



# CITY OF ANTIGO

## PUBLIC WORKS COMMITTEE MEETING

COUNCIL CHAMBERS

Wednesday, May 28, 2025

CITY HALL, 700 EDISON STREET

5:30 PM

### Call to Order

### Minutes Approval

1. Approve Minutes from the April 23, 2025 Meeting

### Discussion and Action May Occur on Any of the Following Agenda Items:

1. Information on Fluoride
2. Annual Compliance Maintenance Annual Report (CMAR) for Wisconsin Department Natural Resources (WI DNR)
3. Approve Wastewater Treatment Plant Roof Replacement Bid to Schwartz Coating in the Amount of \$116,398.24
4. Approve a Ten-Year Contract for Tower Maintenance with Maguire Iron, Inc.

### Any Other Matters Authorized by Law to be Considered

### Adjournment

*Upon reasonable notice, efforts will be made to accommodate disabled individuals through appropriate aids and services. For additional information, contact clerk treasurer's office, 700 Edison Street, Antigo, Wisconsin 54409. (715) 623-3633 extension 100. Members of and possibly a quorum of members of other governmental bodies may be in attendance to gather information. Any governmental body other than that specifically referred to above will take no action.*

DATE MAILED: May 22, 2025

SCOTT HENRICKS

### A brief history of fluoride

- Fluoride research started in the early 1900's by a dentist named Frederick McKay, studying brown stains on the teeth of residents in Colorado Springs, CO. Through the years, the staining was linked to high levels of natural fluoride found in the drinking water in the area. It was discovered that fluoride levels up to 1 ppm (part per million) did not cause staining for most people and only mild staining, or fluorosis in a small percentage of people. These early studies would eventually lead to the discoveries that small amounts of fluoride are beneficial to resisting tooth enamel decay.
- In 1945, Grand Rapids, MI became the first city in the world to add fluoride to its drinking water. A 15-year study was conducted, sponsored by the U.S. Surgeon General and the National Institute of Dental Research (NIDR). After 11 years of study, it was discovered to have reduced the tooth decay rate of the 30,000 children of Grand Rapids by 60%.
- To the best of my knowledge, Antigo began adding fluoride to the drinking water in the 1950s. The maximum level allowed in drinking water by the EPA is 4.0 ppm, with a secondary advisory level of 2.0 ppm to reduce fluorosis. The American Dental Association, the National Institute of Health, Center for Disease Control, and the National Institute of Dental Research recommend fluoride levels in drinking water to be 0.7 ppm. While Antigo's test results vary day by day, depending on water demand, we try to keep the residual between 0.7 and 1 ppm.

To: Public Works Committee  
Date: May 28, 2025

The Annual CMAR (Compliance Maintenance Annual Report) for the DNR is due every June. It is a record of the quality of the effluent water (discharge water) from the wastewater plant as well as records of energy consumption, in regards to electricity and natural gas for heating. A resolution from the common council is required in order to submit the report. For reference, I have attached the CMAR report from 2023.

If you have any questions or concerns, please contact me.

Tommy Horswill

Infrastructure Alternatives  
715-216-6243  
thorswill@iaewater.com

Attachment: Public Works Memo 5-28-25 (7528 : Annual CMAR for DNR)

# Compliance Maintenance Annual Report

3.2.b

Antigo City Of

Last Updated: Reporting For:  
6/26/2024 **2023**

## 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	1.0581	x	213	x	8.34	=	1,876
February	1.0929	x	219	x	8.34	=	1,996
March	1.1295	x	232	x	8.34	=	2,188
April	1.4703	x	175	x	8.34	=	2,142
May	1.5344	x	151	x	8.34	=	1,933
June	1.4140	x	152	x	8.34	=	1,793
July	1.3208	x	180	x	8.34	=	1,981
August	1.4171	x	195	x	8.34	=	2,304
September	1.4542	x	233	x	8.34	=	2,823
October	1.4926	x	208	x	8.34	=	2,595
November	1.4161	x	206	x	8.34	=	2,435
December	1.3218	x	225	x	8.34	=	2,477

### 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	1.68	x	90	=	1.512
		x	100	=	1.68
Design BOD, lbs/day	4209	x	90	=	3788.1
		x	100	=	4209

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

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

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

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# Compliance Maintenance Annual Report

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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)

2023-12-20

○ 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.?

