

STATE OF WISCONSIN

VILLAGE OF PEWAUKEE

WAUKESHA COUNTY

RESOLUTION NO. 2015-10

2014 COMPLIANCE MAINTENANCE REPORT

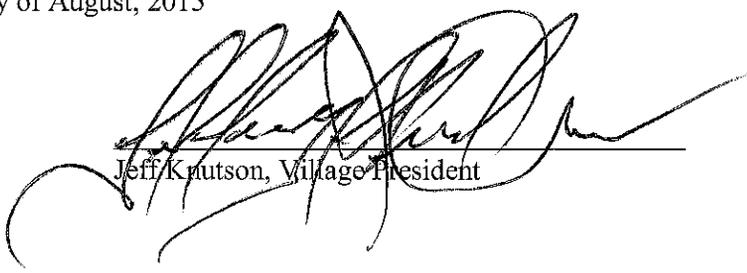
**WHEREAS**, a Compliance Maintenance Annual Report is required to be submitted annually to the Wisconsin Department of Natural Resources under Chapter 208 of the Wisconsin Administrative Code, and

**WHEREAS**, the 2014 Compliance Maintenance Annual Report has been prepared by the Director of Public Works/Village Engineer, and

**WHEREAS**, the 2014 Compliance Maintenance Annual Report is attached hereto and is incorporated as Exhibit A.

**NOW, THEREFORE, BE IT RESOLVED** that the 2014 Compliance Maintenance Annual Report has been reviewed and shall be submitted to the Wisconsin Department of Natural Resources.

**PASSED AND ADOPTED** this 4<sup>th</sup> day of August, 2015



Jeff Knutson, Village President

ATTEST:



Chaz Schumacher, Interim Village Clerk-Treasurer

# Compliance Maintenance Annual Report

Pewaukee Village

Last Updated: Reporting For:  
7/10/2015 2014

## Financial Management

|  |  |    |   |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
|--|--|----|---|---|--|--|----|---|---|--|----|---|---|---|----|--|--|---|----|---|---|--|----|---|--|
| <p>1. Provider of Financial Information</p> <p>Name: <input style="width:150px;" type="text" value="David White"/></p> <p>Telephone: <input style="width:150px;" type="text" value="(262) 691-5694"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width:300px;" type="text" value="dwhite@villageofpewaukee.com"/></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><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> 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:50px;" type="text" value="2014"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWF 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><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p>   | 0  |    |   |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
| <b>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</b>   |  |    |   |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
| <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:50px;" type="text" value="2014"/></p> <p><input checked="" type="radio"/> 1-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> 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%;"></td> <td style="width:5%; text-align: right;">\$</td> <td style="width:30%; text-align: right;"><input style="width:100%;" type="text" value="170,705.58"/></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></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width:100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>3.2.3 Adjusted January 1st Beginning Balance</b></td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width:100%;" type="text" value="170,705.58"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width:100%;" type="text" value="44,463.10"/></td> </tr> <tr> <td>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width:100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b></td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width:100%;" type="text" value="215,168.68"/></td> </tr> </table> | <b>3.2.1 Ending Balance Reported on Last Year's CMAR</b> |    | \$  | <input style="width:100%;" type="text" value="170,705.58"/> | 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"/> | <b>3.2.3 Adjusted January 1st Beginning Balance</b> |  | \$ | <input style="width:100%;" type="text" value="170,705.58"/> | 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | + | \$ | <input style="width:100%;" type="text" value="44,463.10"/> | 3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) | - | \$ | <input style="width:100%;" type="text" value="0.00"/> | <b>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b> |  | \$ | <input style="width:100%;" type="text" value="215,168.68"/> |  |
| <b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>   |  | \$ | <input style="width:100%;" type="text" value="170,705.58"/> |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
| 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"/>       |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
| <b>3.2.3 Adjusted January 1st Beginning Balance</b>  |  | \$ | <input style="width:100%;" type="text" value="170,705.58"/> |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
| 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)  | +  | \$ | <input style="width:100%;" type="text" value="44,463.10"/>  |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
| 3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)   | -  | \$ | <input style="width:100%;" type="text" value="0.00"/>       |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |
| <b>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b>  |  | \$ | <input style="width:100%;" type="text" value="215,168.68"/> |   |  |  |    |   |   |  |    |   |   |   |    |  |  |   |    |   |   |  |    |   |  |

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Last Updated: Reporting For:  
7/10/2015 **2014**

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? \$

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 HELP link under Info in the left-side menu.

0

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.

2012 & 2013 capital outlay for major pump repair was significant causing fund to be below required balance. The annual contribution was increased in 2014 and a 1 time contribution to the replacement fund will be made in 2015.

## 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         | Replace West Ave Sanitary Sewer      | 70000          | 2018                          |
| 2         | Replace Spring Street Sanitary Sewer | 100000         | 2017                          |

## 5. Financial Management General Comments

|   |          |
|---|----------|
| <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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Pewaukee Village

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7/10/2015

2014

## Sanitary Sewer Collection Systems

### 1. CMOM Program

1.1 Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?

