

# **2022 Consumer Confidence Report Data RANDOM LAKE WATERWORKS, PWS ID: 46003551**

**Este informe contiene información importante acerca de su agua potable. Haga que alguien lo traduzca para usted, o hable con alguien que lo entienda.**

**Dlaim ntawv tshaabzu nuav muaj lug tseemceeb heev nyob rua huv kws has txug cov dlej mej haus. Kuas ib tug paab txhais rua koj, los nrug ib tug kws paub lug thaam.**

## **Water System Information**

**If you would like to know more about the information contained in this report, please contact Bruce Neerhof at (920) 946-4448.**

## **Opportunity for input on decisions affecting your water quality**

Village Board Meeting. First Monday of the month at 6:30PM. 96 Russell Drive Random Lake, WI 53075

## **Health Information**

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's safe drinking water hotline (800-426-4791).

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune systems disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbial contaminants are available from the Environmental Protection Agency's safe drinking water hotline (800-426-4791).

## **Source(s) of Water**

Source ID	Source	Depth (in feet)	Status
1	Groundwater	536	Active
2	Groundwater	555	Active

To obtain a summary of the source water assessment please contact, Bruce Neerhof at (920) 946-4448.

## Educational Information

The sources of drinking water, both tap water and bottled water, include rivers, lakes, streams, ponds, reservoirs, springs and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations and wildlife.
- Inorganic contaminants, such as salts and metals, which can be naturally- occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff and residential uses.
- Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff and septic systems.
- Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations that limit the amount of certain contaminants in water provided by public water systems. FDA regulations establish limits for contaminants in bottled water, which shall provide the same protection for public health.

## Definitions

Term	Definition
AL	Action Level: The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
HA and HAL	HA: Health Advisory. An estimate of acceptable drinking water levels for a chemical substance based on health effects information. HAL: Health Advisory Level is a concentration of a contaminant which, if exceeded, poses a health risk

<b>Term</b>	<b>Definition</b>
	and may require a system to post a public notice. Health Advisories are determined by US EPA.
HI	HI: Hazard Index: A Hazard Index is used to assess the potential health impacts associated with mixtures of contaminants. Hazard Index guidance for a class of contaminants or mixture of contaminants may be determined by the US EPA or Wisconsin Department of Health Services. If a Health Index is exceeded a system may be required to post a public notice.
Level 1 Assessment	A Level 1 assessment is a study of the water system to identify potential problems and determine, if possible, why total coliform bacteria have been found in our water system.
Level 2 Assessment	A Level 2 assessment is a very detailed study of the water system to identify potential problems and determine, if possible, why an E. coli MCL violation has occurred or why total coliform bacteria have been found in our water system, or both, on multiple occasions.
MCL	Maximum Contaminant Level: The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
MCLG	Maximum Contaminant Level Goal: The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
MFL	million fibers per liter
MRDL	Maximum residual disinfectant level: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
MRDLG	Maximum residual disinfectant level goal: The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
mrem/year	millirems per year (a measure of radiation absorbed by the body)
NTU	Nephelometric Turbidity Units
pCi/l	picocuries per liter (a measure of radioactivity)
ppm	parts per million, or milligrams per liter (mg/l)
ppb	parts per billion, or micrograms per liter (ug/l)
ppt	parts per trillion, or nanograms per liter
ppq	parts per quadrillion, or picograms per liter
PHGS	PHGS: Public Health Groundwater Standards are found in NR 140 Groundwater Quality. The concentration of a contaminant which, if exceeded, poses a health risk and may require a system to post a public notice.
RPHGS	RPHGS: Recommended Public Health Groundwater Standards: Groundwater standards proposed by the Wisconsin Department of Health Services. The

<b>Term</b>	<b>Definition</b>
	concentration of a contaminant which, if exceeded, poses a health risk and may require a system to post a public notice.
SMCL	Secondary drinking water standards or Secondary Maximum Contaminant Levels for contaminants that affect taste, odor, or appearance of the drinking water. The SMCLs do not represent health standards.
TCR	Total Coliform Rule
TT	Treatment Technique: A required process intended to reduce the level of a contaminant in drinking water.