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

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<ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul> <p>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.</p> <div style="border: 1px solid black; padding: 5px;">Leachate from The City of Antigo's landfill is added to the sanitary sewer system</div>	
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<b>Total Points Generated</b>	2
<b>Score (100 - Total Points Generated)</b>	98
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

3.2.b

Antigo City Of

Last Updated: Reporting For:  
6/26/2024 **2023**

## 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	3	1	0	0
February	30	27	2	1	0	0
March	30	27	2	1	0	0
April	30	27	4	1	0	0
May	15	13.5	4	1	0	0
June	15	13.5	2	1	0	0
July	15	13.5	2	1	0	0
August	15	13.5	3	1	0	0
September	15	13.5	1	1	0	0
October	15	13.5	1	1	0	0
November	30	27	0	1	0	0
December	30	27	0	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		0	0
Points		0	0
<b>Total number of points</b>			<b>0</b>

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

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

### 2. Flow Meter Calibration

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

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

No

If No, please explain:

### 3. Treatment Problems

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

### 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

No

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

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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:

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

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

# Compliance Maintenance Annual Report

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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	30	27	3	1	0	0
February	30	27	0	1	0	0
March	30	27	3	1	0	0
April	30	27	4	1	0	0
May	30	27	3	1	0	0
June	30	27	4	1	0	0
July	30	27	5	1	0	0
August	30	27	5	1	0	0
September	30	27	2	1	0	0
October	30	27	1	1	0	0
November	30	27	0	1	0	0
December	30	27	0	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
<b>Points per each exceedance with 12 months of discharge:</b>					<b>7</b>	<b>3</b>
Exceedances					0	0
Points					0	0
<b>Total Number of Points</b>						<b>0</b>

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?

None

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

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

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## Effluent Quality and Plant Performance (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 Exceedance	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 Exceedance
January	4.1	10	.226	0	.112	.09	.216	.358	0
February	4.1	10	.106	0	.374	.014	.014	.022	0
March	4.1	10	.055	0	.08	.06	.02	.046	0
April	4.1	10	.42	0	.072	.208	.74	.726	0
May	4.1	10	.393	0	.608	.072	.082	1.008	0
June	4.1	10	.099	0	.094	.08	.108	.072	0
July	4.1	10	.081	0	.094	.04	.078	.116	0
August	4.1	10	.103	0	.094	.072	.112	.136	0
September	4.1	10	.068	0	.094	.046	.054	.076	0
October	4.1	10	.076	0	.132	.082	.062	.048	0
November	4.1	10	.099	0	.12	.158	.03	.112	0
December	4.1	10	.083	0	.03	.07	.034	.206	0
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
<b>Total Number of Points</b>									<b>0</b>

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?

None

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

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

# Compliance Maintenance Annual Report

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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	0.395	1	0
February	1	0.380	1	0
March	1	0.598	1	0
April	1	0.283	1	0
May	1	0.486	1	0
June	1	0.660	1	0
July	1	0.673	1	0
August	1	0.551	1	0
September	1	0.510	1	0
October	1	0.449	1	0
November	1	0.320	1	0
December	1	0.401	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

