

FORM 1: Mercury Report Cover Sheet

WPDES Permit Holder or Sewer Authority Name: Metrocity Wisconsin

Initial Plan x Annual Report ____ and Date Initial Plan Submitted _____

Report Date: 1/1/06 Period Covered by This Report: _____ To date

<u>Name of Treatment Plant(s)</u>	<u>WPDES Permit Number</u>	<u>Mercury Effluent Limit (ng/l)</u>
-----------------------------------	----------------------------	--------------------------------------

<u>Metrocity Utility</u>	<u>WI-00000001</u>	<u>None yet</u>
--------------------------	--------------------	-----------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Person to contact concerning information contained in this report:

Name: James Wolland

Title: Operations Manager

Mailing Address: 1800 Bay Front Dr

City, State, Zip Code: Metrocity, WI 55555

Telephone No. 555-5050

E-mail: james.wolland@metro.com

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

1-7-06
Date

Wastewater Administrator
Title of Official

Michael Burtness
Name of Official

Michael Burtness
Signature of Official

FORM 2: Summary of Mercury Resources

1. <u>Person(s) implementing PMP</u>	<u>Title</u>
<u>James Wolland</u>	<u>Operations Manager</u>
<u>Terri Hammond</u>	<u>Pretreatment Coordinator</u>
<u>Sandy Evans</u>	<u>Secretary</u>

2. Total Person-Hours ¹ 600
 Total Cost ² \$12,000

3. Are there any anticipated changes in treatment plant resources that would significantly change program hours or costs during the subsequent year, such as involving or hiring more personnel, purchasing equipment to implement the pollutant minimization program, or conducting compliance monitoring?

 x Yes No If yes, explain.
Will be hiring part-time (1/2) mercury reduction specialist
33% of Pretreatment Coordinator's time

4. Collaboration on mercury reduction activities is encouraged. Did any other municipal departments, county agencies, non-profit organizations, or other municipalities help implement part of your mercury reduction program?

 Yes x No If yes, explain:

5. A program for collecting mercury from the permittee's sewer system users is required. List all available options for recycling mercury including household hazardous waste centers, clean sweep events, and collection events hosted by the POTW.

<u>Recycling Option</u>	<u>Frequency of Availability</u>
<u>Metrocity Hazardous Waste Facility</u>	<u>M, W, F 8-4:30</u>
<u>Thermometer Exchange</u>	<u>4 times in 2 years</u>
<u>Thermostat Collection</u>	<u>Ongoing/Honeywell</u>

¹ Include time of all staff involved in administering and implementing the various program areas, e.g. Pretreatment Coordinator, Superintendent of POTW, Clerical Staff, Field Monitoring Personnel, Laboratory Personnel, and others.

² Include all administrative, monitoring, laboratory staff, and equipment costs including monitoring/analytical work done by an outside laboratory.

FORM 3: Summary of Treatment Plant Analytical Mercury Data

Influent		Effluent		Biosolids	
Date	Concentration ng/L	Date	Concentration ng/L	Date	Concentration mg/kg
7/3/2003	358	7/4/2003	4.1	7/3/2003	7.5
8/4/2003	205	8/5/2003	7.2		
9/5/2003	189	9/6/2003	5.4		
10/2/2003	255	10/3/2003	4.8	10/2/2003	6.4
11/7/2003	266	11/8/2003	2.4		
12/1/2003	310	12/2/2003	6.0		
1/5/2004	299	1/6/2004	4.8	1/5/2004	4.8
2/8/2004	215	2/9/2004	4.4		
3/1/2004	302	3/2/2004	2.8		
4/6/2004	276	4/7/2004	3.7	4/6/2004	5.4
5/5/2004	248	5/6/2004	8.6		
6/4/2004	294	6/5/2004	3.4		
7/7/2004	148	7/8/2004	4.5	7/7/2004	6.5
8/5/2004	259	8/6/2004	4.8		
9/1/2004	481	9/2/2004	4.1		
10/7/2004	245	10/8/2004	3.7	10/7/2004	9.0
11/5/2004	476	11/6/2004	5.8		
12/8/2004	321	12/7/2004	4.2		
1/1/2005	411	1/2/2005	3.9	1/1/2005	6.8
2/2/2005	243	2/3/2005	3.7		
3/3/2005	222	3/4/2005	2.2		
4/4/2005	194	4/5/2005	1.7	4/4/2005	5.7
5/5/2005	247	5/6/2005	2.7		

