# **Compliance Maintenance Annual Report**

#### **My Wastewater Treatment Facility**

Last Updated: Reporting For: 3/30/2020

2019

### **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	х	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0573	Х	234	Х	8.34	=	112
February	0.0481	Х	210	Х	8.34	=	84
March	0.0594	Х	241	Х	8.34	=	120
April	0.0546	Х	239	Х	8.34	=	109
May	0.0616	Χ	230	Х	8.34	=	118
June	0.0757	Χ	196	Х	8.34	=	124
July	0.0900	Χ	198	Х	8.34	=	148
August	0.0765	Χ	159	Х	8.34	=	101
September	0.0710	Χ	149	Х	8.34	=	88
October	0.0721	Х	157	Х	8.34	=	94
November	0.0564	Х	159	Х	8.34	=	75
December	0.0652	Х	145	Х	8.34	=	79

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

Design	Design Factor	Х	%	=	% of Design
Max Month Design Flow, MGD	.147	Х	90	=	0.1323
		Х	100	=	.147
Design BOD, lbs/day	318	Х	90	=	286.2
		Х	100	=	318

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

	Months of Influent	flow was greater	Number of times flow was greater than 100% of	BOD was greater	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 ea	ach	2	1	3	2
Exceedances	5	0	0	0	0
Points		0	0	0	0
Total Number of Points 0					0

0

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3/30/2020 2019 3. Flow Meter 3.1 Was the influent flow meter calibrated in the last year? o Yes Enter last calibration date (MM/DD/YYYY) O 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 o No If No, please explain: 4.2 Was it necessary to enforce the ordinance? Yes o 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** o Yes o Yes o Yes O No O No O No 5.2 Did you receive septage at your faclity? If yes, indicate volume in gallons. Septic Tanks o Yes gallons o No Holding Tanks o Yes gallons o No **Grease Traps** o Yes gallons o 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? o Yes O 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

o 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	
Score (100 - Total Points Generated)	
Section Grade	