

Compliance Maintenance Annual Report

Village of North Freedom
Resolution 2026-003 - 2025 CMAR

North Freedom Wastewater Treatment Facility

Last Updated: Reporting For:
5/6/2026 **2025**

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	0.0458	x	215	x	8.34	=	82
February	0.0399	x	310	x	8.34	=	103
March	0.0448	x	380	x	8.34	=	142
April	0.0480	x	252	x	8.34	=	101
May	0.0486	x	238	x	8.34	=	96
June	0.0508	x	263	x	8.34	=	111
July	0.0481	x	286	x	8.34	=	115
August	0.0383	x	250	x	8.34	=	80
September	0.0391	x	363	x	8.34	=	118
October	0.0359	x	530	x	8.34	=	159
November	0.0379	x	750	x	8.34	=	237
December	0.0403	x	566	x	8.34	=	190

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	.07	x	90	=	0.063
		x	100	=	.07
Design BOD, lbs/day	133	x	90	=	119.7
		x	100	=	133

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	1	1
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	1	1
November	1	0	0	1	1
December	1	0	0	1	1
Points per each		2	1	3	2
Exceedances		0	0	4	4
Points		0	0	12	8
Total Number of Points					20

20

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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)
2025-05-12

☐ 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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☐ 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.

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

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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	30	27	21	1	0	0
February	30	27	34	1	1	1
March	30	27	35	1	1	1
April	30	27	25	1	0	0
May	30	27	18	1	0	0
June	30	27	14	1	0	0
July	30	27	13	1	0	0
August	30	27	11	1	0	0
September	30	27	15	1	0	0
October	30	27	16	1	0	0
November	30	27	17	1	0	0
December	30	27	16	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		2	2
Points		14	6
Total number of points			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?

We continue to do general maintenance. Due to the seasonal changes, some exceedances were out of our control. Continuing looking for any potential leaks in the system.

2. Flow Meter Calibration

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

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

2025-05-12

☐ No

If No, please explain:

3. Treatment Problems

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

Weather/Precipitation/Wildlife.

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:

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:

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

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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	60	54	31	1	0	0
February	60	54	35	1	0	0
March	60	54	44	1	0	0
April	60	54	22	1	0	0
May	60	54	31	1	0	0
June	60	54	52	1	0	0
July	60	54	79	1	1	1
August	60	54	43	1	0	0
September	60	54	38	1	0	0
October	60	54	28	1	0	0
November	60	54	3	1	0	0
December	60	54	25	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		1	1
Points		7	3
Total Number of Points			10

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?

General Maintenance - Pond Mowing.

Did add in a polymer through Hawkins to help with the TSS. Still reviewing conditions and making adjustments.

10

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	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	108	108	9.8	0	7.9	9.7	9.6	12	0
February	108	108	16.25	0	14	15	17	19	0
March	108	108	15.5	0	19	20	11.5	11.5	0
April	108	108	8.9	0	12	10.95	8.05	6.65	0
May	108	108	5.425	0	4.3	5.2	8	4	0
June	108	108	3.691	0	9.75	1.215	2.4	1.4	0
July	108	108	6.8	0	4.5	7.25	5.65	5.6	0
August	108	108	7.6	0	5.25	11	8.9	5.25	0
September	108	108	6.013	0	4.75	5.9	6.65	6.75	0
October	108	108	8.39	0	7.3	8.3	8.75	9.3	0
November	108	108	10.088	0	9.9	10.5	9.95	10	0
December	108	108	13.5	0	10.5	13	12.5	17	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 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

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

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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	4.5	0.665	1	0
February	4.5	0.584	1	0
March	4.5	0.750	1	0
April	4.5	0.000	1	0
May	4.5	0.000	1	0
June	4.5	0.000	1	0
July	4.5	0.600	1	0
August	4.5	0.465	1	0
September	4.5	0.143	1	0
October	4.5	0.000	1	0
November	4.5	0.115	1	0
December	4.5	0.270	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				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?