6/6/2005	264	6/7/2005	2.5		
7/7/2005	641	7/8/2005	9.9	7/7/2005	6.4
8/8/2005	206	8/9/2005	2.3		
9/9/2005	216	9/10/2005	2.8		
10/10/2005	284	10/11/2005	3.1	10/10/2005	7.7
11/11/2005	319	11/12/2005	3.9		
12/1/2005	207	12/2/2005	2.8		
Average	287	Average	4.2	Average	6.6
Test Method	EPA 1631	Test Method	EPA 1631	Test Method	EPA 7470A
Average from 1 year ago		Average from 1 year ago		Average from 1 year ago	
Average from 2 years ago		Average from 2 years ago		Average from 2 years ago	
Average from 3 years ago		Average from 3 years ago		Average from 3 years ago	
Laboratory doing the wastewater analysis:			Northland Chem Labs		
Laboratory doing the biosolids analysis:			Northland Chem Labs		

Is there a numerical or narrative mercury limit in your sewer use ordinance? Yes

If yes, what is it? 0.01 mg/l

FORM 4A: Medical Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
Metro Memorial Hosp	614 1 st Ave W	Metrocity WI 55555	Hospital	Dr. Jeff Abelt	555-1234
St Luke's Hospital	5814 Grand Ave	Metrocity WI 55555	Hospital	Tom Hohl	555-1235
Soldier Clinic	1201 Tower Ave	Metrocity WI 55555	Clinic	Cliff Nelson	555-1236
Campbell Clinic	6001 E Superior St	Metrocity WI 55555	Clinic	Dr. Dana Rose	555-1237
Arrowhead Clinic	122 2 nd St West	Metrocity WI 55555	Clinic	Louise Boyd	555-1238
Rodgers Pet Hosp	4631 Mike Rd	Metrocity WI 55555	Veterinarian	Frank Skalko DVM	555-1239
Metrocity Vet	1225 Port Rd	Metrocity WI 55555	Veterinarian	Lucy Grina DVM	555-1230
Diabetes Clinic	225 S Central Ave	Metrocity WI 55555	Clinic	Dr. Jeff Bruckman	555-0101
Solem Clinic	5454 Solem Rd	Metrocity WI 55555	Clinic	Ralph Venmar	555-6150
Dey-Ferguson Center	2321 W 1 St	Metrocity WI 55555	Clinic	Douglas Dey	555-5506
Surgical Center Limited	1313 Cummings Ave	Metrocity WI 55555	Medical Center	Marty Dove	555-8980
Leone Family Clinic	231 E 1 St	Metrocity WI 55555	Clinic	Dr. Linda Leone	555-1601
Gentiva Health Center	325 Lake Ave	Metrocity WI 55555	Clinic	David Dove	555-2800

¹List should include all hospitals, clinics and veterinary facilities with diagnostic laboratories (including laboratories contracted or managed independently of the medical facility).

FORM 4C: Medical Facility Compliance and Outreach Summary

General Outreach to All Medical Facilities

Outreach Accomplished	Outreach Planned
Mailed information October 05	Mailing Form 4B January 06
	Personal Visits Spring 06

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach to Individual Medical Facilities

Name of Facility	Implemented All WW BMPs	Scheduled All WW BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
Metro Memorial Hosp					
St Luke's Hospital				Site visit 11/2005	
Soldier Clinic					
Campbell Clinic					
Arrowhead Clinic				Site visit 10/2005	Help develop plan
" "					
Gentiva Health Center					

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date.

Sector Evaluation

Notes:

_____ % Implemented All WW BMPs
 _____ % Scheduled to Implement All WW BMPs
 _____ % In Compliance with Local Wastewater Limits
 _____ Total % Compliant (Medical Mercury PMP Score)

Enter on Form 10 under IA: Medical Sector Score

FORM 5A: Dental Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
Pediatric Dentistry	700 W Milwaukee St	Metrocity, WI 55555	Dental Office	Dr. Adams	555-1000
The Gentle Dentist	700 W Milwaukee St	Metrocity, WI 55555	Dental Office	Dr. Nice	555-1010
Johns Dental Clinic	700 W State St	Metrocity, WI 55555	Dental Clinic	Dr. Johns	555-1020
Metro Dentistry	7009 Donna Drive	Metrocity, WI 55555	Dental Office	Dr. McKay	555-1030
Nelson Oral Surgery	701 E 11th St	Metrocity, WI 55555	Oral Surgery	Dr. Nelson	555-1040
A-Z Dentistry	701 E 11th St	Metrocity, WI 55555	Dental Office	Dr. Arthur	555-1050
No More Pain Ltd.	702 Pflaum Rd	Metrocity, WI 55555	Dental Office	Dr. Ouellette	555-1060
Piedmont Dentists	705 Ross St	Metrocity, WI 55555	Dental Clinic	Lea Smithson	555-1070
Metro A1 Dentists	7500 Milwaukee Ave	Metrocity, WI 55555	Dental Office	Rick Schneider	555-1080
Metrocity DDS	707 N Webb Ave	Metrocity, WI 55555	Dental Office	Dr. Hedin	555-1090
Dr. Jane Dove DDS	710 E Madison St	Metrocity, WI 55555	Dental Office	Dr. Dove	555-1100
Dr. John Smith	710 S Main St	Metrocity, WI 55555	Dental Office	John Smith	555-1110
Dr. Mark Marks	711 7th St W	Metrocity, WI 55555	Dental Office	Mindy Marks	555-1120
"	"	"	"	"	"
"	"	"	"	"	"
Dental Health Care	705 Park St	Metrocity, WI 55555	Dental Clinic	Mr. Al Peters	555-2470
Dental Periodontics	7206 West Ave S	Metrocity, WI 55555	Dental Clinic	Dr. Tribb	555-2480

