



CITY OF RIPON

100 Jackson Street Ripon, WI 54971-1396

CITY OF RIPON COMMON COUNCIL MEETING Council Chambers, City Hall Monday, June 28, 2021 7:00 p.m.

- I. Call to order/roll call
- II. Pledge of Allegiance/Invocation – Rev. Clay Salmela
- III. Approval of agenda
- IV. Public communications and comment
- V. Action Items
 1. Procedure for Filling District 2 Council Vacancy
(Staff note: There is a vacancy for a district 2 council member position due to resignation of Ben Morrison. Staff recommends the attached process and schedule for filling the vacancy.)
 2. Acceptance of Murray Park Softball Field No. 6 Improvements.
(Staff note: At the June 23 Parks & Recreation meeting, the Committee accepted a donation for \$20,284.89 to rehabilitate softball field No. 6 from the school district. The field currently has significant drainage issues. The proposal is attached. The Committee is recommending Common Council approval.)
 3. COVID-19 Employee Policy
(Staff note: Agenda item requested by Mayor at the June 8 Common Council meeting. The current policy has been in place since 10/13/2020. Staff has drafted an example policy for review.)
 4. Temporary Class “B”/”Class B” License Application for Riponfest, Inc.
(Staff note: Riponfest is scheduled for July 10, 2021, from 10:30a.m. to 10:00p.m. in Barlow Park.)
 5. Resolution – 2020 Compliance Maintenance Annual Report (CMAR)
(Staff note: The Wisconsin DNR requires that the city submit an annual Compliance Maintenance Report for its wastewater treatment facility. The compliance maintenance program requires the adoption of a resolution by the

governing body of the entity operating the wastewater treatment facility. Attached is the 2020 Compliance Maintenance Annual Report and Resolution for Council's review. Staff recommends approval.)

VI. Discussion Items

1. ATV/UTV Route Ordinance Discussion

(Staff note: ATV/UTV routes last appeared on a council agenda on 9/28/2020. Issue was tabled at that time. Meeting excerpt included. Staff have drafted an ordinance regulating ATV/UTV routes in the city for council review and discussion.)

VII. Project updates & staff reports

VIII. Mayor's communications and appointments

1. Library Board Appointments

IX. Agenda items for future Council meetings

X. Adjourn

Proposed Procedure for Filling Councilmember Ben Morrison Vacancy

1. Council accepts letter of resignation on June 28th (Resignation submitted June 8th).
2. Advertise for candidates July 7th and 14th.
3. Application process is open through July 21st.
4. Residents of District 2 submit their name for consideration to the City Administrator by Wednesday, July 21st
5. Staff verifies residency.
6. Council reviews applications at the July 26th council meeting.
7. At the August 10th council meeting candidates are given 3 minutes to speak as to why they would make a good council member, and Council votes.
8. New council member takes office effective August 23rd.
9. New council member will serve approximately 8 months of Ben Morrison's term, until the next common council election on the first Tuesday in April of 2022.

Posting

The City of Ripon is accepting letters of interest from any resident of District 2 interested in serving on the City Council through April 2022. If anyone has questions or wants further information, please call City Administrator Adam Sonntag at (920)748-4914 or e-mail at asonntag@cityofripon.com. The deadline for submitting letters is Wednesday, July 21 at 4:00 p.m. Candidates for the position may provide resumes, references, or other material with their letter to help the council make its decision. The Common Council will make the appointment on August 10th at City Hall at 7:00 p.m.

Ripon Softball 2021 - Field #6 Murray P...



Last Updated 3:37 PM

Total Amount \$20,284.89

Description

- For Ripon Softball @ Murray Park Field #6 perform the follow scope of work:
- A) Determine exact location of field layout...home plate, pitching rubber, base anchors and back arc.
 - B) Sod cut and remove area of back arc that will assist in removal of lip. This will also help to re-establish the correct distance of the back arc. Debris to be pile in parking lot contiguous to field and becomes the responsibility of Ripon Softball.
 - C) Provide and install two truckloads of Waupaca Red-Hop infield mix. This infield mix will be placed on the existing and till in to the existing field to a depth of 2-2.5".
 - D) Laser Grade entire playing surface.
 - E) Roll entire playing surface.
 - F) Provide and install professional bagged clay at pitching circle and home plate to help fortify these wear areas.
 - G) Provide and install new base anchors, pitching rubber and home plate.
 - H) Provide and Install 500 sq. yds of Big Roll HGT Kentucky Bluegrass Sod to back arc of infield.
 - I) Provide and install one truckload of Magic Mix Infield Topdressing Material.
 - J) Finish Drag Field to present professional look.