0

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

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

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

Increased aluminum sulfate feed rate to remove phosphorus

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

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

## Biosolids Quality and Management

<p>1. Biosolids Use/Disposal</p> <p>1.1 How did you use or dispose of your biosolids? (Check all that apply)</p> <p><input checked="" type="checkbox"/> Land applied under your permit</p> <p><input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids</p> <p><input type="checkbox"/> Hauled to another permitted facility</p> <p><input type="checkbox"/> Landfilled</p> <p><input type="checkbox"/> Incinerated</p> <p><input type="checkbox"/> Other</p> <p>NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.</p> <p>1.1.1 If you checked Other, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Land Application Site</p> <p>2.1 Last Year's Approved and Active Land Application Sites</p> <p>2.1.1 How many acres did you have? 709.7 acres</p> <p>2.1.2 How many acres did you use? <input style="width: 100px;" type="text" value="230.8"/> acres</p> <p>2.2 If you did not have enough acres for your land application needs, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?  <input type="radio"/> Yes (30 points)  <input checked="" type="radio"/> No</p> <p>2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?  <input checked="" type="radio"/> Yes  <input type="radio"/> No (10 points)  <input type="radio"/> N/A</p>	0
<p>3. Biosolids Metals</p> <p>Number of biosolids outfalls in your WPDES permit:</p> <p>3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.</p> <p>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  <input checked="" type="radio"/> 0 (0 Points)  <input type="radio"/> 1-2 (10 Points)  <input type="radio"/> &gt; 2 (15 Points)</p> <p>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)  <input type="radio"/> Yes  <input type="radio"/> No (10 points)  <input checked="" type="radio"/> N/A - Did not exceed limits or no HQ limit applies (0 points)  <input type="radio"/> N/A - Did not land apply biosolids until limit was met (0 points)</p> <p>3.1.3 Number of times any of the metals exceeded the ceiling limits = 0          Exceedence Points  <input checked="" type="radio"/> 0 (0 Points)</p>	

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

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<p>○ 1 (10 Points) ○ &gt; 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? <input type="text" value="N/A"/></p>	0
<p>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. 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? <input type="text"/></p>	0
<p>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. 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? <input type="text"/></p>	0
<p>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) ○ &lt; 90 days (40 Points) ○ N/A (0 Points) 6.2 If you checked N/A above, explain why. <input type="text"/></p>	0
<p>7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overall management: <input type="text" value="N/a"/></p>	

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

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

## Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><li>● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/></li><li>○ No (40 points) <input type="checkbox"/><input type="checkbox"/></li></ul> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No (10 points)</li></ul> <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><li>● Yes<ul style="list-style-type: none"><li>● Paper file system</li><li>○ Computer system</li><li>○ Both paper and computer system</li></ul></li><li>○ No (10 points)</li></ul>	<b>0</b>
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li>○ Excellent</li><li>● Very good</li><li>○ Good</li><li>○ Fair</li><li>○ Poor</li></ul> <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px;">The plant is under compliance</div>	

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

# Compliance Maintenance Annual Report

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

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

# Compliance Maintenance Annual Report

3.2.b

Antigo City Of

Last Updated: Reporting For:  
6/26/2024 **2023**

## 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:

THOMAS G HORSWILL

Certification No:

35379

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	
		Advanced	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				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory	X			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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<input type="checkbox"/> An arrangement with another certified operator <input type="checkbox"/> An arrangement with another community with a certified operator <input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year <input type="checkbox"/> A consultant to serve as your certified operator <input type="checkbox"/> None of the above (20 points) If "None of the above" is selected, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	0
---	---

<p>4. Continuing Education Credits</p> <p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>OIT and Basic Certification:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Averaging 6 or more CECs per year.</li> <li><input type="radio"/> Averaging less than 6 CECs per year.</li> </ul> <p>Advanced Certification:</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Averaging 8 or more CECs per year.</li> <li><input type="radio"/> Averaging less than 8 CECs per year.</li> </ul>	
---	--

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

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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 300px;" type="text" value="Kaye Matucheski"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="715-623-3633"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="kmatucheski@antigo-city.org"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2022"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0												
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2023"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: center;"><input style="width: 100%;" type="text" value="614,793.31"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: center;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: center;"><input style="width: 100%;" type="text" value="614,793.31"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: center;"><input style="width: 100%;" type="text" value="72,464.83"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="614,793.31"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="614,793.31"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="72,464.83"/>	
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="614,793.31"/>											
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>											
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="614,793.31"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="72,464.83"/>											

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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 \$ 687,258.14

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? \$ 200,000.00 **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	An abbreviated assessment of the current facility and treatment processes in regards to future loadings, which may or may not lead to a full facility review and assessment.	\$30,000	2024

---

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:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	3,807	1
February	3,375	1
March	4,439	1
April	3,200	3
May	3,708	5
June	4,405	2
July	3,942	3
August	5,127	6
September	5,718	3
October	5,481	3
November	3,962	3
December	3,366	2
<b>Total</b>	<b>50,530</b>	<b>33</b>
<b>Average</b>	<b>4,211</b>	<b>3</b>