¹ List should include all dental facilities that install or remove amalgam fillings. Dental facilities not working with amalgam do not need to be included.

FORM 5C: Dental Facility Compliance and Outreach Summary

General Outreach to All Dental Facilities

Outreach Accomplished	Outreach Planned
Spoke at local dental meeting on new requirements 7/05	Send out 5B Forms to all dentists 2/2006
Attended workshop on dental mercury and BMPs 9/05	Work with City Attorney and City Council on Sewer Use Ordinance revision 3/2006
	Host mercury workshop for dentists with neighboring communities 9/2006

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach for Individual Dental Facilities

Name of Facility	Implemented All BMPs	Scheduled All BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
Pediatric Dentistry					
The Gentle Dentist					
Johns Dental Clinic					
Metro Dentistry				Installed separator 11/2005	
Nelson Oral Surgery					
"					
"					
Dental Periodontics					

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date.

Sector Evaluation

	% Implemented All BMPs
	% Scheduled to Implement All BMPs
	% In Compliance with Local Wastewater Limits
	Total % Compliant (Dental Mercury PMP Score)
Enter on Form 10 under IB: Dental Sector Score	

Notes:

Two dentists have installed separators, unknown if they have implemented all compliance requirements

FORM 6A: School and Educational Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
Washington High School	2525 N Sherman Blvd	Metro, WI 55555	high school	Kevin Knudson	555-1234
Riverside High School	1615 E Locust St	Metro, WI 55555	high school	John Gevens	555-2345
Superior Senior High	4200 N Holton St	Metro, WI 55555	high school	Kirk Haugest	555-3456
Sixth Street Academy	615 W Washington St	Metro, WI 55555	middle school	Mike J Malyuk	555-4567
Eagle Middle School	971 W Windlake Ave	Metro, WI 55555	middle school	Robert Kent	555-5678
Roosevelt Middle School	800 W Walnut St	Metro, WI 55555	middle school	Donald R Smith	555-6789
Douglas Comm. Academy	3620 N 18th St	Metro, WI 55555	middle school	Chris Ligocki	555-7890
Million Village School	1011 W Center St	Metro, WI 55555	middle school	Barbara Link	555-0666
Fritsche Middle School	2969 S Howell Ave	Metro, WI 55555	middle school	Rick Conroy	555-8956
East Middle School	1202 Pierce St	Metro, WI 55555	middle school	Chris Wesling	555-7845
Wisconsin Tech College	2100 W 9th Ave	Metro, WI 55555	college	William Fisher	555-8520
UW Metro	64 W Green Tree Rd	Metro, WI 55555	college	Richard Jones	555-0258
St. Thomas Academy	615 Main St	Metro, WI 55555	college	Doug Waitrovich	555-7777

¹ List should include all middle schools, high schools, technical schools, colleges, and universities.

FORM 6C: School and Educational Facility Compliance and Outreach Summary

General Outreach to All School and Educational Facilities

Outreach Accomplished	Outreach Planned
Recycled lab thermometers 8/2005	Send Form 6B 1/2006
	Prepare Presentations April - June 2006
	Curriculum information Sept 2006

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach for Individual School and Educational Facilities

Name of Facility	Implemented All BMPs	Scheduled All BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
Washington High School					
Riverside High School					
Superior Sr High School					
Sixth Street Academy					
"					
"					
UW Metro				Recycled mercury products 05	
St. Thomas Academy					

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date.