Customer choosing to perform field renovation services in 2021 will receive a complimentary Stiff Drag - Hand Drag for each field worked on

Advanced Turf Solutions is not responsible for the watering of newly installed sod. This is the responsibility of the owner or a representative of such

****Only items listed above are included in this proposal****

Quote Acceptance:

Signature	_____
Name	_____
Title	_____
Date	_____

This quote is not your final invoice, and may not reflect taxes, bulk quantities delivered, shipping or other charges

City of Ripon COVID-19 Employee Policy

Approved: _____

The safety of our workforce and community is our highest priority. The City of Ripon is committed to providing employees a safe and healthy work environment. Together we share a responsibility to help prevent the spread of illnesses in our community. Employees have an obligation to practice the CDC and Wisconsin Department of Health Services recommendations to help keep the spread of the virus to a minimum.

This document will be reviewed regularly by the Common Council as guidance changes frequently on this topic. This policy shall be followed by all city staff and elected officials.

General COVID-19 Guidelines

- Wash your hands often with soap and water for at least 20 seconds, especially before eating, after going to the bathroom, and after sneezing, coughing or blowing your nose. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Cover your coughs and sneezes with your sleeve or a disposable tissue and wash your hands after coughing or sneezing.
- Avoid close contact with people by keeping a six-foot social distance between yourself and other people.
- **Please stay at home if you have ANY potential COVID-19 symptoms.**

Employee COVID-19 Guidelines

An employee who has COVID-19 symptoms, tested positive for COVID-19, lives with someone who is exhibiting COVID-19 symptoms or lives with or was in close contact with someone who tested positive for COVID-19 should contact their department head AND the **Fond du Lac County Health Department that day at 920-929-3085** to determine when they can return to work. This still applies to employees that have previously been infected with COVID-19 more than 90 days. If a vaccinated employee develops COVID-19 symptoms they should contact the health department for guidance. The employee shall communicate with the employee's department head when the employee can return to work. The department head shall notify the City Administrator of any positive cases and workplace absences due to COVID-19. Further consultation shall be made with the County Health Department by the Department Head and/or City Administrator to determine additional workplace exposure or spread of COVID-19.

If an employee has or appears to have COVID symptoms while at work the department head shall talk with the employee regarding their symptoms in private while maintaining social distancing. The employee and supervisor should call the County Health Department that same day.

If the employee is experiencing symptoms or tests positive, the department head will arrange for the cleaning and disinfecting of equipment and/or vehicles, and common touch surfaces, as deemed appropriate.

The department head shall instruct employee to follow-up with them regarding the consultation with the Health Department as it relates to COVID-19 and their ability to return to work.

If the employee has a physician's written authorization that the symptoms are not due to COVID-19, the employee may return to work. A copy of the written authorization needs to be provided to employee's department head. The department head should notify the City Administrator of the employee's written authorization to return to work and provide a copy of the written authorization.

If the employee has been directed to be tested for COVID-19, the employee may not report to work at a city facility until test results are known. If employees are directed by the County Health Department to be tested, the employee must schedule a test within 48 hours. Employees may be allowed to work from home, if approved by the City Administrator. Employee must notify the department head of their test date.

If the test result is negative, follow County Health Department instructions for return to work.

If the test result is positive, employee must quarantine from work. Employee may be allowed to work from home, if approved by the City Administrator. Employee shall follow County Health Department instructions for return to work.

Mask Recommendations

Fully vaccinated = No mask required (defined as those who are two weeks past their last required COVID-19 vaccine dose). It is recommended that fully vaccinated employees wear a mask while engaging with the public and when social distancing cannot be achieved.

Mask Requirements

Not fully vaccinated = See below for masking requirements. It is the personal responsibility of each employee to get vaccinated or follow CDC and WI DHS guidance and continue to wear a face covering. All staff are strongly encouraged to become vaccinated. Below are the situations in which employees NOT vaccinated will need to continue wearing a mask.

When NOT FULLY VACCINATED Employees Need to Wear a Face Covering:

- While working with the public or when working/walking in common areas of buildings accessible by the public. (i.e., Includes entire office areas of the various buildings; excludes locked areas not typically accessible to the public)
- While working or walking in common areas not typically accessible to the public whenever non-City staff are in those common areas (i.e., delivery personnel, contractors, etc.)
- When working with others that are not fully vaccinated and cannot maintain social distancing (except when outside)

PD Receipt 1243746
CK 1039

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 05/27/21

Town Village City of Ripon

County of Fond du Lac

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 7/10/21 @ 10:30am and ending 7/10/21 @ 10:00pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Chamber of Commerce or similar Civic or Trade Organization
 - Veteran's Organization
 - Fair Association

(a) Name Riponfest, Inc.