## Detected Contaminants

Your water was tested for many contaminants last year. We are allowed to monitor for some contaminants less frequently than once a year. The following tables list only those contaminants which were detected in your water. If a contaminant was detected last year, it will appear in the following tables without a sample date. If the contaminant was not monitored last year, but was detected within the last 5 years, it will appear in the tables below along with the sample date.

### Disinfection Byproducts

Contaminant (units)	Site	MCL	MCLG	Level Found	Range	Sample Date (if prior to 2022)	Violation	Typical Source of Contaminant
HAA5 (ppb)	RL-3	60	60	4	4		No	By-product of drinking water chlorination
TTHM (ppb)	RL-3	80	0	5.2	5.2		No	By-product of drinking water chlorination

### Inorganic Contaminants

Contaminant (units)	Site	MCL	MCLG	Level Found	Range	Sample Date (if prior to 2022)	Violation	Typical Source of Contaminant
ARSENIC (ppb)		10	n/a	1	0 - 1	9/16/2020	No	Erosion of natural deposits; Runoff from orchards; Runoff from glass

Contaminant (units)	Site	MCL	MCLG	Level Found	Range	Sample Date (if prior to 2022)	Violation	Typical Source of Contaminant
								and electronics production wastes
BARIUM (ppm)		2	2	0.042	0.021 - 0.042	9/16/2020	No	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits
CHROMIUM (ppb)		100	100	1	0 - 1	9/16/2020	No	Discharge from steel and pulp mills; Erosion of natural deposits
FLUORIDE (ppm)		4	4	0.4	0.3 - 0.4	9/16/2020	No	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories
NICKEL (ppb)		100		2.5000	1.7000 - 2.5000	9/16/2020	No	Nickel occurs naturally in soils, ground water and surface waters and is often used in electroplating, stainless steel and alloy products.
NITRATE (N03-N) (ppm)		10	10	0.55	0.52 - 0.55		No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits
SODIUM (ppm)		n/a	n/a	11.00	10.00 - 11.00	9/16/2020	No	n/a

Contaminant (units)	Action Level	MCLG	90th Percentile Level Found	# of Results	Sample Date (if prior to 2022)	Violation	Typical Source of Contaminant
COPPER (ppm)	AL=1.3	1.3	0.3500	0 of 10 results were above the action level.	9/15/2020	No	Corrosion of household plumbing systems; Erosion of natural deposits; Leaching from wood preservatives
LEAD (ppb)	AL=15	0	2.20	0 of 10 results were above the action level.	9/15/2020	No	Corrosion of household plumbing systems; Erosion of natural deposits

### Radioactive Contaminants

Contaminant (units)	Site	MCL	MCLG	Level Found	Range	Sample Date (if prior to 2022)	Violation	Typical Source of Contaminant
GROSS ALPHA, EXCL. R & U (pCi/l)		15	0	1.7	1.3 - 1.7	9/16/2020	No	Erosion of natural deposits

### Additional Health Information

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Random Lake Waterworks is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at [www.epa.gov/safewater/lead](http://www.epa.gov/safewater/lead).