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

- No
- Yes

Year:

By Whom:

Describe and Comment:

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## 6.4 Future Energy Related Equipment

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

N/A

## 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	134,988	32.80	4,115	58.16	2,321	2,715
February	128,475	30.60	4,199	55.89	2,299	2,423
March	129,660	35.01	3,704	67.83	1,912	756
April	121	44.11	3	64.26	2	580
May	118,153	47.57	2,484	59.92	1,972	246
June	109,521	42.42	2,582	53.79	2,036	
July	110,625	40.94	2,702	61.41	1,801	
August	138,196	43.93	3,146	71.42	1,935	
September	166,828	43.63	3,824	84.69	1,970	15
October	137,001	46.27	2,961	80.45	1,703	794
November	130,153	42.48	3,064	73.05	1,782	1,339
December	143,451	40.98	3,501	76.79	1,868	1,684
<b>Total</b>	<b>1,447,172</b>	<b>490.74</b>		<b>807.66</b>		<b>10,552</b>
<b>Average</b>	<b>120,598</b>	<b>40.90</b>	<b>3,024</b>	<b>67.31</b>	<b>1,800</b>	<b>1,172</b>

#### 7.1.2 Comments:

## 7.2 Energy Related Processes and Equipment

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

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

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## 7.2.2 Comments:

## 7.3 Future Energy Related Equipment

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

Solar panels and a battery at the WWTP

## 8. Biogas Generation

### 8.1 Do you generate/produce biogas at your facility?

No

Yes

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

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

## 9. Energy Efficiency Study

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

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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

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## 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:

Prevent overflows and back ups

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?

Sewer use ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2013-08-13

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

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## 2. Operation and Maintenance

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

Cleaning	<input type="text" value="15"/>	% of system/year
Root removal	<input type="text" value="1"/>	% of system/year
Flow monitoring	<input type="text" value="100"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="15"/>	% of system/year
Manhole inspections	<input type="text" value="25"/>	% of system/year
Lift station O&M	<input type="text" value="12"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="10"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="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.

<input type="text" value="33.03"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.0"/>	Annual average precipitation (for your location)
<input type="text" value="70"/>	Miles of sanitary sewer
<input type="text" value="4"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="0"/>	Number of basement backup occurrences
<input type="text" value="0"/>	Number of complaints
<input type="text" value="1.343"/>	Average daily flow in MGD (if available)
<input type="text"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	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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<input type="text"/>
5.3 Explain any infiltration/inflow (I/I) changes this year from previous years: <input type="text" value="N/A"/>
5.4 What is being done to address infiltration/inflow in your collection system? <input type="text" value="N/A"/>

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

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## Grading Summary

WPDES No: 0022144

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
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
<b>TOTALS</b>			<b>37</b>	<b>148</b>
<b>GRADE POINT AVERAGE (GPA) = 4.00</b>				

### Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

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## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

City of Antigo Common Council

Date of Resolution or  
Action Taken:

2024-06-12

Resolution Number:

59-24

Date of Submittal:

### ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: 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)

### 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. = 4.00**

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## DNR Response to Resolution or Owner's Statement

Name of Governing Body or Owner:	City of Antigo Common Council
Date of Resolution or Action Taken:	2024-06-12
Resolution Number:	59-24
Date of Submittal:	6/26/2024

**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

**Permittee Response:**

**DNR Response:**

The influent hydraulic loading for 2023 was acceptable averaging 1.343 MGD (80.0% design capacity) with a near capacity maximum of 1.534 MGD (91.3% design capacity).

The influent organic loading for 2023 was good averaging 2211.917 lbs/day (52.6% design capacity) with a maximum of 2823 lbs/day (67.1% design capacity).

Effluent Quality: BOD: Grade = A

**Permittee Response:**

**DNR Response:**

The effluent BOD quality for 2018 was excellent averaging 2 mg/L (10.28% of the limit) with maximums of 4 mg/L (13.33% of the limit) for the month of April and 4 mg/L (26.67% of the limit) for the month of May.

Effluent Quality: TSS: Grade = A

**Permittee Response:**

**DNR Response:**

The effluent TSS quality for 2023 was excellent averaging 2.5 mg/L (8.33% of the limit) with maximums of 5 mg/L (16.67% of the limit) for the month of July and 5 mg/L (16.67% of the limit) for the month of August.