(b) Address PO Box 103, Ripon, WI 54971
(Street) Town Village City

(c) Date organized 01/02/2019

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Jackie Perkins; W14311 Brookwood Ct., Ripon, WI 54971

Vice President Lance Papp; 118 Maple St., Ripon, WI 54971

Secretary Haley Schachow; 535 Mayparty Dr. Apt 2, Ripon, WI 54971

Treasurer Casey Hiemstra; 428 Hope Ave., Ripon WI 54971

(g) Name and address of manager or person in charge of affair: Jackie Perkins; W14311 Brookwood Ct., Ripon, WI 54971

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Barlow Park

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Please see attached for "beer garden" fencing layout.

3. Name of Event

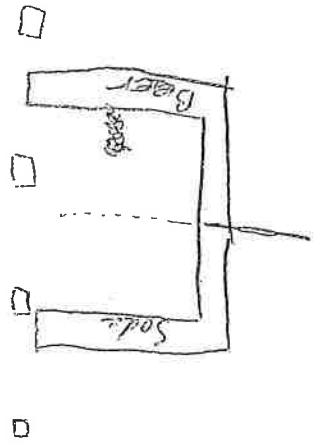
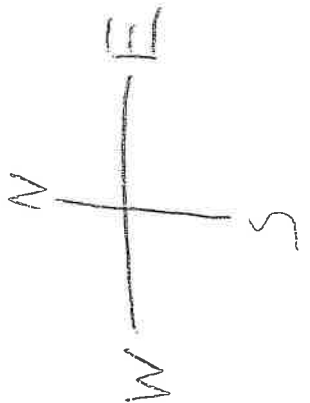
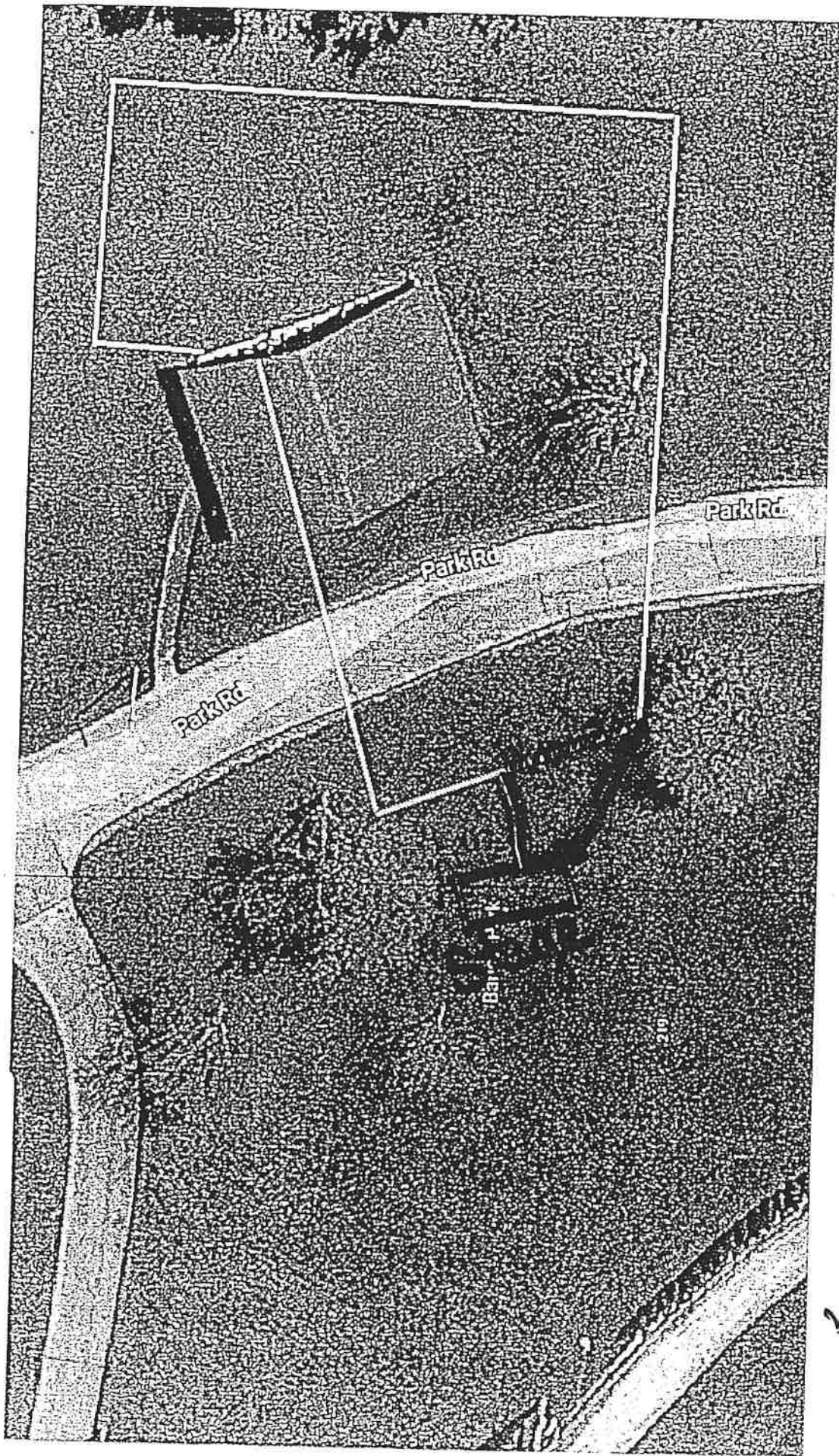
(a) List name of the event Riponfest