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5/16/2023

2022

## Influent Flow and Loading

### 1. Monthly Average Flows and BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.1933	x	77	x	8.34	=	123
February	0.2532	x	77	x	8.34	=	163
March	0.3367	x	60	x	8.34	=	167
April	0.3985	x	52	x	8.34	=	173
May	0.3527	x	58	x	8.34	=	171
June	0.3595	x	79	x	8.34	=	237
July	0.2956	x	76	x	8.34	=	188
August	0.3245	x	67	x	8.34	=	181
September	0.2998	x	81	x	8.34	=	201
October	0.2644	x	75	x	8.34	=	166
November	0.3794	x	54	x	8.34	=	170
December	0.3775	x	139	x	8.34	=	438

### 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	.45	x	90	=	0.405
		x	100	=	.45
Design BOD, lbs/day	749	x	90	=	674.1
		x	100	=	749

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

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

0

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## 3. Flow Meter

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

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

2022-10-06

☐ No

If No, please explain:

## 4. Sewer Use Ordinance

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

☒ Yes

☐ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

☐ Yes

☒ No

If Yes, please explain:

## 5. Septage Receiving

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

Septic Tanks

Holding Tanks

Grease Traps

☐ Yes

☐ Yes

☐ Yes

☒ No

☒ No

☒ No

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

Septic Tanks

☐ Yes

gallons

☒ No

Holding Tanks

☐ Yes

gallons

☒ No

Grease Traps

☐ Yes

gallons

☒ No

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

## 6. Pretreatment

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

☐ Yes

☒ No

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

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?



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<div><div><input type="radio"/> Yes</div><div><input checked="" type="radio"/> No</div></div> <div>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</div> <div></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 (BOD/CBOD)

### 1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	15	13.5	2	1	0	0
February	15	13.5	1	1	0	0
March	15	13.5	2	1	0	0
April	15	13.5	0	1	0	0
May	15	13.5	2	1	0	0
June	15	13.5	2	1	0	0
July	15	13.5	1	1	0	0
August	15	13.5	3	1	0	0
September	15	13.5	11	1	0	0
October	15	13.5	5	1	0	0
November	15	13.5	4	1	0	0
December	15	13.5	6	1	0	0

\* Equals limit if limit is  $\leq 10$

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
<b>Total number of points</b>			<b>0</b>

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

### 2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

- ☒ Yes

Enter last calibration date (MM/DD/YYYY)

2022-10-06

- ☐ No

If No, please explain:

### 3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

Failure of alum pump for P removal. Problems with chlorine and bisulfate pumps for the disinfection system.

### 4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

- ☒ Yes

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☐ No

If Yes, please explain:

Residual chlorine. System needed to be calibrated with the new operator. Fecal coliforms.  
System needed to be calibrated with new operator.

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

☐ Yes

☒ No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

☐ Yes

☐ No

☒ N/A

Please explain unless not applicable:

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Effluent Quality and Plant Performance (Total Suspended Solids)

### 1. Effluent Total Suspended Solids Results

#### 1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	20	18	33	1	1	1
February	20	18	33	1	1	1
March	20	18	13	1	0	0
April	20	18	8	1	0	0
May	20	18	6	1	0	0
June	20	18	3	1	0	0
July	20	18	6	1	0	0
August	12	10.8	2	1	0	0
September	12	10.8	4	1	0	0
October	12	10.8	3	1	0	0
November	12	10.8	3	1	0	0
December	12	10.8	5	1	0	0

\* Equals limit if limit is  $\leq 10$

Months of Discharge/yr	12		
<b>Points per each exceedance with 12 months of discharge:</b>		<b>7</b>	<b>3</b>
Exceedances		2	2
Points		14	6
<b>Total Number of Points</b>			<b>20</b>

20

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?

Failure of the tertiary filters

<b>Total Points Generated</b>	20
<b>Score (100 - Total Points Generated)</b>	80
<b>Section Grade</b>	<b>C</b>

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## 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 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceed ance
January	5.1		.323	0					
February	5.1		.879	0					
March	5.1		.06	0					
April	3.2		.047	0					
May	2		.023	0					
June	2		.065	0					
July	2		.251	0					
August	2		0	0					
September	2		.367	0					
October	4.5		.39	0					
November	5.1		.417	0					
December	5.1		.213	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
<b>Total Number of Points</b>									<b>0</b>

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points.

