#### **Bagley Wastewater Treatment Facility**

Last Updated: Reporting For:

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2024

### **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	×	Influent Monthly Average BOD Concentration mg/L	×	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0137	Х	309	Х	8.34	=	35
February	0.0181	Χ	335	Х	8.34	=	51
March	0.0179	Х	305	Х	8.34	=	45
April	0.0187	Х	322	Х	8.34	=	50
May	0.0217	X	275	Х	8.34	=	50
June	0.0236	Χ	294	Х	8.34	=	58
July	0.0502	X	131	Х	8.34	=	55
August	0.0207	Х	256	Х	8.34	=	44
September	0.0198	Х	278	х	8.34	=	46
October	0.0169	X	273	Х	8.34	=	38
November	0.0158	Х	303	Х	8.34	=	40
December	0.0150	Х	330	Х	8.34	=	41

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	×	%	=	% of Design
Max Month Design Flow, MGD	.048	X	90	=	0.0432
		х	100	=	.048
Design BOD, lbs/day	90	×	90	=	81
		Х	100	=	90

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

	And the second of the second	Number of times			Number of times
	of		flow was greater		BOD was greater
	Influent	than 90% of	than 100% of	than 90% of design	than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	1	1	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per ea	ach	2	1	3	2
Exceedances	;	1	1	0	0
Points		2 1 0		0	
Total Numb	3				

# **Bagley Wastewater Treatment Facility**

5/20/2025 3. Flow Meter 3.1 Was the influent flow meter calibrated in the last year? Enter last calibration date (MM/DD/YYYY) o Yes No If No, please explain: Do not have influent flow meter. 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 o No If No, please explain: 4.2 Was it necessary to enforce the ordinance? o Yes No If Yes, please explain: 5. Septage Receiving 5.1 Did you have requests to receive septage at your facility? **Grease Traps** Holding Tanks Septic Tanks o Yes o Yes Yes O No No No 5.2 Did you receive septage at your facility? If yes, indicate volume in gallons. Septic Tanks gallons o Yes No Holding Tanks gallons Yes 8,500 o No **Grease Traps** gallons o Yes No 5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes. Plant was not affected. 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? o 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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o Yes

No

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.

Total Points Generated	3
Score (100 - Total Points Generated)	97
Section Grade	Α

**Bagley Wastewater Treatment Facility** 

Last Updated: Reporting For:

2024

0

5/20/2025

## 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** 

Total numl	ber of points					0
Points					0	0
Exceedance	S	0	0			
Points per e	ach exceedand	7	3			
Months of d				12		
		* Eq	uals limit if limit is	<= 10		
December	20	18	0	1	0	0
November	20	18	1	1	0	0
October	20	18	0	1	0	0
September	20	18	0	1	0	0
August	20	18	0	1	0	0
July	20	18	0	1	0	0
June	20	18	0	1	0	0
May	20	18	2	1	0	0
April	20	18	3	1	0	0
March	20	18	3	1	0	0
February	20	18	4	1	0	0
January	20	18	2	1	0	0
001	Average Limit (mg/L)	Permit Limit > 10 (mg/L)	Average (mg/L)	Discharge with a Limit	Exceedance	Limit Exceedance
Outfall No.	Monthly	90% of	Effluent Monthly	Months of	Permit Limit	90% Permit

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?

No violations occurred.

2	EL	NA	C-1:1	pration
,	FIOW	MATAL	( alli	oration

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

Yes

Enter last calibration date (MM/DD/YYYY)

2024-10-15

o No

If No, please explain:

- 3. Treatment Problems
- 3.1 What problems, if any, were experienced over the last year that threatened treatment?

Flooding, which cause I&I problems

- 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?
- o Yes
- No

# Bagley Wastewater Treatment Facility

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5/25/2525	
If Yes, please explain:	
4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?	
o 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?	
O Yes	
o No	
• N/A	
Please explain unless not applicable:	

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

**Bagley Wastewater Treatment Facility** 

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2024 5/20/2025

# **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.	Monthly	90% of	Effluent Monthly	Months of	Permit Limit	90% Permit
001	Average	Permit Limit	Average (mg/L)	Discharge	Exceedance	Limit
001	Limit (mg/L)	>10 (mg/L)	3 ( 3, )	with a Limit		Exceedance
January	20	18	3	1	0	0
February	20	18	3	1	0	0
March	20	18	6	1	0	0
April	20	18	8	1	0	0
May	20	18	5	1	0	0
June	20	18	5	1	0	0
July	20	18	2	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
		* Eq	uals limit if limit is	<= 10		
Months of D	ischarge/yr			12		
	each exceed	arge:	7	3		
Exceedance			0	0		
Points					0	0
Total Num	ber of Points					0

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

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

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

No violations occurred.