(b) Dates of event July 10, 2021

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer _____ <small>(Signature/date)</small>	Officer _____ <small>(Name of Organization)</small>
Officer _____ <small>(Signature/date)</small>	Officer _____ <small>(Signature/date)</small>
Date Filed with Clerk <u>6-04-2021</u>	Date Reported to Council or Board <u>6-28-2021</u>
Date Granted by Council _____	License No. _____



MMM =
no Fencing

Resolution No. _____

2020 COMPLIANCE MAINTENANCE ANNUAL REPORT RESOLUTION

The Common Council of the City of Ripon does hereby create Resolution No. _____

As follows:

WHEREAS, the City of Ripon informs the Wisconsin Department of Natural Resources that they have reviewed the 2020 Compliance Maintenance Report, which is attached to this resolution.

WHEREFORE, the Common Council does determine that the City of Ripon shall set the following action, which requires the City of Ripon to continue the existing program including the following specific action(s).

1. Operate and maintain the Wastewater Treatment Facilities in a manner consistent with meeting the DNR discharge permit requirements.

Theodore Grant, Mayor

ATTEST:

Adam Sonntag, City Administrator

AYES: _____ NAYS: _____

Passed this 28th day of June, 2020

Approved as to form:

Ludwig L. Wurtz, City Attorney

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 2020

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	1.4609	x	213	x	8.34	=	2,599
February	1.2943	x	258	x	8.34	=	2,790
March	1.8740	x	166	x	8.34	=	2,598
April	2.2328	x	170	x	8.34	=	3,158
May	1.6888	x	160	x	8.34	=	2,259
June	1.7806	x	174	x	8.34	=	2,590
July	1.4811	x	195	x	8.34	=	2,411
August	1.7417	x	214	x	8.34	=	3,110
September	2.0443	x	175	x	8.34	=	2,978
October	2.0554	x	228	x	8.34	=	3,907
November	2.0220	x	158	x	8.34	=	2,671
December	1.7035	x	222	x	8.34	=	3,157

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	2.5	x	90	=	2.25
		x	100	=	2.5
Design BOD, lbs/day	5700	x	90	=	5130
		x	100	=	5700

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	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 2020

3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

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

No

If No, please explain:

Influent meter failed August 24, 2019. Due to the fact that there wasn't a bypass to easily replace the influent flow meter, there was a lengthy delay due to lead-time for ordering and finally receiving the flow meter. A lot of discussion went into the planning for a safe meter change-out as there wasn't a procedure for it. The meter was successfully on-line March 13, 2021.

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
<input type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> 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.

Plant performance was not negatively affected after accepting septage periodically. Samples of loads are taken occasionally to verify strength of septage. Staff is cautious about who is able to use our facility and where the load originated from.

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?

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
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- Yes
- No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

- Yes
- No

If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.

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

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:

6/11/2021

2020

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	14	12.6	2	1	0	0
February	14	12.6	1	1	0	0
March	14	12.6	2	1	0	0
April	16	14.4	2	1	0	0
May	11	9.9	1	1	0	0
June	8.5	8.5	0	1	0	0
July	8.2	8.2	0	1	0	0
August	8.2	8.2	0	1	0	0
September	8.9	8.9	0	1	0	0
October	10	10	0	1	0	0
November	14	12.6	0	1	0	0
December	14	12.6	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
Total number of points			0

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

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

2. Flow Meter Calibration

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

Yes Enter last calibration date (MM/DD/YYYY)
2020-08-27

No

If No, please explain:

3. Treatment Problems

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

No Problems Noted

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

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 2020

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

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 2020

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	10	10	2	1	0	0
February	10	10	2	1	0	0
March	10	10	3	1	0	0
April	10	10	2	1	0	0
May	10	10	2	1	0	0
June	10	10	2	1	0	0
July	10	10	2	1	0	0
August	10	10	0	1	0	0
September	10	10	0	1	0	0
October	10	10	0	1	0	0
November	10	10	0	1	0	0
December	10	10	1	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
Total Number of Points						0

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

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

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

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

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 2020

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	5.1		.03	0					
February	5.1		.273793103	0					
March	5.1		.774516129	0					
April	2.6		.027666667	0					
May	2.6		.030322581	0					
June	2.2		.030333333	0					
July	2.2		.030645151	0					
August	2.2		.029354839	0					
September	2.2		.003766667	0					
October	5.1		0	0					
November	5.1		.006633333	0					
December	5.1		.536193548	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

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?