1.2 If any violations occurred, what action was taken to regain compliance?

0

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Effluent Quality and Plant Performance (Phosphorus)

### 1. Effluent Phosphorus Results

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

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.228	1	0
February	1	0.154	1	0
March	1	0.078	1	0
April	1	0.059	1	0
May	1	0.026	1	0
June	1	0.448	1	0
July	1	0.263	1	0
August	1	0.738	1	0
September	1	0.259	1	0
October	1	0.398	1	0
November	1	0.333	1	0
December	1	0.499	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

0

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

#### 1.2 If any violations occurred, what action was taken to regain compliance?

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Biosolids Quality and Management

### 1. Biosolids Use/Disposal

#### 1.1 How did you use or dispose of your biosolids? (Check all that apply)

- ☒ Land applied under your permit
- ☐ Publicly Distributed Exceptional Quality Biosolids
- ☐ Hauled to another permitted facility
- ☐ Landfilled
- ☐ Incinerated
- ☐ Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

##### 1.1.1 If you checked Other, please describe:

### 2. Land Application Site

#### 2.1 Last Year's Approved and Active Land Application Sites

##### 2.1.1 How many acres did you have?

209.9 acres

##### 2.1.2 How many acres did you use?

28 acres

#### 2.2 If you did not have enough acres for your land application needs, what action was taken?

#### 2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

o Yes (30 points)

● No

#### 2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

● Yes

o No (10 points)

o N/A

0

### 3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

#### 3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

##### Outfall No. 003 - CAKE SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75								1.689						0	0
Cadmium		39	85								<.55						0	0
Copper		1500	4300								56						0	0
Lead		300	840								4.046						0	0
Mercury		17	57								1.7						0	0
Molybdenum	60		75								<4.9					0		0
Nickel	336		420								.0033					0		0
Selenium	80		100								<19					0		0
Zinc		2800	7500								94						0	0

##### 3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

Exceedence Points

● 0 (0 Points)

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- ☐ 1-2 (10 Points)
- ☐ > 2 (15 Points)
- 3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)
  - ☐ Yes
  - ☐ No (10 points)
  - N/A - Did not exceed limits or no HQ limit applies (0 points)
  - ☐ N/A - Did not land apply biosolids until limit was met (0 points)
- 3.1.3 Number of times any of the metals exceeded the ceiling limits = 0  
Exceedence Points
  - 0 (0 Points)
  - ☐ 1 (10 Points)
  - ☐ > 1 (15 Points)
- 3.1.4 Were biosolids land applied which exceeded the ceiling limit?
  - ☐ Yes (20 Points)
  - No (0 Points)
- 3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken?  
Has the source of the metals been identified?

0

## 4. Pathogen Control (per outfall):

4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Outfall Number:	003
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2022 - 12/31/2022
Density:	1,200
Sample Concentration Amount:	MPN/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Aerobic Digestion
Process Description:	Aerobic Digestion

0

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.

4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?

☐ Yes (40 Points)

● No

If yes, what action was taken?

## 5. Vector Attraction Reduction (per outfall):

5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.



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Outfall Number:	<b>003</b>	<b>0</b>
Method Date:	12/31/2022	
Option Used To Satisfy Requirement:	Incorporation when land apply	
Requirement Met:	Yes	
Land Applied:	Yes	
Limit (if applicable):		
Results (if applicable):		
<p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div></div>		
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> &gt;= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> &lt; 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div></div>		<b>0</b>
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div></div>		

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:

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2022

## Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul> <p>If No, please explain:</p> <div></div> <p>Could use more help/staff for:</p> <div></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul> <p>If No, please explain:</p> <div></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><li>● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/></li><li>○ No (40 points) <input type="checkbox"/><input type="checkbox"/></li></ul> <p>If No, please explain, then go to question 3:</p> <div>New staff is not aware of one and is working on developing a PM plan.</div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No (10 points)</li></ul> <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><li>○ Yes<ul style="list-style-type: none"><li>○ Paper file system</li><li>○ Computer system</li><li>○ Both paper and computer system</li></ul></li><li>● No (10 points)</li></ul>	10
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li>○ Excellent</li><li>○ Very good</li><li>○ Good</li><li>○ Fair</li><li>● Poor</li></ul> <p>Describe your rating:</p>	