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

#### **Bagley Wastewater Treatment Facility**

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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

Outfall No.	Monthly	Waald:	T-661	Manablat	E661	E.C.	Eccl :	-cc	
001	Monthly Average	Weekly Average	Effluent Monthly	Monthly Permit	Effluent Weekly	Effluent	Effluent	Effluent	Weekly
001	NH3	NH3	Average	Limit	Average	Weekly Average	Weekly	Weekly	Permit
	Limit	Limit	NH3	Exceed			Average	Average for Week	Limit Exceed
	(mg/L)	(mg/L)	(mg/L)	ance	1	2	3	4	ance
					-				ance
January	9.4	9.4	1.163	0	0	0	4.505	.73	0
February	9.4	9.4	.021	0	0	0	.05	.045	0
March	9.4	9.4	.04	0	0	0	.16	0	0
April	11	15	0	0	0	0	0	. 0	0
May	11	15	0	0	0	0	0	0	0
June	11	15	0	0	0	0	0	0	0
July	11	15	0	0	0	0	0	0	0
August	11	15	0	0	0	0	0	0	0
September	11	15	0	0	0	0	0	0	0
October	9.4	9.4	0	0	0	0	0	0	0
November	9.4	9.4	0	0	0	0	0	0	0
December	9.4	9.4	0	0	0	0	0	0	0
Points per e	ach excee	dance of N	1onthly av	erage:					10
Exceedances	s, Monthly	:							0
Points:									0
Points per e	ach excee	dance of v	veekly ave	rage (whe	en there is	no month	ly averag	e):	2.5
Exceedances	s, Weekly:								0
Points:									0
Total Numb	er of Poi	nts							0

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points. 1.2 If any violations occurred, what action was taken to regain compliance?

No violations occurred.

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

**Bagley Wastewater Treatment Facility** 

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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	0.613	1	0
February	1	0.383	1	0
March	1	0.650	1	0
April	1	0.539	1	0
May	1	0.537	1	0
June	1	0.883	1	0
July	1	0.482	1	0
August	1	0.294	1	0
September	1	0.934	1	0
October	1	0.762	1	0
November	1	0.435	1	0
December	1	0.130	1	0
Months of Dischar	ge/yr		12	
		2 months of dischar	ge:	10
Exceedances				0
Total Number of	Points			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?

No violations occurred

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

#### **Bagley Wastewater Treatment Facility**

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# **Biosolids Quality and Management**

			1 15 2																
1. Biosolid 1.1 How Land Public Haule Landf Incine Other NOTE: It as lagoo	did yo applie dy Dis dy to a illed erated fyou ns, re	ou used und stribut anothed did need be	e or dider you ted Exer period ot remeds, re	ur pe cepti mitte nove ecircu	ermit onal ed fac biosc	Qual cility olids	ity B from nd fill	iosoli your ters,	ds syst					e you	ır sys	stem t	ype sı	ıch	
2. Land Ap																			-
2.1 Last \( \) 2.1.1 Ho 70.8 ac 2.1.2 Ho 6.0 2.2 If you 2.3 Did yo o Yes (3 • No 2.4 Have years? • Yes o No (10 o N/A	ow ma res ow ma u did r ou ov 0 poir	erappants)	cres di cres di acr ave en	d you d you es ough	u hav	ve? es for any o	you of you	r land	d apr	olicat ed lar	ion n	plica	tion	sites	you	used I	ast ye	ar?	0
3. Biosolid Number of 3.1 For ea calendary Outfall No Parameter	of bios ach ou year.	solids utfall - SLU	tested		•				etal q	ualit	y val		or yo	our fa	cility	durin	g the	last Ceiling	
arameter	of	Limit		5011	1 20	1 101	ΛÞi	lindy	Juli	"	Aug	Jeh	000	1400	Dec		Quality		
	Limit																( )		
Arsenic		41	75												<12		0	0	
Cadmium		39	85												<1.3		0	0	
Copper		1500	4300												340		0	0	
Lead		300	840												19		0	0	
Mercury		17	57												.97		0	0	
Molybdenum	60		75												<5.7	0		0	
Nickel	336		420												11	0		0	
Selenium	80		100												<12	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

2800 7500

• 0 (0 Points)

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0

0

- o 1-2 (10 Points)
- o > 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)
- o Yes
- o No (10 points)
- N/A Did not exceed limits or no HQ limit applies (0 points)
- o 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)
- 0 1 (10 Points)
- 0 > 1 (15 Points)
- 3.1.4 Were biosolids land applied which exceeded the ceiling limit?
- O 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?