Effluent Quality: Ammonia: Grade = A

**Permittee Response:**

**DNR Response:**

The effluent ammonia quality for 2023 was excellent averaging 0.151 mg/L (3.68% of the limit) with a maximum of 0.42 mg/L (10.24% of the limit) for the month of April.

Effluent Quality: Phosphorus: Grade = A

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<p><b>Permittee Response:</b></p> <p><b>DNR Response:</b></p> <p>The effluent phosphorus quality for 2023 was good averaging 0.476 mg/L (47.57% of the limit) with a maximum of 0.673 mg/L (67.30% of the limit) for the month of July.</p>
<p>Biosolids Quality and Management: Grade = A</p> <p><b>Permittee Response:</b></p> <p><b>DNR Response:</b></p> <p>Land spreading records and reporting is all acceptable and meeting NR 204 requirements.</p>
<p>Staffing: Grade = A</p> <p><b>Permittee Response:</b></p> <p><b>DNR Response:</b></p> <p>Please continue to do preventive maintenance at the wastewater treatment facility as you have in the past.</p>
<p>Operator Certification: Grade = A</p> <p><b>Permittee Response:</b></p> <p><b>DNR Response:</b></p> <p>The collection system subclass (SS) study guide and exam are now available. It is recommended that an individual take the exam and be the operator in charge (OIC) for the collection system. The collection system OIC does not need certification in other wastewater subclasses or have taken the basic general wastewater exam.</p>
<p>Financial Management: Grade = A</p> <p><b>Permittee Response:</b></p> <p><b>DNR Response:</b></p> <p>Continue to monitor the financial situation and make changes as necessary.</p>
<p>Collection Systems: Grade = A (Regardless of grade, response required for Collection Systems if SSOs were reported)</p> <p><b>Permittee Response:</b></p> <p><b>DNR Response:</b></p> <p>Please make sure an annual review and update occurs according to NR 210.23(5)(b) Wis. Adm. Code. At this time the goals should be evaluated to help determine the success of the CMOM program. It is recommended that the developed goals are realistic and measurable to assist with the annual audits.</p>
<p><b>ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS</b> (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)</p> <p><b>G.P.A. = 4</b></p> <p><b>Permittee Response:</b></p> <p><b>DNR G.P.A. Response:</b></p> <p>The Department does not require any additional action be taken this year in response to the CMAR.</p>

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)

# Compliance Maintenance Annual Report

Antigo City Of

Last Updated: Reporting For:  
6/26/2024 2023

**DNR CMAR Overall Response:**

Thank you for completing and submitting your 2023 CMAR. The CMAR is an annual self-evaluation of your wastewater treatment plant, collection system and associated wastewater management activities. Everything looks to be in order and your facility is operating very well. There are no other requirements at this time. Nice job and thank you again.

**DNR Reviewer:** Garbe, Amy

**Phone:** (262) 574-2135

**Address:** 141 NW Barstow St Ste 180, Waukesha, WI 53188-3789

**Date:** 7/30/2024

Attachment: CMAR 2023 (7528 : Annual CMAR for DNR)



**To:** Mayor and City Council  
**From:** Charley Brinkmeier, Land Surveyor/Project Manager  
**Date:** May 28, 2025  
**Re:** Approve Wastewater Treatment Plant Roof Replacement Bid to Schwartz Coating in the Amount of \$116,398.24

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We have put out for bid a roof coating system for the Wastewater Treatment Plant (WWTP) roofs. The main building roof is currently leaking and the others are not far behind. As far as we can tell there has only been patch work done since the roofs were installed. This coating system comes with a 15 year warranty and is highly cost effective system. We are recommending approved of Schwartz Coating for the amount of \$116,398.24 with the funds coming from the WWTP replacement account.



### BID FORM FOR REINFORCED ROOF COATING SYSTEM

Contractor Schwartz Coatings

15-Year No-cost (non-prorated) Warranty Period  Yes  No

**Fully Installed Reinforced Roof Coating System Per Bid Specifications:**

**Main Building Approximate Quantities (To be confirmed by Bidder)**

Roof = +/- 10,580 sq. ft.