# Compliance Maintenance Annual Report

The WWTP is 45 years old and the RBCs are in poor shape. A written PM plan needs to be implemented.	
---	--

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	B

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
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## Operator Certification and Education

### 1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

- Yes (0 points)
- No (20 points)

Name:

BRUCE R NEERHOF

Certification No:

10774

0

### 2. Certification Requirements

2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?

Sub Class	SubClass Description	WWTP	OIC		
		Basic	OIT	Basic	Advanced
A1	Suspended Growth Processes				X
A2	Attached Growth Processes	X	X		
A3	Recirculating Media Filters				X
A4	Ponds, Lagoons and Natural				X
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory				X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	NA	NA

20

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)

- Yes (0 points)
- No (20 points)

### 3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- ☐ One or more additional certified operators on staff
- ☐ An arrangement with another certified operator
- ☐ An arrangement with another community with a certified operator
- ☒ An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- ☐ A consultant to serve as your certified operator
- ☐ None of the above (20 points)

If "None of the above" is selected, please explain:

0

### 4. Continuing Education Credits

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?

# Compliance Maintenance Annual Report

OIT and Basic Certification: <ul style="list-style-type: none"><li>○ Averaging 6 or more CECs per year.</li><li>○ Averaging less than 6 CECs per year.</li></ul> Advanced Certification: <ul style="list-style-type: none"><li>● Averaging 8 or more CECs per year.</li><li>○ Averaging less than 8 CECs per year.</li></ul>	
--	--

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

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 2022

## Financial Management

1. Provider of Financial Information Name: <input type="text" value="Stehanie Waala"/> Telephone: <input type="text" value="920-994-4852"/> (XXX) XXX-XXXX E-Mail Address (optional): <input type="text" value="clerktreasurer@randomlake.wi.com"/>										
2. Treatment Works Operating Revenues 2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ? ○ Yes (0 points) <input type="checkbox"/> <input type="checkbox"/> ● No (40 points) If No, please explain: <input type="text" value="Excessive past equipment replacement"/> 2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input type="text" value="2022"/> ● 0-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ N/A (private facility) 2.3 Did you have a special account (e.g., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system? ● Yes (0 points) ○ No (40 points)		40								
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]										
3. Equipment Replacement Funds 3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input type="text" value="2020"/> ○ 1-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/> ● 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/> ○ N/A If N/A, please explain: <input type="text"/>										
3.2 Equipment Replacement Fund Activity <b>3.2.1 Ending Balance Reported on Last Year's CMAR</b> 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) 3.2.3 Adjusted January 1st Beginning Balance 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)		<table><tr><td>\$</td><td><input type="text" value="336,297.00"/></td></tr><tr><td>\$</td><td><input type="text" value="0.00"/></td></tr><tr><td>\$</td><td><input type="text" value="336,297.00"/></td></tr><tr><td>\$</td><td><input type="text" value="10,769.86"/></td></tr></table>	\$	<input type="text" value="336,297.00"/>	\$	<input type="text" value="0.00"/>	\$	<input type="text" value="336,297.00"/>	\$	<input type="text" value="10,769.86"/>
\$	<input type="text" value="336,297.00"/>									
\$	<input type="text" value="0.00"/>									
\$	<input type="text" value="336,297.00"/>									
\$	<input type="text" value="10,769.86"/>									

# Compliance Maintenance Annual Report

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

-

\$ 0.00

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

\$ 347,066.86

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund?