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:	002
Biosolids Class:	В
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2024 - 12/31/2024
Density:	605,350
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Injection when land applied

- 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.

#### **Bagley Wastewater Treatment Facility**

Outfall Number: 002 Method Date: 12/31/2024 Option Used To Satisfy Requirement: Injection when land apply Requirement Met: Yes Land Applied: Yes Limit (if applicable): Results (if applicable): 0 5.2 Was the limit exceeded or the process criteria not met at the time of land application? o Yes (40 Points) No If yes, what action was taken? 6. Biosolids Storage 6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?

>= 180 days (0 Points)
0 150 - 179 days (10 Points)
0 120 - 149 days (20 Points)
0 90 - 119 days (30 Points)

0

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- 0 < 90 days (40 Points)</pre>
- O N/A (0 Points)
- 6.2 If you checked N/A above, explain why.

7. Issues

7.1 Describe any outstanding biosolids issues with treatment, use or overall management:

None

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

Bagley Wastewater Treatment Facility

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# Staffing and Preventative Maintenance (All Treatment Plants)

<ul> <li>1. Plant Staffing</li> <li>1.1 Was your wastewater treatment plant adequately staffed last year?</li> <li>Yes</li> <li>No</li> </ul>	
If No, please explain:	
It was but it could definitely use a part time person to help with day to day operations	
Could use more help/staff for:	
Day to day operations. Being one person trying to do all the public works, water, and wastewater things can be challenging. Things can get missed or pushed back when they shouldn't be.	
<ul> <li>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</li> <li>Yes</li> <li>No</li> </ul>	
If No, please explain:	
If No, piease explain.	
<ul> <li>2. Preventative Maintenance</li> <li>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</li> <li>Yes (Continue with question 2) □□</li> <li>No (40 points)□□</li> </ul>	
If No, please explain, then go to question 3:	
<ul><li>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</li><li>Yes</li></ul>	o
o No (10 points)	
<ul> <li>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</li> <li>Yes</li> </ul>	
O Paper file system	
O Computer system	
<ul><li>Both paper and computer system</li><li>No (10 points)</li></ul>	
<ul> <li>3. O&amp;M Manual</li> <li>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</li> <li>Yes</li> <li>No</li> </ul>	
4. Overall Maintenance /Repairs	$\vdash$
<ul><li>4.1 Rate the overall maintenance of your wastewater plant.</li><li>o Excellent</li></ul>	
Very good	
o Good	
o Fair o Poor	
- 1 001	

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Describe your rating:		

Describe your rating:	
Preventative maintenance could be done more efficiently.	

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

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0

### **Operator Certification and Education**

4	Operator-In-Charge	_
1.	Operator-In-Charge	z

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

Yes (0 points)

o No (20 points)

Name:

RYNE P JACKLEY

Certification No:

35393

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

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.)

- o Yes (0 points)
- No (20 points)
- 2.3 For wastewater treatment facilities with a registered or certified laboratory, is at least one operator that works in the laboratory certified at the basic level in the laboratory (L) subclass?
- Yes
- O No
- o N/A Wastewater treatment facility does not have a registered or certified laboratory
- 2.4 For wastewater treatment facilities that own and operate a sanitary sewage collection system, has at least one operator been designated the OIC for sanitary sewage collection system and certified at the basic level in the sanitary sewage collection system (SS) subclass?
- Yes
- O No
- o N/A Owner of the Wastewater treatment facility does not own and operate a sanitary sewage collection system
- 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

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☐ None of the above (20 points)

be certified within one year

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

☐ A consultant to serve as your certified operator

An arrangement with another certified operator

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?

OIT and Basic Certification:

- Averaging 6 or more CECs per year.
- O Averaging less than 6 CECs per year.

Advanced Certification:

- O Averaging 8 or more CECs per year.
- O Averaging less than 8 CECs per year.

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

3.2.4 Additions to Fund (e.g. portion of User Fee,

earned interest, etc.)