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

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 2020

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	0.096	1	0
February	1	0.104	1	0
March	1	0.142	1	0
April	1	0.078	1	0
May	1	0.076	1	0
June	1	0.173	1	0
July	1	0.548	1	0
August	1	0.486	1	0
September	1	0.227	1	0
October	.9	0.106	1	0
November	.9	0.123	1	0
December	.9	0.188	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?				

0

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

Compliance Maintenance Annual Report

Ripon Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 2020

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:

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

2132.70 acres

2.1.2 How many acres did you use?

57.0 acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

Due to the Covid pandemic, we could only procure a small amount of acres, the remaining went to storage to be injected at a later date.

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

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

No (10 points)

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 - Cake 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	2.8			3.25			<5.27							0	0
Cadmium		39	85	.492			.478			.543							0	0
Copper		1500	4300	268			287			435							0	0
Lead		300	840	7.41			7.75			12.1							0	0
Mercury		17	57	<.671			<.957			<.815							0	0
Molybdenum	60		75	2.84			4.14			6.6					0			0
Nickel	336		420	127			151			189					0			0
Selenium	80		100	<2.24			<2.39			<4.65					0			0
Zinc		2800	7500	313			359			1467							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

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- 0 (0 Points)
- 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:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2020 - 03/31/2020
Density:	610,067
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	04/01/2020 - 06/30/2020
Density:	507,102
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

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Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2020 - 09/30/2020
Density:	1,894,286
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
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.

Outfall Number:	002
Method Date:	03/31/2020
Option Used To Satisfy Requirement:	Incorporation when land apply
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	002
Method Date:	06/30/2020
Option Used To Satisfy Requirement:	Injection when land apply
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	002
Method Date:	09/30/2020
Option Used To Satisfy Requirement:	Injection when land apply
Requirement Met:	Yes
Land Applied:	Yes
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)

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<ul style="list-style-type: none"> ● No <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <ul style="list-style-type: none"> ● <input checked="" type="radio"/> >= 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) <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	

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)

0

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)

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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The wastewater facility's computerized maintenance program has the ability to generate preventative and routine maintenance work orders. The system also has the ability to manually generate work orders should any issues arise or new/different equipment is added. Tasks are continually added throughout the year as we proceed to a more pro-active maintenance schedule.

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:
 Certification No:

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		X		
D	Disinfection	X			X
L	Laboratory	X	X		
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	X	NA

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance and is basic level only.)
 Yes (0 points)
 No (20 points)

20

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
 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

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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: <input type="radio"/> Averaging 6 or more CECs per year. <input type="radio"/> Averaging less than 6 CECs per year. Advanced Certification: <input type="radio"/> Averaging 8 or more CECs per year. <input checked="" type="radio"/> Averaging less than 8 CECs per year.	
---	--

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

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Financial Management

1. Provider of Financial Information

Name:

Chris Liveris / Ann Wuest

Telephone:

920-748-4912

(XXX) XXX-XXXX

E-Mail Address
(optional):

cliveris@cityofripon.com / awuest@cityofripon.com

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

● Yes (0 points)

○ 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:

2019

0

● 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)

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:

2019

● 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

\$ 1,219,589.94

3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)

\$ 0.00

3.2.3 Adjusted January 1st Beginning Balance

\$ 1,219,589.94

3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)

+ \$ 102,253.68

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)

\$ 20,949.06

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 1,300,894.56

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.

Purchased an influent flowmeter

3.3 What amount should be in your Replacement Fund? \$ 331,700.00

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	Erecting building or installing plank/deck over the existing disinfection contact chamber area. New upcoming permit will have our effluent sampling point at that location.	85000	2022
2	On-site 1 million gallons capacity sludge storage tank.	800,000	2024

5. Financial Management General Comments

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	4,081	
February	3,185	
March	3,810	
April	3,626	
May	2,459	
June	2,060	
July	1,647	
August	886	
September	1,441	
October	937	
November	3,017	
December	3,456	
Total	30,605	0
Average	2,550	0

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?

Investigate the use of VFDs or other electrical equipment to save energy. When replacing pumps/motors, install a high efficiency motor.