- Yes
- No

1.2 Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance (O&M) or CMOM program last calendar year?

- Yes (Continue with question 1)
- No (30 points) (Go to question 2)

1.3 Check the elements listed below that are included in your O&M or CMOM program.

Goals

Describe the specific goals you have for your collection system:

Organization

Do you have the following written organizational elements (check only those that apply)?

- Ownership and governing body description
- Organizational chart
- Personnel and position descriptions
- Internal communication procedures
- Public Information and education program

Legal Authority

Do you have the legal authority for the following (check only those that apply)?

- Sewer use ordinance      Last Revised Date (MM/DD/YYYY)
- Pretreatment/industrial control Programs
- Fat, oil and grease control
- Illicit discharges (commercial, industrial)
- Private property clear water (sump pumps, roof or foundation drains, etc.)
- Private lateral inspections/repairs
- Service and management agreements

Maintenance Activities (provide details in question 2)

Design and Performance Provisions

How do you ensure that your sewer system is designed and constructed properly?

- State plumbing code
- DNR NR 110 standards
- Local municipal code requirements
- Construction, inspection, and testing
- Others:

Overflow Emergency Response Plan:

Does your emergency response capability include (check only those that apply)?

- Alarm system and routine testing
- Emergency equipment
- Emergency procedures
- Communications/notifications (DNR, internal, public, media, etc.)

Capacity Assurance:

How well do you know your sewer system? Do you have the following?

- Current and up-to-date sewer map
- Sewer system plans and specifications

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Manhole location map  
 Lift station pump and wet well capacity information  
 Lift station O&M manuals  
 Within your sewer system have you identified the following?  
 Areas with flat sewers  
 Areas with surcharging  
 Areas with bottlenecks or constrictions  
 Areas with chronic basement backups or SSOs  
 Areas with excess debris, solids, or grease accumulation  
 Areas with heavy root growth  
 Areas with excessive infiltration/inflow (I/I)  
 Sewers with severe defects that affect flow capacity  
 Adequacy of capacity for new connections  
 Lift station capacity and/or pumping problems  
 Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed  
 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                  | <input type="text" value="30"/>  | % of system/year          |
| Root removal              | <input type="text" value="0"/>   | % of system/year          |
| Flow monitoring           | <input type="text" value="0"/>   | % of system/year          |
| Smoke testing             | <input type="text" value="0"/>   | % of system/year          |
| Sewer line televising     | <input type="text" value="10"/>  | % of system/year          |
| Manhole inspections       | <input type="text" value="30"/>  | % of system/year          |
| Lift station O&M          | <input type="text" value="60"/>  | # per L.S./year           |
| Manhole rehabilitation    | <input type="text" value="0"/>   | % of manholes rehabbed    |
| Mainline rehabilitation   | <input type="text" value="0.1"/> | % 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     |

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.

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|   |  |
|---|--|
| 30.15                                     | Total actual amount of precipitation last year in inches |
| 34.61                                     | Annual average precipitation (for your location)         |
| 33.77                                     | Miles of sanitary sewer                                  |
| 5   | Number of lift stations                                  |
| 3   | Number of lift station failures                          |
| 0   | Number of sewer pipe failures                            |
| 0   | Number of basement backup occurrences                    |
| 7   | Number of complaints                                     |
| 1.2970                                    | Average daily flow in MGD (if available)                 |
| 1.7245                                    | Peak monthly flow in MGD (if available)                  |
|   | Peak hourly flow in MGD (if available)                   |
| 3.2 Performance ratios for the past year: |  |
| 0.60                                      | Lift station failures (failures/year)                    |
| 0.00                                      | Sewer pipe failures (pipe failures/sewer mile/yr)        |
| 0.00                                      | Sanitary sewer overflows (number/sewer mile/yr)          |
| 0.00                                      | Basement backups (number/sewer mile)                     |
| 0.21                                      | Complaints (number/sewer mile)                           |
| 1.3                                       | Peaking factor ratio (Peak Monthly:Annual Daily Avg)     |
| 0.0                                       | Peaking factor ratio (Peak Hourly:Annual Daily Avg)      |

4. Overflows

| LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OFERFLOWS REPORTED ** |          |       |                       |
|---|----------|-------|-----------------------|
| Date  | Location | Cause | Estimated Volume (MG) |
| 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:

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

I/I was consistent from the previous year

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

TV work to find leaks followed by grouting of lines.

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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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## Grading Summary

WPDES No: 0047341

| SECTIONS                             | LETTER GRADE | GRADE POINTS | WEIGHTING FACTORS | SECTION POINTS |
|--------------------------------------|--------------|--------------|-------------------|----------------|
| Financial                            | A            | 4            | 1                 | 4              |
| Collection                           | A            | 4            | 3                 | 12             |
| <b>TOTALS</b>                        |              |              | <b>4</b>          | <b>16</b>      |
| <b>GRADE POINT AVERAGE (GPA) = 4</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)