Bagley Wastewater Treatment Facility

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5/20/2025 2024 **Financial Management** 1. Provider of Financial Information Name: Shelly Liston Telephone: (XXX) XXX-XXXX 608-996-2195 E-Mail Address (optional): villageofbagley@gmail.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) □□ o No (40 points) If No, please explain: 2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2024 0-2 years ago (0 points) □□ o 3 or more years ago (20 points)□□ o N/A (private facility) 2.3 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? Yes (0 points) o No (40 points) 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: 2024 1-2 years ago (0 points)□□ o 3 or more years ago (20 points)□□ O N/A If N/A, please explain: 3.2 Equipment Replacement Fund Activity 3.2.1 Ending Balance Reported on Last Year's CMAR \$ 122,664.31 \$ 0.00 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) 122,664.31 3.2.3 Adjusted January 1st Beginning Balance

160,347.61

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	\$ 7.	00	
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year	\$ 283,004.	92	
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 r	epairs from 3.2.5 a	bove.	
\$1,358.55 interest earned \$158,989.06 was transferred in and \$7.00 transferred out when exwere reallocated to the account.	xcess funds in debt	11	
3.3 What amount should be in your Replacement Fund? \$	17,500.00	0	'
Please note: If you had a CWFP loan, this amount was originally bar Assistance Agreement (FAA) and should be regularly updated as ne instructions and an example can be found by clicking the SectionInsheader in the left-side menu.  3.3.1 Is the December 31 Ending Balance in your Replacement Fund greater than the amount that should be in it (#3.3)?  • Yes  • No  If No, please explain.	eded. Further calcul structions link under	lation · Info	
<ul> <li>4. Future Planning</li> <li>4.1 During the next ten years, will you be involved in formal planning or new construction of your treatment facility or collection system?</li> <li>Yes - If Yes, please provide major project information, if not alread No</li> </ul>		-	
Project Project Description #	Estimated A Cost C	Approximate Construction Year	
1 Drain Clarifier. Replace chains and paddles	\$34,500	2025	
2 Add Master site to WWTP to integrate water, lift stations, and WWTP.	\$60,000	2025	
3 Replace portable generator at WWTP	\$70,000	2025	
4 WWTP upgrade Headworks upgrade Disinfection	\$2,500,000	2027	
5. Financial Management General Comments			
ENERGY EFFICIENCY AND USE			$\dashv$
6. Collection System 6.1 Energy Usage 6.1.1 Enter the monthly energy usage from the different energy sour	ces:		
COLLECTION SYSTEM PUMPAGE: Total Power Consumed			
Number of Municipally Owned Pump/Lift Stations: 55			

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	(kWh)	Natural Gas Consumed (therms)	
January	1,032		
February	1,120		
March	1,029		
April	1,384		
May	1,540		
June	1,923		
July	4,676		a
August	2,124		
September	1,569		
October	1,274		
November	1,158		
December	1,213		
Total	20,042	0	60
Average	1,670	0	
6.2.1 Indicate	tion or Screening	pment s utilized at your pump/lift	stations (Check all that apply):
6.2.1 Indicate ☐ Comminu ☐ Extended ☒ Flow Mete ☐ Pneumatic ☒ SCADA Sy ☐ Self-Primi ☒ Submersi	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps	pment s utilized at your pump/lift	stations (Check all that apply):
6.2.1 Indicate  Comminut Extended  Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	pment s utilized at your pump/lift	stations (Check all that apply):
6.2.1 Indicate  Comminut Extended  Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	pment s utilized at your pump/lift	stations (Check all that apply):
6.2.1 Indicate  Comminut Extended  Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S Other:	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	
6.2.1 Indicate  Comminut Extended Flow Mete Pneumation SCADA Sy Self-Primi Submersi Variable S Other:  6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	pment s utilized at your pump/lift ed for your pump/lift statio	
6.2.1 Indicate  Comminut Extended  Flow Mete Pneumatic SCADA Sy Self-Primi Submersi Variable S Other:  6.2.2 Comme No No O Yes	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	
6.2.1 Indicate  Comminut Extended Flow Mete Pneumation SCADA Sy Self-Primi Submersi Variable S Other:  6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	
6.2.1 Indicate  Comminut Extended  Flow Mete Pneumativ SCADA Sy Self-Primi Submersi Variable S Other:  6.2.2 Comme No No Yes	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	
6.2.1 Indicate  Comminut Extended Flow Mete Pneumatic SCADA Sy Self-Primi Submersi Variable S Other:  6.2.2 Comme No Yes Year:  By Whom:	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	

#### **Bagley Wastewater Treatment Facility**

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2024

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

Trying to figure out why our grinder stations use so much power.