\$ 347,066.86

20

Please note: 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 SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

● Yes

○ No

If No, please explain.

## 4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

● Yes - If Yes, please provide major project information, if not already listed below. ☐ ☐

○ No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	A major upgrade is planned for 2023	\$15,000,000	2024

## 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: 3

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	1,667	
February	1,975	
March	1,824	
April	1,309	
May	1,453	
June	1,499	
July	732	
August	526	
September	564	
October	538	
November	838	
December	1,599	
Total	<b>14,524</b>	<b>0</b>
Average	<b>1,210</b>	<b>0</b>

6.1.2 Comments:

## 6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

● No

○ Yes

Year:

By Whom:

Describe and Comment:



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## 6.4 Future Energy Related Equipment

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

none

## 7. Treatment Facility

### 7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

#### TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/ Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/ Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	27,240	5.99	4,548	3.81	7,150	2,144
February	30,960	7.09	4,367	4.56	6,789	1,659
March	34,560	10.44	3,310	5.18	6,672	1,634
April	29,230	11.96	2,444	5.19	5,632	841
May	27,840	10.93	2,547	5.30	5,253	150
June	29,400	10.79	2,725	7.11	4,135	
July	24,960	9.16	2,725	5.83	4,281	
August	29,640	10.06	2,946	5.61	5,283	22
September	27,720	8.99	3,083	6.03	4,597	460
October	26,640	8.20	3,249	5.15	5,173	1,178
November	33,780	11.38	2,968	5.10	6,624	1,541
December	31,560	11.70	2,697	13.58	2,324	968
Total	353,530	116.69		72.45		10,597
Average	29,461	9.72	3,134	6.04	5,326	1,060

#### 7.1.2 Comments:

## 7.2 Energy Related Processes and Equipment

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

- ☒ Aerobic Digestion
- ☐ Anaerobic Digestion
- ☐ Biological Phosphorus Removal
- ☐ Coarse Bubble Diffusers
- ☐ Dissolved O2 Monitoring and Aeration Control
- ☐ Effluent Pumping
- ☒ Fine Bubble Diffusers
- ☒ Influent Pumping
- ☒ Mechanical Sludge Processing
- ☐ Nitrification
- ☐ SCADA System
- ☐ UV Disinfection
- ☐ Variable Speed Drives
- ☐ Other:

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7.2.2 Comments:

## 7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

## 8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

☒ No

☐ Yes

If Yes, how is the biogas used (Check all that apply):

☐ Flared Off

☐ Building Heat

☐ Process Heat

☐ Generate Electricity

☐ Other:

## 9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

☒ No

☐ Yes

☐ Entire facility

Year:

By Whom:

Describe and Comment:

☐ Part of the facility

Year:

By Whom:

Describe and Comment:

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Random Lake Village

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Total Points Generated	60
Score (100 - Total Points Generated)	40
Section Grade	F

# Compliance Maintenance Annual Report

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## Sanitary Sewer Collection Systems

### 1. Capacity, Management, Operation, and Maintenance (CMOM) Program

#### 1.1 Do you have a CMOM program that is being implemented?

☐ Yes

☒ No

If No, explain:

The staff cannot find the CMOM from the previous Director of Public Works. A new one will have to be created.

#### 1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

☐ Yes

☒ No (30 points)

☐ N/A

If No or N/A, explain:

The CMOM cannot be found. A new one will have to be created.

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

☐ Goals [NR 210.23 (4)(a)]

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

Did you accomplish them?