2025 Main Roof \$ 68,582.91

**Generator Room Approximate Roof Quantities (To be confirmed by Bidder)**

Roof = +/- 690 sq. ft. (1.5" Closed Cell Spray Foam, Base Coat, and Top Coat)

2025 Generator Roof \$ 6,076.20

**Belt Room Approximate Roof Quantities (To be confirmed by Bidder)**

Roof = +/- 1,222sq. ft.

2025 Belt Room Roof \$ 9,905.96

**Ras Room Approximate Roof Quantities (To be confirmed by Bidder)**

Roof = +/- 1,060sq. ft.

2025 Ras Room Roof \$ 8,817.89

**Sand Filter Room Approximate Roof Quantities (To be confirmed by Bidder)**

Roof = +/- 3,024sq. ft.

2025 Sand Filter Room Roof \$ 23,015.28

2025 TOTAL COST = \$ 116,398.24

Attachment: WWTP BID TAB (7532 : Roof Bid for WWTP)

This bid-offer shall be open to acceptance for 45 days from the bid closing date.

If a conflict in the Contract Documents occurs the following shall apply:

1. Addenda or modifications of any nature to the drawings and specifications take precedence over the original Contract Documents.
2. Where a conflict occurs in the Contract Documents, not reconciled by addenda, the installation of a greater quantity and better quality shall be provided.

Following Addenda have been received and are acknowledged to be included in the Bid

Addendum # \_\_\_ Dated \_\_\_ Addendum # \_\_\_ Dated \_\_\_

COMPANY NAME/ADDRESS Schwartz Coatings, Hixton, WI

COMPANY REPRESENTATIVE SIGNATURE Ernest Schwartz

TYPED NAME AND TITLE Ernest Schwartz Owner

DATE 5-15-25 PHONE # 715-984-2582 E-MAIL sales@schwartzcoatings.com

*The City of Antigo reserves the right to accept or reject any or all bids and will accept the bid that is deemed most advantageous to the City. The City may choose any or all or part of this bid.*

Similar projects,

River Valley Property Management

1. Eau Claire, WI

2. Habelman Brothers Warehouse

Black River falls, WI

3. BPD Engineering

Green Bay, WI

Attachment: WWTP BID TAB (7532 : Roof Bid for WWTP)



**To:** Mayor and City Council  
**From:** Charley Brinkmeier, Land Surveyor/Project Manager  
**Date:** May 28, 2025  
**Re:** Approve a Ten-Year Contract for Tower Maintenance with Maguire Iron, Inc.

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During construction of the new water tower, we reached out to Maguire Iron, Inc. about obtaining an estimate to paint the industrial water tower, the blue one. In doing so Maguire Iron, Inc. has proposed to enter into a long term, ten-year, maintenance and inspection services contract. This include painting the outside and also the inside of the tower and completing the yearly inspection reports and the five year rover inspections. We are recommending approval to enter into this ten-year contract with the funds to be coming out of the water utility budget.



## CONTRACT FOR SERVICES

This contract made and entered into this 12 day of March, 2025, by and between ANTIGO, WI - CITY OF hereinafter called the "Owner" or "Customer" and Maguire Iron, Inc., a South Dakota Corporation with its principal office located in Sioux Falls, South Dakota, hereinafter called the "Contractor" or "Company" for and in consideration of the mutual covenants and promises hereinafter contained.

### Sphere - 200MG

#### **WITNESSETH:**

Contractor agrees to make the following repairs and improvements on the Owner's water supply tank, and to furnish the necessary equipment, labor, material, as well as Workmen's Compensation Insurance and Contractor's Liability Insurance, and to do the work hereinafter stated in a good and workmanlike manner.

#### Exterior Renovation

- Contractor will pressure wash the complete exterior (100%) in accordance with SSPC SP No. 12
- Contractor will SSPC SP No. 2 / 3 Hand tool clean / Power tool clean all rusted areas.
- Contractor will apply one (1) spot coat of epoxy to the rusted and abraded areas. Coatings shall be applied to manufacturer's recommended film thickness (2.0 - 4.0 mils DFT).
- Contractor will apply one (1) finish coat of polyurethane to the complete exterior (100%) shall be applied to the manufacturer's recommendations (2.0 - 3.0 mils DFT).

