Please complete the following:
Utility or facility name: ____________________________

Permitted size of Facility (circle one):
• <49,999 • 50,000 – 249,999 • 250,000 – 499,999 • 500,000 – 999,999 •
• 1,000,000 – 4,999,999 • >5,000,000

NPDES/ND Permit Number: _________________________
Submittal – For Calendar Year _______
Attach copy of Organizational Chart
Size of Collection System (diameter and number of miles of pipe)

<table>
<thead>
<tr>
<th>Examples</th>
<th>8”</th>
<th>10”</th>
<th>24”</th>
<th>36”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65 miles</td>
<td>24 miles</td>
<td>18 miles</td>
<td>8 miles</td>
</tr>
</tbody>
</table>

Pipe Diameters: _____ _____ _____ _____ _____
Miles of Pipe: _____ _____ _____ _____ _____

Summarize or Attach Budget to include – Expenditures and Debt Service, Funding Capital Improvements (Depreciation Fund), Training, Safety, etc.

<table>
<thead>
<tr>
<th>Revenues</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total O &amp; M expenditures (including depreciation)</td>
<td>$</td>
</tr>
<tr>
<td>Total Personnel Expense</td>
<td>$</td>
</tr>
<tr>
<td>Debt Retirement</td>
<td>$</td>
</tr>
<tr>
<td>Rehabilitation Funds</td>
<td>$</td>
</tr>
<tr>
<td>Plant upgrades Funds</td>
<td>$</td>
</tr>
<tr>
<td>Trunk Line Extension Funds</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

Certification: Number of Employees & Certification Level
Treatment Plants: Employees _____ A’s _____ B’s _____ C’s _____ D’s _____ Trainee’s _____
Collection Systems: Employees _____ A’s _____ B’s _____ C’s _____ D’s _____ Trainee’s _____
Bio-Solids: Employees _____ A’s _____ B’s _____ C’s _____ D’s _____ Trainee’s _____

Quantify Training – List Subjects and Amount of Time Dedicated to Training and Number of employees trained this Year

<table>
<thead>
<tr>
<th>Subject</th>
<th>Numbers Employees</th>
<th>Hours of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Borne Pathogens</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>CPR/ First Aid</td>
<td>24</td>
<td>92</td>
</tr>
</tbody>
</table>
Subject: Numbers Employees Hours of Training

Age of Collection System and Treatment Plant

*Example:* Constructed 1976 @ 0.5 MGD
Upgraded 1991 to 1.1 MGD
Upgraded 2005 to 1.7 MGD

Treatment Plant Constructed ___________ @________ MGD
Upgrade year ________________ @____________ MGD
Upgrade year ________________ @____________ MGD
Upgrade year ________________ @____________ MGD

Lines installed prior 1950 ___________ miles
1950 – 1975 ______________ miles
1976 – 1999 ___________________ miles
2000 – Present ________________ miles

Number of Reportable SSO’s _____________

Describe Treatment Process

(*Example*): COMPANY A WWTF is 2.2 MGD Facility that uses the extended aeration activated. COMPANY A WWTF IS 2.2 MGD facility that uses the extended aeration, activated sludge process, a 4.0MG equalization basin, tertiary treatment, and ultra-violet disinfection to treat its average daily flow of 1.03MGD

<table>
<thead>
<tr>
<th>Treatment Plant Layout (Attach)</th>
</tr>
</thead>
</table>

List Major Equipment used in Preventive/Corrective Maintenance Activities (Collection System)

*(Example)*:

<table>
<thead>
<tr>
<th>1 each 2001Vactor Combination Truck</th>
<th>1 each 2001 Chevrolet Aries Camera Van</th>
<th>1 each 1998 John Deere 5410 4wd Tractor with 20,000 lb. Winch</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 each 1995 Sectional hand Rodder Trailer Mounted</td>
<td>1 each 6” Gorman Rupp Portable Pump with 700ft. discharge hose &amp; 60ft. suction hose</td>
<td>3 each Gas Detectors Neotronics Mini Gas XL</td>
</tr>
</tbody>
</table>

48” reflective Traffic Signs with Stands | Smoke Blower |

<p>| | |</p>
<table>
<thead>
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</tr>
</tbody>
</table>
Number of Pump Station(s)____________________

Describe or attach Pump Stations Operations Program including Emergency Plan (Example):