- 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	4,491	0.42	10,693	1.09	4,120	
February	4,494	0.52	8,642	1.48	3,036	
March	4,878	0.55	8,869	1.40	3,484	
April	5,371	0.56	9,591	1.50	3,581	
May	8,919	0.67	13,312	1.55	5,754	
June	10,026	0.71	14,121	1.74	5,762	
July	13,184	1.56	8,451	1.71	7,710	***************************************
August	12,258	0.64	19,153	1.36	9,013	
September	12,858	0.59	21,793	1.38	9,317	
October	11,042	0.52	21,235	1.18	9,358	
November	7,366	0.47	15,672	1.20	6,138	
December	4,975	0.47	10,585	1.27	3,917	
Total	99,862	7.68		16.86		0
Average	8,322	0.64	13,510	1.41	5,933	0

7.1.2 Comments:

7.2 Energy Related Processes and Equipment	
7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):	
□ Aerobic Digestion     □ Aerobic Digestion	
□ Anaerobic Digestion	
☐ Biological Phosphorus Removal	
☐ Coarse Bubble Diffusers	
☐ Dissolved O2 Monitoring and Aeration Control	
Teffice and Discouring	

- ☐ Effluent Pumping
- ☑ Influent Pumping
- ☐ Mechanical Sludge Processing
- ☐ Nitrification
- ☐ 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 planne treatment facility?	ed for the future for	your
Draining aeration tank and cleaning out. HVAC improvements	3	
8. Biogas Generation		
8.1 Do you generate/produce biogas at your facility?  ■ No		
<ul><li>○ Yes</li><li>If Yes, how is the biogas used (Check all that apply):</li><li>☐ Flared Off</li></ul>		
☐ Building Heat ☐ Process Heat		
☐ Generate Electricity		
☐ Other:		
9. Energy Efficiency Study		
9.1 Has an Energy Study been performed for your treatment facility?  o No		
• Yes		
☑ Entire facility		
Year: 2024		
By Whom:		
Delta 3 Engineering/Focus on Energy  Describe and Comment:		
The Village of Bagley currently spends approximately \$10,700 per y wastewater treatment.	ear on electrical fo	r
Upgrade Blowers		
Building HVAC Improvements Building Lighting Improvements		
☐ Part of the facility		
Year:		
By Whom:		
Describe and Comment:		
Describe and comments		

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

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# Sanitary Sewer Collection Systems

<ol> <li>Capacity, Management, Operation, and Maintenance (CMOM) Program</li> <li>1.1 Do you have a CMOM program that is being implemented?</li> </ol>
• Yes
o No
If No, explain:
1.2 Do you have a CMOM program that contains all the applicable components and items
according to Wisc. Adm Code NR 210.23 (4)?
• Yes
O No (30 points)
o N/A
If No or N/A, explain:
1.3 Does your CMOM program contain the following components and items? (check the
components and items that apply)
☐ Goals [NR 210.23 (4)(a)]
Describe the major goals you had for your collection system last year:
-Prioritize maintenance, rehabilitation and replacement activities for the portions of the
collection system.
<ul> <li>Work together with the Village Board to ensure there is ample funds budgeted for any</li> </ul>
projected projects on the collection system.
Did you accomplish them?
• Yes
o No
If No, explain:
☐ Organization [NR 210.23 (4) (b)]☐☐
Does this chapter of your CMOM include:
oxtimes 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?
Sewer Use Ordinance
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2024-12-03
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