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	160,646	45.29	3,547	80.57	1,994	8,059
February	151,771	37.53	4,044	80.91	1,876	9,194
March	169,619	58.09	2,920	80.54	2,106	7,594
April	140,015	66.98	2,090	94.74	1,478	3,722
May	140,297	52.35	2,680	70.03	2,003	1,725
June	177,455	53.42	3,322	77.70	2,284	13
July	189,201	45.91	4,121	74.74	2,531	0
August	153,591	53.99	2,845	96.41	1,593	0
September	158,000	61.33	2,576	89.34	1,769	70
October	137,000	63.72	2,150	121.12	1,131	1,602
November	136,500	60.66	2,250	80.13	1,703	3,250
December	152,500	52.81	2,888	97.87	1,558	5,543
Total	1,866,595	652.08		1,044.10		40,772
Average	155,550	54.34	2,953	87.01	1,836	4,077

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

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Other:

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?

Continue replacing pumps with more efficient motors and non-clogging impellers.

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:

2017

By Whom:

UWM-Industrial Assessment Center

Describe and Comment:

A number of recommendations were produced from the assessment. Some of those can be utilized in the next plant upgrade due to their cost to implement. Other recommendations could not be used due to the nature of the treatment process and limitations of our budget.

Part of the facility

Year:

By Whom:

Describe and Comment:

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

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Sanitary Sewer Collection Systems

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:

Track lift station operating hours more closely
Televise more feet of collection system

Did you accomplish them?

- Yes
- No

If No, explain:

Due to the Covid pandemic, active contractors were not readily available to accomplish all tasks.

- 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?

Title 17 Public Services

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

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

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

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	5	% of system/year
Root removal	0	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	5	% of system/year
Manhole inspections	15	% of system/year
Lift station O&M	5	# per L.S./year
Manhole rehabilitation	2	% of manholes rehabbed
Mainline rehabilitation	1	% of sewer lines rehabbed
Private sewer inspections	0	% of system/year

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Private sewer I/I removal % of private services
 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="39.07"/>	Total actual amount of precipitation last year in inches
<input type="text" value="33.56"/>	Annual average precipitation (for your location)
<input type="text" value="41.8"/>	Miles of sanitary sewer
<input type="text" value="5"/>	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="1"/>	Number of basement backup occurrences
<input type="text" value="3"/>	Number of complaints
<input type="text" value="1.5123"/>	Average daily flow in MGD (if available)
<input type="text" value="1.847"/>	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="0.02"/>	Basement backups (number/sewer mile)
<input type="text" value="0.07"/>	Complaints (number/sewer mile)
<input type="text" value="1.2"/>	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

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• No
If Yes, please describe:

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

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

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

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Grading Summary

WPDES No: 0021032

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	C	2	1	2
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			37	146
GRADE POINT AVERAGE (GPA) = 3.95				

Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)

COMMON COUNCIL MEETING EXCERPT
September 28, 2020

Discussion item

ATV / UTV ordinance

Council member Morrison has requested the city reconsider ATV/UTV routes in the city. Morrison stated he requested because of interest in the city and he believes it will bring business to the city. He agrees the city has to be careful on how the city passes an ordinance and to keep it safe for city streets and traffic already on the city streets. Wurtz stated one issue that is front and center is that municipalities surrounding the City of Ripon do not have trails for ATV's/UTV's. The city and townships must work together first to create trails, otherwise the City of Ripon becomes an island, with nowhere to go. Steve Hopp and Chad Riter discussed possible ordinance in the City of Ripon and have helped develop and have worked with the Township of Alto and City of Waupun. A few people from the public spoke in support for the city to create trails and are willing to work with council to develop trails. Discussion on DNR regulations, state regulations and what other municipalities have adopted as ordinances creating trails for ATV's/UTV's. Police Chief Wallner stated he has spoken with the Chief of Police and Town Chairman in the Town of Ripon and they are both not in favor of opening every town road for routes. Wallner stated if the City of Ripon moves forward conversations must take place between the city and township to make this work. Motion made by Morrison, second by Hansen to table item in order to do more work and to bring back to council with more information. Motion carried.

DRAFT

ORDINANCE NO. _____

**ORDINANCE TO CREATE SECTION 13.35 ALL TERRAIN AND OFF-ROAD
VEHICLES OF THE MUNICIPAL CODE
OF THE CITY OF RIPON, WISCONSIN**

CHAPTER 13.35. - ALL-TERRAIN AND OFF-ROAD VEHICLES

Sec. 13.35.010. - State all-terrain vehicle laws adopted. The provisions describing and defining regulations with respect to all-terrain vehicles in Wis. Stats. § 23.33 and any future amendments or revisions, are adopted by reference and made part of this section as if fully set forth herein. Any acts required to be performed by the following statutory subsections or which are prohibited by such statutory subsections are required to be performed by this section or are prohibited by this section.

