.86</p> <p>(If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP 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 type="radio"/> Yes (If yes, please provide major project information, if not already listed below)</p> <p><input checked="" 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>WWTP project started july 2008 and start up was July 8th 2009.</td> <td style="text-align: right;">\$4,372,305.00</td> <td style="text-align: center;">2009</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	WWTP project started july 2008 and start up was July 8th 2009.	\$4,372,305.00	2009	
Project Description	Estimated Cost	Approximate Construction Year						
WWTP project started july 2008 and start up was July 8th 2009.	\$4,372,305.00	2009						
7.	Financial Management General Comments:							
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>							

Total Points Generated	20
Score (100 - Total Points Generated)	80
Section Grade	C

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

Last Updated:
5/4/2012

Reporting Year: 2011

Sanitary Sewer Collection Systems

Questions	Points
1.	
Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?	
<input type="radio"/> Yes <input type="radio"/> No	
2.	0
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?	
<input type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	
3.	
Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
<input type="checkbox"/> Goals: Describe the specific goals you have for your collection system: <input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <input checked="" type="checkbox"/> Ownership and governing body description <input type="checkbox"/> Organizational chart <input checked="" type="checkbox"/> Personnel and position descriptions <input type="checkbox"/> Internal communication procedures <input checked="" type="checkbox"/> Public information and education program <input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply): <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY 08/09/1999 <input type="checkbox"/> Pretreatment/Industrial control Programs <input type="checkbox"/> Fat, Oil and Grease control <input type="checkbox"/> Illicit discharges (commercial, industrial) <input 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 <input checked="" type="checkbox"/> Maintenance Activities: details in Question 4 <input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly? <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

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Sanitary Sewer Collection Systems (Continued)

	<p><input 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 type="checkbox"/> Alarm system and routine testing <input 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 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 type="checkbox"/> Adequacy of capacity for new connections <input type="checkbox"/> Lift station capacity and/or pumping problems <p><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: 	
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4. Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:

Cleaning	100	% of system/year
Root Removal	0	% of system/year
Flow Monitoring	100	% of system/year
Smoke Testing	0	% of system/year
Sewer Line Televising	0	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

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Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="100"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="3"/>	# 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="28.95"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="32.06"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="7.06"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="3"/>	Number of Lift Stations
<input style="width: 80px;" type="text" value="10"/>	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="0"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="0"/>	Number of Complaints
<input style="width: 80px;" type="text" value=".067"/>	Average Daily Flow in MGD
<input style="width: 80px;" type="text" value=".097"/>	Peak Monthly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

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Reporting Year: 2011

Sanitary Sewer Collection Systems (Continued)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</th> </tr> <tr> <th style="width: 10%;">Date</th> <th style="width: 40%;">Location</th> <th style="width: 30%;">Cause</th> <th style="width: 20%;">Estimated Volume (MG)</th> </tr> <tr> <td colspan="4">NONE REPORTED</td> </tr> </table> <p>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: 100%;"></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: 80px;" type="text" value="3.33"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 80px;" type="text" value="0.00"/> Complaints (number/sewer mile)</p> <p><input style="width: 80px;" type="text" value="1.4"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 80px;" type="text" value="0.0"/> 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: 100%;"></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: 100%;"></div>													
8.	<p>Explain any infiltration/inflow(I/I) changes this year from previous years?</p>													

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

Last Updated:
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Reporting Year: 2011

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: Brooklyn Wastewater Treatment Facility
Last Updated: Reporting Year: 2011

WPDES No.0023485

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
Biosolids Mgt.	A	4.0	5	20
Prev.Maintenance.Staffing	A	4.0	1	4
Operator Certification	A	4.0	1	4
Financial Management	C	2.0	1	2
Collection Systems	A	4.0	3	12
TOTALS			34	134
GRADE POINT AVERAGE(GPA)=3.94		3.94		

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: Brooklyn Wastewater Treatment Facility

**Last Updated:
5/17/2012**

Reporting Year: 2011

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Brooklyn	05/14/2012
RESOLUTION NUMBER	
2012-09	
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	
Biosolids Quality and Management: Grade=A	
Staffing: Grade=A	
Operator Certification: Grade=A	
Financial Management: Grade=C	
We will review our user charge system/revenue sources this year.	
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. = 3.94	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

**Last Updated:
5/17/2012**

Reporting Year: 2011

DNR Response to Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Brooklyn	05/14/2012
RESOLUTION NUMBER	
2012-09	
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	
Resolution Response:	
DNR Response:	
Effluent Quality: BOD: Grade=A	
Resolution Response:	
DNR Response:	
Effluent Quality: TSS: Grade=A	
Resolution Response:	
DNR Response:	
Effluent Quality: Ammonia: Grade=A	
Resolution Response:	
DNR Response:	
Biosolids Quality and Management: Grade=A	
Resolution Response:	
DNR Response:	
Staffing: Grade=A	
Resolution Response:	
DNR Response:	
Operator Certification: Grade=A	
Resolution Response:	
DNR Response:	
Financial Management: Grade=C	
Resolution Response: We will review our user charge system/revenue sources this year.	
DNR Response: DNR supports the review and potential revision of the Sewer User Charge System. Please follow through with your above resolution.	
Collection Systems: Grade=A	
Resolution Response:	
DNR Response:	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00) G.P.A. = 3.94	
Resolution Response:	
DNR Response:	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Brooklyn Wastewater Treatment Facility

Last Updated:
5/17/2012

Reporting Year: 2011

DNR Response to Resolution or Owner's Statement (Continued)

DNR Overall eCMAR Response: Thank you for completing and submitting your 2011 CMAR. The CMAR is an annual self-evaluation of your wastewater treatment plant, collection system and associated wastewater management activities. Everything looks to be in order. There are no other requirements at this time.

DNR Reviewer: Schmidt, Amy

Address:

3911 Fish Hatchery Road, Fitchburg, WI 53711

Phone: (608) 275-3258

Date: 6/25/2012