#### Interior Wet Renovation

- Contractor will abrasive blast clean the complete interior (100%) to an SSPC - SP No. 10 "Near White Metal". After abrasive blast cleaning, all surfaces shall be cleaned of any dust residue or foreign debris.
- Contractor will apply one (1) prime coat of NSF-61 approved epoxy to the complete interior (100%) shall be applied to manufacturer's recommended film thickness (4.0 - 6.0 mils DFT).
- Contractor will apply one (1) additional coat of NSF-61 approved epoxy to be applied by brush and roller to all edges, weld seams and sharp angles.
- Contractor will apply one (1) finish coat of NSF-61 approved epoxy to the complete interior (100%) shall be applied to the manufacturer's recommendations (4.0 - 6.0 mils DFT).

#### Disinfection Method

- Contractor will disinfect the interior of the tank as per AWWA Standard C652-02, Chlorine Methocel #3 prior to the owner filling the tank.
- Water samples and testing is the responsibility of the owner.



### Interior Dry Renovation

- Contractor will pressure wash the complete interior in accordance with SSPC SP No. 12.
- Contractor will SSPC SP No. 2 / 3 Hand tool clean / Power tool clean all rusted areas.
- Contractor will apply one (1) spot prime coat of epoxy to the rusted and cleaned areas. Coatings shall be applied to manufacturer's recommended film thickness (2.0 - 4.0 mils DFT).
- Contractor will apply one (1) additional spot prime coat of epoxy to the spot primed areas for a two coat system. Coatings shall be applied to manufacturer's recommended film thickness (2.0 - 4.0 mils DFT).

### Visual Inspection

- Contractor will do a complete inspection along with photos of the complete interior and exterior of the water tower.
- Contractor will work up a report of the findings during the inspection of the city's water tower and send a detailed report that will include current condition, and future recommendations as applicable. Inspection to cover, Coatings, Sanitary, Security, Safety and Structural conditions.

### Cleanout

- Contractor will furnish tools, labor, and materials as well as necessary insurance to perform the work in a good and workmanlike manner.
- Contractor will furnish a pressure relief valve / blow off valve for use by the Owner if needed at no charge.
- Contractor will wash out heavy sediment once the tank is emptied by the owner.
- Contractor will power wash the bottom 6' of the interior wet area of the tank after heavy sediment has been removed from the tank. Some staining may remain.
- Contract is based on up to one half-day of crew onsite. Projects over one-half day will be charged at \$675/hour. Additional days required will be charged at \$5500/day.
- Should any emergency repair or renovation be necessary, cost and details to be submitted. No extra work will be done without the owner's authorization.
- Contractor will do a complete inspection along with photos of the complete interior and exterior of the water tank.

Owner will inspect the work as it progresses and upon completion and acceptance by Owner of the above work the sum of **See Below** plus applicable sales, excise, and/or use tax shall become due and payable in full. Contractor may issue a partial invoice for materials, mobilization, and labor for projects exceeding \$50,000.00 prior to the completion of the contracted work.



1610 North Minnesota Ave  
Sioux Falls, SD 57104  
Phone: (605) 334-9749  
Fax: (605) 334-9752  
info@maguirewater.com

**Terms:** Net 30 days from acceptance and invoicing, plus applicable sales, use, excise, transfer or similar tax required by law. A service charge of 1½% per month (annual rate of 18%) will be charged on past due accounts. During any exterior painting, Owner shall assist in removing any vehicles in the area which might receive paint damage. Contractor will exercise reasonable care and caution to avoid, but will accept no liability for damage to antenna, communication, telemetry and/or electrical system(s) which may be attached to the structure. Removal, repair and/or replacement of the antenna, communication, telemetry and/or electrical system(s) shall be the responsibility of the Owner. Contractor may apply a temporary surcharge to amounts otherwise payable under this Agreement to reflect significant cost increases for materials, supplies, and/or fuel during high inflationary periods. Owner and the authorized agents signing this contract as such agents do hereby expressly warrant that Owner has authority to make and enter into this contract and that it becomes a party hereto pursuant to a lawful resolution duly and regularly adopted by the governing board of said Owner pursuant to the applicable statutes of this State. Customer shall reimburse Company for all travel, meal and entertainment expenses incurred by Company and its employees in connection with Company's performance under the contract. To the extent that any meal or entertainment expenses incurred by Company or its employees are subject to the limitation on deductibility under IRC Section 274(n) (1) and the Regulations thereunder, Customer shall be subject to the limitation and shall reduce its deduction accordingly. **This is included in the contract amount.**

The owner will be responsible to the Company for the cost (at current market rates) of any work that has been performed prior to termination.