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

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Ponds And Lagoon Leakage

1. Pond Lining

1.1 What material was used to line your ponds?

Primary - Bentonite Clay

Secondary - PVC

2. Flow Measurements

2.1 Did you measure influent flow to your wastewater ponds or lagoons?

● Yes (0 points) ☐

○ No (40 points) (Go to question 6) ☐

2.1.1 Method of influent flow measurement:

Pump run time x calculated pump GPM

2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?

● Yes (0 points) ☐

○ No (40 points) (Go to question 6) ☐

○ No Discharge (0 points)

2.2.1 Method of effluent flow measurement:

Parshall Flume w/ ultrasonic level

3. Total Flow Volumes

3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.

Total Monthly Influent Volume		Total Monthly Effluent Volume
1.4197	JANUARY	1.156
1.1161	FEBRUARY	1.035
1.3885	MARCH	1.778
1.439	APRIL	1.933
1.4593	MAY	
1.523	JUNE	1.125
1.491	JULY	.965
1.186	AUGUST	.671
1.172	SEPTEMBER	.401
1.112	OCTOBER	.532
1.136	NOVEMBER	.798
1.248	DECEMBER	3.708
15.6906	YEARLY TOTAL	14.1020

3.2 From the Yearly Total influent and effluent volumes above, total effluent is divided by total influent and converted to a percent of volume loss.

Total effluent, MG => 14.1020

----- = 0.899 <= effl / infl ratio

Total influent, MG => 15.6906

Conversion to a percent of volume loss:

(1-effl/infl ratio) * 100 = 10.1

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% of influent lost and not discharged with effluent

4. Surface Area

4.1 What was the total wastewater surface area of the ponds/lagoons at operating level (do not include seepage cells)?

9 Acres

5. Leakage Rate Estimation

5.1 Total influent volume (in MG) minus total effluent volume (in MG) plus or minus the change in pond/lagoon storage (in MG) is the net wastewater loss. The net loss divided by 0.000365 equals the estimated leakage amount in gpd.

Total Annual Influent (MG)	15.6906	
Total Annual Effluent (MG)	14.1020	
Estimated Net Loss (MG)	1.5886	
Estimated Leakage Amount (gpd)		4352

If you have a *Department approved* method for determining a change in storage volume, enter the storage change last year in MG below.

o Storage Increase: Enter amount in MG ->

o Storage Decrease: Enter amount in MG ->

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpac): The CMAR Estimated Leakage Rate in gpac is the leakage amount in gpd (from part 5.1) divided by the total pond surface area (from question 4).

Leakage Amount (gpd)		Acres		CMAR Estimated Leakage Rate
4352	divided by	9	=	484

6. On Site Leakage Testing

6.1 Did you conduct an on-site, field water balance/leakage test on your ponds or lagoons that was approved by the Department and is still valid?

o Yes Year

● No

If yes, what was the field Test Calculated Leakage Rate for your ponds/lagoons?

gpac

NOTE: If 6.1 is answered Yes, the value entered above in gpac will be used in 7.1 to compute points generated.

6.2 Leakage Rate Comments:

7. Estimated Leakage Rate and Points

7.1 The CMAR Estimated Leakage Rate (from 5) is used to determine the points generated in the table below.

If an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 5.2) is used to determine the points earned from the table below

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gpad	points
0 - 1,000	0
1,001 - 2,000	10
2,001 - 4,000	20
4,001 - 7,000	30
> 7,000	40

Based on the leakage rate in gpad, the points earned are:

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

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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:

Lagoons; Did not remove any biosolids in 2025

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

560.5 acres

2.1.2 How many acres did you use?

0 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

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. 002 - LAGOON 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														0	0
Cadmium		39	85														0	0
Copper		1500	4300														0	0
Lead		300	840														0	0
Mercury		17	57														0	0
Molybdenum	60		75													0		0
Nickel	336		420													0		0
Selenium	80		100													0		0
Zinc		2800	7500														0	0

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

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:	
Biosolids Class:	
Bacteria Type and Limit:	
Sample Dates:	-
Density:	
Sample Concentration Amount:	
Requirement Met:	No
Land Applied:	No
Process:	
Process Description:	