Sec. 13.35.020 Authorized Use of ATV/UTV in the City of Ripon.

- A. *Purpose.* The purpose for this ordinance section is to establish authorized use of all-terrain vehicle (ATV) and utility-terrain vehicle (UTV) in the city and to regulate the operation thereof.
- B. *Intent.* Following due consideration of the recreational and economic value to connect trail opportunities and weighted against possible dangers, public health, liability aspects, the terrain involved, traffic density and history of automobile traffic, this section has been created pursuant to city council authority under Wis. Stats. §23.33(11)(am) and 23.33(8)(b), as amended.
- C. *Definitions.* For purposes of this section, the terms below shall be defined as follows:
1. *Golf Cart* means a vehicle whose speed attainable in one mile does not exceed 20 miles per hour on a paved, level surface, and that is designed and intended to convey one or more persons and equipment to play the game of golf in an area designated as a golf course or as defined in § 23.33(fm), Wis. Stats., and any amendments thereto. A golf cart is not an ATV or UTV and this ordinance does not allow operation of golf carts.
 2. *All-Terrain Vehicle or ATV* means a commercially designed and manufactured motor-driven device that has a weight, without fluids, of 900 pounds or less, has a width of 50 inches or less, is equipped with a seat designed to be straddled by the operator, and travels on three or more low-pressure tires or nonpneumatic tires or as defined in § 23.33(1)(b), Wis. Stats., and any amendments thereto.
 3. *Utility-Terrain Vehicle or UTV* means any of the following, or as defined in § 23.33(ng), Wis. Stats., and any amendments thereto:
 - a. A commercially designed and manufactured motor driven device that does not meet federal motor vehicle safety standards in effect on July 1, 2012, that is not a golf cart, low-speed vehicle, dune buggy, mini-truck, or tracked vehicle, that is designed to be used primarily off of a highway, and that has, and was originally manufactured with all of the following:
 - i. A weight, without fluids, of 2,000 pounds or less.
 - ii. Four or more low- pressure tires or nonpneumatic tires.
 - iii. A steering wheel.
 - iv. A taillight.
 - v. A brakelight.
 - vi. Two headlights.
 - vii. A width of not more than 65 inches.

- viii. A system of seat belts, or a similar system for restraining each occupant of the vehicle in the event of an accident.
 - ix. A system of structural members designed to reduce the likelihood that an occupant would be crushed as the result of a rollover of the device.
- b. A commercially designed and manufactured motor driven device to which all of the following applies:
- i. It has a weight, without fluids, of more than 900 pounds but not more than 2,000 pounds.
 - ii. It has a width of 50 inches or less.
 - iii. It is equipped with a seat designed to be straddled by the operator.
 - iv. It travels on three or more low-pressure tires or pneumatic tires.
- c. Restriction on equipment. No ATV/UTV may be operated on any street within the city limits unless it conforms to all noise, registration and other equipment requirements as stated in chapter 23 Wis. Stats., or the Municipal Code of the city.

D. ATV/UTV Routes of Travel.

1. All City of Ripon streets and alleys are designated ATV/UTV trails and routes, not including streets that are also designated as county highways, state trunk highways, or connecting highways unless Fond du Lac County and/or the Department of Transportation approves or is required to approve the designation. Per Wis. Stats. 23.33 (11) (am) (4.), all highways that have a speed limit of 35 miles per hour or less and that are located within the territorial boundaries of the City of Ripon shall also be authorized ATV/UTV trails and routes.
2. In accordance with Wis. Stat. 23.33 (11)(am)(3), the operation of ATV's and UTV's is permitted on a highway bridge that is not part of the national system of interstate and defense highways, that is 1,000 feet in length or less, and is located within the territorial boundaries of the City of Ripon, regardless of whether the City of Ripon has jurisdiction over the highway, provided that a person crossing a bridge shall do all the following:
 - a. Cross the bridge in the most direct manner practicable and at a place where no obstruction prevents a quick and safe crossing;
 - b. Stay as far to the right of the roadway or shoulder as practicable;
 - c. Stop the vehicle prior to the crossing;
 - d. Yield the right-of-way to other vehicles, pedestrians, and electric personal assistive mobility devices using the roadway or shoulder; and
 - e. Exit the highway as quickly and safely as practicable after crossing the bridge.