**HAZARDOUS MATERIAL DISCLAIMER:** *In the event that hazardous materials are on the water tank and this information is not addressed in the specification or made known to Maguire Iron, Inc. prior to the price or bid being supplied by Maguire Iron, Inc., any additional means of hazardous material abatement or disposal costs will be born upon the Owner.*

This constitutes the entire contract. No verbal agreements or additions will be honored. Any amendments or additions hereto must be in writing and executed by the duly authorized agents and officers of the parties here

IN WITNESS WHEREOF, we have set our hands and seals the day and year above written.

Owner: ANTIGO, WI - CITY OF

By: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)  
By: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

MAGUIRE IRON, INC.

By: Brett Hansen (Authorized Agent) 03/12/2025 (Date)

Date Accepted: \_\_\_\_\_  
Upon acceptance, please provide two (2) signatures and date the agreement.

Attachment: Maguire Contract (7531 : 10 Yr Contract for Tower Maintenance with Maguire)



# MAGUIRE

1610 North Minnesota Ave  
Sioux Falls, SD 57104  
Phone: (605) 334-9749  
Fax: (605) 334-9752  
info@maguirewater.com

## Schedule A: Cost Schedule

ANTIGO, WI - CITY OF Sphere 200 MG		
Year	Service	Annual Spend
Year 1	Paint - Exterior Clean Out / ROV	\$33,990.00
Year 2	Visual Inspection	\$33,990.00
Year 3	Visual Inspection	\$33,990.00
Year 4	Visual Inspection	\$33,990.00
Year 5	Paint - Interior Wet Paint - Interior Dry	\$33,990.00
Year 6	Visual Inspection	\$1,100.00
Year 7	Visual Inspection	\$1,100.00
Year 8	Visual Inspection	\$1,100.00
Year 9	Clean Out / ROV	\$2,650.00
Year 10	Visual Inspection	\$1,100.00

Attachment: Maguire Contract (7531 : 10 Yr Contract for Tower Maintenance with Maguire)

## City of Antigo, WI Contract for Serv

Year	2025	2026	2027	2028	2029	2030	2031
<b>200 MG</b>	Exterior Paint and Clean-out	Visual Inspection with Report	Visual Inspection with Report	Visual Inspection with Report	Interior Paint Wet and Dry	Visual Inspection with Report	Visual Inspection with Report
	\$33,990	\$33,990	\$33,990	\$33,990	\$33,990	\$1,100	\$1,100
<b>100 MG</b>	Visual Inspection with Report	Visual Inspection with Report	Visual Inspection with Report	Clean-out or ROV and Inspection Report	Visual Inspection with Report	Visual Inspection with Report	Visual Inspection with Report
	\$1,100	\$1,100	\$1,100	\$2,175	\$1,100	\$1,100	\$1,100
<b>Total per year</b>	<b>\$35,090</b>	<b>\$35,090</b>	<b>\$35,090</b>	<b>\$36,165</b>	<b>\$35,090</b>	<b>\$2,200</b>	<b>\$2,200</b>

Attachment: Maguire Contract (7531 : 10 Yr Contract for Tower Maintenance with Maguire)

# ices

2032	2033	2034	
Visual Inspection with Report	Clean-out or ROV and Inspection Report	Visual Inspection with Report	
\$1,100	\$2,650	\$1,100	\$177,000
Clean-out or ROV and Inspection Report	Visual Inspection with Report	Visual Inspection with Report	
\$2,500	\$1,100	\$1,100	\$13,475
\$3,600	\$3,750	\$2,200	\$190,475

Attachment: Maguire Contract (7531 : 10 Yr Contract for Tower Maintenance with Maguire)