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:		0
Method Date:		
Option Used To Satisfy Requirement:		
Requirement Met:	No	
Land Applied:	No	
Limit (if applicable):		
Results (if applicable):		
5.2 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?		
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) ☐ 150 - 179 days (10 Points) ☐ 120 - 149 days (20 Points) ☐ 90 - 119 days (30 Points) ☐ < 90 days (40 Points) ☐ N/A (0 Points) 6.2 If you checked N/A above, explain why.		0
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	A

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing 1.1 Was your wastewater treatment plant adequately staffed last year? ● Yes ○ No If No, please explain: Could use more help/staff for: 1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping? ● Yes ○ No If No, please explain:	
2. Preventative Maintenance 2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items? ● Yes (Continue with question 2) ☐☐ ○ No (40 points)☐☐ If No, please explain, then go to question 3: 2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment? ● Yes ○ No (10 points) 2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly? ● Yes ○ Paper file system ○ Computer system ● Both paper and computer system ○ No (10 points)	0
3. O&M Manual 3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed? ● Yes ○ No	
4. Overall Maintenance /Repairs 4.1 Rate the overall maintenance of your wastewater plant. ○ Excellent ○ Very good ● Good ○ Fair ○ Poor Describe your rating:	

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System is adequately maintained. The Village hired a part-time employee for public works to help with other duties that way the Director of Public Works has sufficient time to focus on Water and Wastewater duties. The Village hired MSA temporarily to assist with certified operator status as there was a staff change in May 2025. The DPW is currently OIT with less than a month left to apply for OIC.	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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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:

JERAD A ROYAL

Certification No:

34444

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		
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural	X		X	
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation		X		
C	Biological Solids/Sludges		X		
P	Total Phosphorus		X		
N	Total Nitrogen				
D	Disinfection			X	
L	Laboratory			X	
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	NA	NA

0

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)

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
- ☐ No
- ☒ 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
- ☐ No
- ☐ 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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☒ 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? OIT and Basic Certification: ☒ Averaging 6 or more CECs per year. ☐ Averaging less than 6 CECs per year. Advanced Certification: ☐ Averaging 8 or more CECs per year. ☐ Averaging less than 8 CECs per year.	

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

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Financial Management

1. Provider of Financial Information Name: Nicki Breunig Telephone: (608) 522-4550 (XXX) XXX-XXXX E-Mail Address (optional): clerk_treasurer@vonf.wi.gov		
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) ☐ ☐ ○ 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: 2025 ● 0-2 years ago (0 points) ☐ ☐ ○ 3 or more years ago (20 points) ☐ ☐ ○ 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) ○ No (40 points)		0
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: 2025 ● 1-2 years ago (0 points) ☐ ☐ ○ 3 or more years ago (20 points) ☐ ☐ ○ N/A If N/A, please explain: 3.2 Equipment Replacement Fund Activity 3.2.1 Ending Balance Reported on Last Year's CMAR 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.)		\$ 97,049.04 \$ 0.00 \$ 97,049.04 + \$ 4,241.11

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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

\$ 101,290.15

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? \$ 101,290.15

0

Please note: 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 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	Phosphorous rule project construction as required This project is completed...	\$250,000	2022
2	Sewer line rehab. Ongoing I truly don't know about this project. If this is something that was determined before I started? I don't know what rehab the pipes need...They are regularly jetted and videoed.	\$30,000	2026
3	Possible Sewer Line Relocation - County Highway PF Bridge Reconstruction The Village is in the design phase of this project. To correlate with bridge construction it may be completed in 2026 or 2027. The pipe currently is on the bridge, the relocation will re-route it on the Western side under the river connecting into an existing manhole. The project as a whole now, with design, is projected at \$260,000-\$310,000.	\$310,000	2027
4	Manhole Restorations This was a project brought up by Brad. There are no cost estimates or dates that have been determined. The idea behind this project is that maybe it will show any evidence if there are any leaks that are affecting the influent numbers.	\$100,000	2027

5. Financial Management General Comments

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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:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	4,343	402
February	4,414	480
March	5,090	621
April	3,803	345
May	3,704	229
June	3,179	52
July	3,145	22
August	3,938	4
September	3,492	10
October	3,219	2
November	3,060	6
December	3,238	109
Total	44,625	2,282
Average	3,719	190

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

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Year:

By Whom:

Describe and Comment:

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?