Sector Evaluation

Notes:

<hr style="border: none; border-top: 1px solid black;"/>	% Implemented All BMPs
<hr style="border: none; border-top: 1px solid black;"/>	% Scheduled to Implement All BMPs
<hr style="border: none; border-top: 1px solid black;"/>	% In Compliance with Local Wastewater Limits
<hr style="border: none; border-top: 1px solid black;"/>	Total % Compliant (School Mercury PMP Score)
Enter on Form 10 under IC: School Sector Score	

FORM 7A: Industry Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
PR Paper Industries	130 Industry Center	Metrocity WI 55555	Paper mill	James Bodin	555-5543
Gerlach Industries	PO Box 1500	Metrocity WI 55555	Paper Products	Peter Gerlach	555-5589
Jane Doe Chemicals	130 Maple Dr	Metrocity WI 55555	Chemical Mfg	Sally Tarnowski	555-5895
John Doe Chemicals	155 Industry Center	Metrocity WI 55555	RD Chemical Co	Gerald Welholm	555-5876
Shell Refinery	PO Box 190	Metrocity WI 55555	Refinery	Nick Zuber	555-8741
Metrocity Utility	1800 Bay Front Dr.	Metrocity WI 55555	Wastewater Treatment	James Wolland	555-5050

¹ List should include all industries and businesses identified by the POTW as having potential for mercury wastewater contributions (see instructions).

FORM 7C: Industry Compliance and Outreach Summary

General Outreach to All Industrial Facilities

Outreach Accomplished	Outreach Planned
	Contact industries 6/2006
	Mail Info 4/2006
	Mailed Form 7B 2/2006

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach for Individual Industrial Facilities

Name of Facility	Implemented All WW BMPs	Scheduled All WW BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
PR Paper Industries					
Gerlach Industries					
Jane Doe Chemicals					
John Doe Chemicals					
Shell Refinery					
Metrocity Utility					Mercury self-assessment Summer 2006

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date. Add additional pages as necessary.

Sector Evaluation

Notes:

_____	% Implemented All WW BMPs
_____	% Scheduled to Implement All WW BMPs
_____	% In Compliance with Local Wastewater Limits
_____	Total % Compliant (Industry Mercury PMP Score)
<i>Enter on Form 10 under ID: Industry Sector Score</i>	

FORM 9A: Historical Mercury PMP Score

This form gives credit to your POTW for mercury reduction projects completed before implementing a Mercury PMP. The information on the form will not change from year to year. The form is divided into outreach aimed at wastewater sectors and outreach aimed at optional sectors (dairy manometer outreach refers to farms that have participated in replacing and recycling their milk house mercury manometers). For each outreach activity that your POTW has done in the past, put a check in the corresponding box. To calculate your Historical Mercury Score, count the total number of boxes checked and enter that number in the box on the bottom of the page and also on Form 10.

		OUTREACH ACTIVITIES						SECTOR ACCOMPLISHMENTS			
		Ads in Paper/ Displays/ Website	Mailings/ Surveys	Collection Events	Workshops/ Community Events	Site Visits/ Personal Contacts	Other: Describe	Replaced Mercury Products	Recycled Mercury Products	Installed Mercury Treatment	Other - Describe
Wastewater Sectors	<i>Medical</i>		√								
	<i>Dental</i>				√						
	<i>School</i>							√			
	<i>Industry</i>										
Other Community Sectors	<i>General Public</i>	√		√				√	√		
	<i>HVAC</i>							√			
	<i>Auto Switch</i>										
	<i>Fluorescent Bulb</i>	√		√				√			
	<i>Dairy Manometer</i>										
	<i>Other - Define</i>										

Sector Evaluation:

Notes:

11 **Number of Mercury Outreach Activities and Mercury Sector Accomplishments:** (Total boxes checked)
For Annual Report: Enter on Form 10 under IIIA: Historical Score

FORM 9B: Extra-jurisdictional Mercury PMP Score

This form gives credit for mercury projects your POTW has completed outside the treatment plant service area. For the initial plan, include all activities you have implemented. For the annual report, include all activities that have occurred only in the past 12 months. The form is divided into outreach aimed at wastewater sectors and outreach aimed at optional sectors. For each outreach activity or sector accomplishment, put a check in the corresponding box. To calculate your Extra-jurisdictional Mercury Score, count the total number of boxes checked and enter that number in the box on the bottom of the page and also on Form 10.

		OUTREACH ACTIVITIES						SECTOR ACCOMPLISHMENTS			
		Ads in Paper/ Displays/ Website	Mailings/ Surveys	Collection Events	Workshops/ Community Events	Site Visits/ Personal Contacts	Other: Describe	Replaced Mercury Products	Recycled Mercury Products	Installed Mercury Treatment	Other - Describe
Wastewater Sectors	<i>Medical</i>		√								
	<i>Dental</i>				√						
	<i>School</i>										
	<i>Industry</i>										
Other Community Sectors	<i>General Public</i>	√		√							
	<i>HVAC</i>										
	<i>Auto Switch</i>										
	<i>Fluorescent Bulb</i>	√		√							
	<i>Dairy Manometer</i>		√								
	<i>Other - Define</i>										

Sector Evaluation:

Notes:

7 **Number of Mercury Outreach Activities and Mercury Sector Accomplishments:** (Total boxes checked)

For Annual Report: Enter on Form 10 under IIIB: Extra-jurisdictional Score