E. ATV/UTV rules of operation.

1. Operators must have attained the age of 16 and must have a valid driver's license to operate an ATV/UTV on any ATV/UTV route designated by the City.
2. Helmets must be worn on any operator or passenger of an ATV/UTV if they are under the age of 18. If the driver of the vehicle is required to wear a helmet, then all vehicle occupants must wear a helmet.
3. Seatbelts must be worn on UTVs by all persons at all times.
4. Eye protection must be worn by any operator of an ATV/UTV.
5. ATVs/UTVs shall operate only on the paved portion of the roadway. Operation on the gravel shoulders, grassy in-slopes, ditches, or other rights-of-way is prohibited and illegal.
6. Sidewalk operation of ATV/UTV within the City of Ripon is prohibited.
7. Parking of ATV/UTVs allowed in municipal parking lots but not permissible in the 100, 200 or 300 block of Watson Street.

8. No ATV/UTV operation is allowed in any portion of any public park except areas that are paved and intended for vehicular travel.
9. ATV/UTVs must be registered for public use through the Department of Natural Resources and display such registration on the vehicle.
10. ATV/UTVs must carry proof of insurance and be insured to the minimum Wisconsin Department of Transportation insurance requirements as follows:
 - a. \$10,000 for property damage
 - b. \$25,000 for the injury or death of one person
 - c. \$50,000 for the injury or death of two persons
11. Headlights must always be operational and visible from 200 feet and taillights must always be operational and visible from 500 feet in the hours of darkness.
12. Speed limit on city ATV/UTV routes shall not exceed posted limits.
13. Operators shall operate in single file on the right side of the roadway.
14. Hand signals shall be used when turning, or turn signals used if vehicle is so equipped.
15. Hours of operation are from 7:00 a.m. to 9:00 p.m.
16. Operators of UTVs/ATVs assume all the usual and normal risks of ATV/UTV operation.
17. Three or more violations in a 16 month period starting from date of first violation will result in revocation of privileges to operate on any city street.

13.35.040 Signage for ATV/UTV

- A. Pursuant to Wis. Stats. § 23.33(8)(d), the following restrictions are placed on the use of ATV/UTV designated by this chapter:
 1. Roadways entering the city shall be marked with uniform ATV/UTV signs in accordance with Wis. Admin. Code § NR 64.12(7). The city public works department has sole responsibility for ATV/UTV signage on city streets. No person may do any of the following, in regard to, signs marking ATV/UTV use:
 - a. Intentionally remove, damage, deface, move, or obstruct any uniform ATV/UTV route or trail sign or standard or intentionally interfere with the effective operation of any uniform all-terrain vehicle route or trail sign.
 - b. Possess any uniform ATV/UTV route or trail sign or standard of the type established by the department for the warning, instruction or information of the public, unless obtained in a lawful manner. Possession of a uniform ATV/UTV route or trail sign or standard creates a rebuttable presumption of illegal possession.
 2. ATV/UTV operation shall be subject to all provisions of Wis. Stats. § 23.33, which is adopted by reference as a part of this chapter.
- B. Route Maintenance. Designation of segments of the city roadways as ATV/UTV routes does not impose upon the city public works department a greater duty of care or responsibility for maintenance of those segments than for any other segment of roadway.

13.35.050 Enforcement.

This article shall be enforced by any officer employed by the Ripon police department and county sheriff's department or any other law enforcement official as set forth in Wis. Stats. § 23.33(12).

13.35.060 Violations and penalties.

- A. The penalty for operating any ATV/UTV off the roadway designated an ATV/UTV route (e.g., the gravel shoulder, grassy in-slope, ditch, or other right-of-way) or violating any other provision of this chapter shall result in a forfeiture of not less than \$25.00 nor more than \$500.00, plus court costs.
- B. Any person who shall violate any provision of this chapter shall be subject to a penalty as determined by the Uniform Wisconsin Schedule for Deposit or Cash Bail Traffic Offenses set forth pursuant to authority contained in Section 346.26(2)(a) Wis. Stats. and any amendments thereto.

- C. Juveniles 16 to or 17 years of age are treated as adults for ATV/UTV violations.
- D. Where no bond or deposit is established by this schedule for a traffic violation, bond should be set at one-half of the maximum monetary penalty as provided by law.
- E. In a forfeiture matter, if a penalty is not set forth, see section 939.61(1) Wis. Stats. which provides a forfeiture not to exceed \$200.00.



CITY OF RIPON

100 Jackson Street Ripon, WI 54971-1396

DATE: 6/25/2021
TO: City Council
FROM: Mayor Grant
RE: Library Board Appointments

I would like to make the following appointments, subject to Council approval:

Library Board

- Andrew Prelwitz (Reappointment of a 3-year term through June 30, 2024)
- Lauren McConnell (Appointment of a 3-year term through June 30, 2024)
- Theodore Grant (Reappointment of a 3-year term through June 30, 2024)