# Bagley Wastewater Treatment Facility

	5/20/2025	2024
<ul> <li>☑ Up-to-date sewer system map</li> <li>☑ A management system (computer database a information for O&amp;M activities, investigation a ☑ A description of routine operation and mainta ☑ Capacity assessment program</li> <li>☑ Basement back assessment and correction ☑ Regular O&amp;M training</li> <li>☑ Design and Performance Provisions [NR 210.23 What standards and procedures are established the sewer collection system, including building s property?</li> <li>☑ State Plumbing Code, DNR NR 110 Standards ☐ Construction, Inspection, and Testing ☐ Others:</li> </ul>	and rehabilitation enance activities (see question 2 below)  3 (4) (e)]  for the design, construction, and inspection of sewers and interceptor sewers on private	
<ul> <li>☑ Overflow Emergency Response Plan [NR 210.2]</li> <li>Does your emergency response capability includ</li> <li>☑ Responsible personnel communication proced</li> <li>☑ Response order, timing and clean-up</li> <li>☑ Public notification protocols</li> <li>☑ Training</li> <li>☑ Emergency operation protocols and implement</li> <li>☑ Annual Self-Auditing of your CMOM Program [N</li> <li>☑ Special Studies Last Year (check only those that</li> <li>☐ Infiltration/Inflow (I/I) Analysis</li> <li>☑ Sewer System Evaluation Survey (SSES)</li> <li>☐ Sewer Evaluation and Capacity Managment P</li> <li>☐ Lift Station Evaluation Report</li> <li>☐ Others:</li> </ul>	dures  Intation procedures  NR 210.23 (5)]  at apply):	O
Flow monitoring  Smoke testing  Sewer line televising  Manhole inspections  Lift station O&M  Manhole rehabilitation  Mainline		

Last Updated: Reporting For:

inspections

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10 % of system/year			
Private sewer I/I			
River or water crossings 100 % of pipe crossings evalu	ated or maintai	ned	
Please include additional comments about your sanitary sewer collection		-	
3. Performance Indicators			
3.1 Provide the following collection system and flow information for the pa 38.52 Total actual amount of precipitation last year in inch	st year. es		
37.74 Annual average precipitation (for your location)			
3.92 Miles of sanitary sewer			
55 Number of lift stations			
0 Number of lift station failures			
0 Number of sewer pipe failures			
0 Number of basement backup occurrences			
0 Number of complaints			
0.021089 Average daily flow in MGD (if available)			
1.5567 Peak monthly flow in MGD (if available)			
0.0048625 Peak hourly flow in MGD (if available)			
3.2 Performance ratios for the past year:  0.00 Lift station failures (failures/year)			
0.00 Sewer pipe failures (pipe failures/sewer mile/yr)			
0.00 Sanitary sewer overflows (number/sewer mile/yr)			
0.00 Basement backups (number/sewer mile)			
0.00 Complaints (number/sewer mile)			
73.8 Peaking factor ratio (Peak Monthly:Annual Daily Avg	)		
0.2 Peaking factor ratio (Peak Hourly: Annual Daily Avg)			
4. Overflows			
LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVE	RFLOWS REPOR	RTED **	
	Cause E	stimated Volume	
None reported			
** If there were any SSOs or TFOs that are not listed above, please contact on this section until corrected.	ct the DNR and s	stop work	
5. Infiltration / Inflow (I/I)			
5.1 Was infiltration/inflow (I/I) significant in your community last year?			
Yes    No			
If Yes, please describe:			
Flooding occurred in June/July. Flows were up in the 0.1 MGD range ins 0.025 MDG	tead of the aver	age	

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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

o No

If Yes, please describe:

Influent and Effluent samples results were lower than normal because of this.

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

None, flooding occured the previous year as well

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

Continuing to due sanitary surveys and basement inspection to eliminate I & I. Shutting grinder stations off sooner, when it floods, will also help

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

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### **Grading Summary**

WPDES No: 0060771

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS				
Influent	A	4	3	12				
BOD/CBOD	A	4	10	40				
TSS	А	4	5	20				
Ammonia	А	4	5	20				
Phosphorus	Α	4	3	12				
Biosolids	Α	4	5	20				
Staffing/PM	Α	4	1	4				
OpCert	С	2	1	2				
Financial	Α	4	1	4				
Collection	А	4	3	12				
TOTALS		37	146					
GRADE POINT AVERAGE (GPA) = 3.95								

#### 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)

**Bagley Wastewater Treatment Facility** 

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#### Resolution or Owner's Statement

Name of Governing Body or Owner:

Date of Resolution or Action Taken:

2025-06-03

Resolution Number:

2025-06-03.01

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

None

Effluent Quality: BOD: Grade = Α

None

Effluent Quality: TSS: Grade =

Effluent Quality: Ammonia: Grade = A

None

Effluent Quality: Phosphorus: Grade = A

None

Biosolids Quality and Management: Grade = A

None

Staffing: Grade = A

Getting a part time person, either full part-time, or summer part-time will help the WWTP become more efficient.

Operator Certification: Grade = C

Operator did pass the necessary tests in subclasses P and SS in late 2024.

Financial Management: Grade =

None

Collection Systems: Grade = A

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

None

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. = 3.95