We are working with WRWA to have an energy study conducted in either 2026 or 2027 based on whenever works with their schedule. Based on what they find, we will review conditions and equipment if any replacements are needed.

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	4,343	1.42	3,058	2.54	1,710	402
February	4,414	1.12	3,941	2.88	1,533	480
March	5,090	1.39	3,662	4.40	1,157	621
April	3,803	1.44	2,641	3.03	1,255	345
May	3,704	1.51	2,453	2.98	1,243	229
June	3,179	1.52	2,091	3.33	955	52
July	3,145	1.49	2,111	3.57	881	22
August	3,938	1.19	3,309	2.48	1,588	4
September	3,492	1.17	2,985	3.54	986	10
October	3,219	1.11	2,900	4.93	653	2
November	3,060	1.14	2,684	7.11	430	6
December	3,238	1.25	2,590	5.89	550	109
Total	44,625	15.75		46.68		2,282
Average	3,719	1.31	2,869	3.89	1,078	190

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

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- ☐ 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:

Lagoon System

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:

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☐ Part of the facility

Year:

By Whom:

Describe and Comment:

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

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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:

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:

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:

Regularly clean 5000+ feet of sewer each 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?

POTW Collection System Codes

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2025-10-22

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

☐ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation

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- ☐ 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:

0

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	25	% of system/year
Root removal	0	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	0	% of system/year
Manhole inspections	25	% of system/year
Lift station O&M	25	# per L.S./year
Manhole rehabilitation	0	% of manholes rehabbed
Mainline rehabilitation	0	% of sewer lines rehabbed
Private sewer inspections	0	% of system/year
Private sewer I/I removal	0	% of private services

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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.

Total actual amount of precipitation last year in inches

Annual average precipitation (for your location)

Miles of sanitary sewer

Number of lift stations

Number of lift station failures

Number of sewer pipe failures

Number of basement backup occurrences

Number of complaints

Average daily flow in MGD (if available)

Peak monthly flow in MGD (if available)

Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

Lift station failures (failures/year)

Sewer pipe failures (pipe failures/sewer mile/yr)

Sanitary sewer overflows (number/sewer mile/yr)

Basement backups (number/sewer mile)

Complaints (number/sewer mile)

Peaking factor ratio (Peak Monthly:Annual Daily Avg)

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
None reported			

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

5. Infiltration / Inflow (I/I)

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

☐ Yes

☒ No

If Yes, please describe:

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:

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5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:
None.
5.4 What is being done to address infiltration/inflow in your collection system?
After manhole inspections, ensuring seal around them is secure to prevent ground water from entering the system. Regular videoing with any sewer issues.

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

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Grading Summary

WPDES No: 0028011

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	C	2	3	6
BOD/CBOD	C	2	10	20
TSS	B	3	5	15
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
Ponds	A	4	7	28
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			44	145
GRADE POINT AVERAGE (GPA) = 3.30				

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 North Freedom

Date of Resolution or
Action Taken:

2026-06-08

Resolution Number:

2026-003

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 = C

Seasonal changes and the stormwater system are routinely monitored to ensure that they are not entering the system. When conducting Cross Connection inspections in residential properties, we also ensure that ground water is not entering the system through their drains as this goes against the Village's sewer Ordinance. The flow meters are routinely inspected and calibrated. The influent formula for monthly reports is also inspected.

Effluent Quality: BOD: Grade = C

The Village had suspected that the BOD would potentially be a problem with new limits imposed with the WPDES permit renewal. The Village has been testing chemical treatments to assist with getting the levels back in range and is working tirelessly to prevent exceedances. If this continuously presents as a problem, the Village may reach out to the chemical company for additional treatments, possibly review engineering design, or pursue a variance.

Effluent Quality: TSS: Grade = B

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Ponds: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

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

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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

So passed on this 8th day of June, 2026 on a motion presented by Trustee Dennis Anstett and seconded by Trustee Darrell Weiland.

Michael J. Carignan
Michael J. Carignan, Village President

ATTEST:

Nicki Breunig
Nicki Breunig, Clerk/Treasurer