---COMPANY A is responsible for the operation and maintenance of 30 Pump Stations. COMPANY A has two pump station mechanics dedicated to the daily observation and performing preventive maintenance at these pumps stations. They are supported by the Maintenance Department personnel who assist in performing corrective maintenance activities. All pump stations have an alarm system. The Mechanics responsible for the operations and maintenance of pump stations are on call to respond to emergency situations. Power outages are handled with portable generators or by pumping around the pump system using a Silent Pump System. A complete preventative maintenance program for pump stations is in effect.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Describe or attach copy of Pretreatment Program

Number of Industries Permitted________________________

List any innovative programs or solutions utilized during the year:
(Example):
COMPANY A Regulates 15 industries with industrial user permits and 1 landfill with a low volume user permit. Annually COMPANY A publicly recognizes permitted industries that have had 100% compliance for the prior calendar year with no permit violations and also recognizes with honorable mention those permitted industries with only one minor violation is the prior calendar year. A luncheon is held and the local press attends. As a direct result of the industries meeting together at these annual luncheons, industrial pretreatment coordinators have networked to share information to upgrade their programs, equipment, and chemical process treatments. They have also shared consultants. COMPANY A has distributed grease control information to neighborhoods where grease related collection line problems have occurred. We have documented a reduction in domestic grease accumulation in pump stations.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Describe the Fats, Oils, and Grease (FOG) Program:
(Example): COMPANY A desires to protect the public health, safety, and welfare of the citizens in the service area and to eliminate the impact of the wastewater collection and treatment facilities. The purpose of this program is to provide for the regulation of the collection and transportation of non-hazardous fats, oils, and grease of mineral or vegetable origin retained in commercial grease interceptors. The program also contains guidelines on the sizing and maintenance of grease interceptors, permitting, inspections, and monitoring, reporting and record keeping.
Describe your Grease Trap / Interceptor Pumping, Receiving Program
(Example): Grease Traps/grease interceptors are inspected and a pumping schedule is developed by the COMPANY A. COMPANY A personnel are present during all grease trays pumping. The pumping schedule will be modified as necessary.

Describe or attach (limit 5 Pages) Preventive Maintenance Program for:
Gravity Sewer Lines and Force Mains
(Example): COMPANY A has a program that schedules all gravity lines to be cleaned within a seven-year period. All forces mains are inspected at least one each year and air release valves are inspected annually.

Inflow/Infiltration (I/I) Abatement:
(Example): COMPANY A has a schedulers program of system identification manhole evaluation, smoke testing, line cleaning, line T.V.ing, dye water testing to determine sources of extraneous water that enters the collection system and prioritizes removal of I/I

Rights–of–way (R/W) Maintenance
(Example): All rights–of–way will be bush hogged at least once annually. Rights–of–way that are not accessible for maintenance equipment will be cleared at a scheduled rate of ½ mile per year.

Treatment Plant
(Example): COMPANY A has a computerized preventive maintenance program that includes preventive maintenance activities for all equipment used in the treatment process.

Describe or attach Septic Tank Receiving Program
(Example): COMPANY A receives septic tank pumping at a metered cost of $75.00 per 1000 gallons.
Describe or attach System upgrade Rehabilitation Program – For Plants – Pump Stations and Collection System:
(Example): COMPANY A is in the process of upgrading the treatment plant by installing a BNR unit – UV treatment, 6,000,000 gallons of equalization storage and other treatment processes for an estimated expenditure of $44,000,000 in the next ten years.

Treatment Plant: ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Collection System:
(Example): Governing body has set aside $2,400,000 for system rehab each year. The money will be used to completely rehabilitate portions of the collection system with excessive I/I or structural problems.

Pump Stations:
(Example): COMPANY A has a written preventive maintenance plan which includes all working components of each pump station. There is a plan to paint all pipes and structures every 5 years.

Describe Customer Service Program including any new initiatives or programs.
(Example): COMPANY A includes periodic bill stuffers informing customers of important programs and information.

Describe Public Education Program including any new initiatives or programs
(Example): A brochure was printed and distributed in each customer’s bill explaining the CMOM program. Attach a copy.

Describe or attach Emergency Contingency Plan(s) for WWTP
(Example): COMPANY A has operators on call 24 hours per day with maintenance personnel and equipment ready to respond to any emergency.
Describe any programs (not included above) that further describe your facility operations that enhance your operations and/or customer service.

(Example): Celebrate Earth Day with a clean up of a publicly owned area, a declaration of environmental awareness by the Mayor and information bags for pre-school children.

Signature______________________________________

Title___________________________________________

Date_____________________

Deadline for Submission February 01, 2018