☐ Yes

☐ No

If No, explain:

☐ Organization [NR 210.23 (4) (b)] ☐ ☐

Does this chapter of your CMOM include:

☐ Organizational structure and positions (eg. organizational chart and position descriptions)

☐ Internal and external lines of communication responsibilities

☐ Person(s) responsible for reporting overflow events to the department and the public

☐ Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

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

Does your sewer use ordinance or other legally binding document address the following:

☐ Private property inflow and infiltration

☐ New sewer and building sewer design, construction, installation, testing and inspection

☐ Rehabilitated sewer and lift station installation, testing and inspection

☐ Sewage flows satellite system and large private users are monitored and controlled, as necessary

☐ Fat, oil and grease control

☐ Enforcement procedures for sewer use non-compliance

☐ Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

☐ Equipment and replacement part inventories

☐ Up-to-date sewer system map

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- ☐ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
- ☐ A description of routine operation and maintenance activities (see question 2 below)
- ☐ Capacity assessment program
- ☐ Basement back assessment and correction
- ☐ Regular O&M training

- ☐ Design and Performance Provisions [NR 210.23 (4) (e)] ☐ ☐

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

- ☐ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- ☐ Construction, Inspection, and Testing
- ☐ Others:

- ☐ Overflow Emergency Response Plan [NR 210.23 (4) (f)] ☐ ☐

Does your emergency response capability include:

- ☐ Responsible personnel communication procedures
- ☐ Response order, timing and clean-up
- ☐ Public notification protocols
- ☐ Training
- ☐ Emergency operation protocols and implementation procedures

- ☐ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)] ☐ ☐

- ☐ Special Studies Last Year (check only those that apply):

- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Management Plan (SECAP)
- ☐ Lift Station Evaluation Report
- ☐ Others:

30

## 2. Operation and Maintenance

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

Cleaning	<input type="text" value="20"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="20"/>	% of system/year
Manhole inspections	<input type="text" value="20"/>	% of system/year
Lift station O&M	<input type="text" value="624"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="10"/>	% of system/year

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Private sewer I/I removal  % of private services

River or water crossings  % of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

## 3. Performance Indicators

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

<input type="text" value="35.3"/>	Total actual amount of precipitation last year in inches
<input type="text" value="31.9"/>	Annual average precipitation (for your location)
<input type="text" value="13"/>	Miles of sanitary sewer
<input type="text" value="3"/>	Number of lift stations
<input type="text" value="1"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="1"/>	Number of basement backup occurrences
<input type="text" value="1"/>	Number of complaints
<input type="text"/>	Average daily flow in MGD (if available)
<input type="text"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.33"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.08"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.08"/>	Basement backups (number/sewer mile)
<input type="text" value="0.08"/>	Complaints (number/sewer mile)
<input type="text"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

## 4. Overflows

### LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED \*\*

	Date	Location	Cause	Estimated Volume
0	12/22/2022 3:01:00 AM - 12/22/2022 3:07:00 AM	690 Wolf Road	Equipment Failure	400

\*\* If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurrences in the future?

The SSO was an equipment failure at the WWTP. Steps have been taken to prevent it from happening again.

## 5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

☐ Yes

☒ No

If Yes, please describe:

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

☐ Yes

☒ No

If Yes, please describe:

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

No changes

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

Televising and repairs.

<b>Total Points Generated</b>	30
<b>Score (100 - Total Points Generated)</b>	70
<b>Section Grade</b>	<b>D</b>

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## Grading Summary

WPDES No: 0021415

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	C	2	5	10
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	A	4	5	20
Staffing/PM	B	3	1	3
OpCert	C	2	1	2
Financial	F	0	1	0
Collection	D	1	3	3
<b>TOTALS</b>			<b>37</b>	<b>122</b>
<b>GRADE POINT AVERAGE (GPA) = 3.30</b>				

### 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)



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## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

Village of Random Lake

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

### 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 = C

Operational problems with the filters. Corrected as of 5/16/2023.

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = B

Operator Certification: Grade = C

The current OIC will have enough experience hours in October to change the attached growth from OIT to basic.

Financial Management: Grade = F

The Village is addressing the sewer rates for present operation and future upgrades.

Collection Systems: Grade = D

(Regardless of grade, response required for Collection Systems if SSOs were reported)

A CMOM needs to be created.

### 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. = 3.30