

Compliance Maintenance Annual Report

Weston Village

Last Updated: Reporting For:
6/2/2017 2016

Financial Management

| | | | | | | | | | | | | | | | | | |
|--|---|----|---|---|--|---|----|---|--|--|----|---|---|---|----|--|--|
| <p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Donna Van Swol"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="(715) 359-2876"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="dvanswol@westonwi.gov"/></p> | | | | | | | | | | | | | | | | | |
| <p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&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: <input style="width: 750px; height: 20px;" type="text"/></p> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2016"/></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 | | | | | | | | | | | | | | | | |
| REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3] | | | | | | | | | | | | | | | | | |
| <p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2016"/></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: <input style="width: 750px; height: 20px;" type="text"/></p> | | | | | | | | | | | | | | | | | |
| <p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 150px;" type="text" value="540,396.78"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="5,010.48"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="545,407.26"/></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: 150px;" type="text" value="21,750.00"/></td> </tr> </table> | 3.2.1 Ending Balance Reported on Last Year's CMAR | | \$ | <input style="width: 150px;" type="text" value="540,396.78"/> | 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: 150px;" type="text" value="5,010.48"/> | 3.2.3 Adjusted January 1st Beginning Balance | | \$ | <input style="width: 150px;" type="text" value="545,407.26"/> | 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | + | \$ | <input style="width: 150px;" type="text" value="21,750.00"/> | |
| 3.2.1 Ending Balance Reported on Last Year's CMAR | | \$ | <input style="width: 150px;" type="text" value="540,396.78"/> | | | | | | | | | | | | | | |
| 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: 150px;" type="text" value="5,010.48"/> | | | | | | | | | | | | | | |
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| <p>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) -</p> <p style="text-align: right;">\$ 0.00</p> <p>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</p> <p style="text-align: right;">\$ 567,157.26</p> <p>All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.</p> <p>3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3.3 What amount should be in your Replacement Fund? \$ 567,157.26</p> <p>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.</p> <p>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)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If No, please explain.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------|-------------------------------|----------------|-------------------------------|---|---|-------|------|---|--|--------|------|---|--|--------|------|---|-------------------------------------|--------|------|---|---|--------|------|
| <p>4. Future Planning</p> <p>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?</p> <p><input checked="" type="radio"/> Yes - If Yes, please provide major project information, if not already listed below.</p> <p><input type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;">Project #</th> <th style="width: 65%;">Project Description</th> <th style="width: 15%;">Estimated Cost</th> <th style="width: 15%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Anticipating to do an infiltration/inflow evaluation, particularly in areas with heavier soils.</td> <td style="text-align: center;">50000</td> <td style="text-align: center;">2018</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Begin to systematically assess condition of a percentage of mains and manholes each year. Interceptor sewers 2017.</td> <td style="text-align: center;">100000</td> <td style="text-align: center;">2017</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Replacing 2 lift stations in 2016 (Ross Avenue and Mesker/Colleen)</td> <td style="text-align: center;">600000</td> <td style="text-align: center;">2016</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Replacement of Harlyn lift station.</td> <td style="text-align: center;">300000</td> <td style="text-align: center;">2019</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Replacement of Tricia/Tanya lift station.</td> <td style="text-align: center;">300000</td> <td style="text-align: center;">2018</td> </tr> </tbody> </table> | | Project # | Project Description | Estimated Cost | Approximate Construction Year | 1 | Anticipating to do an infiltration/inflow evaluation, particularly in areas with heavier soils. | 50000 | 2018 | 2 | Begin to systematically assess condition of a percentage of mains and manholes each year. Interceptor sewers 2017. | 100000 | 2017 | 3 | Replacing 2 lift stations in 2016 (Ross Avenue and Mesker/Colleen) | 600000 | 2016 | 4 | Replacement of Harlyn lift station. | 300000 | 2019 | 5 | Replacement of Tricia/Tanya lift station. | 300000 | 2018 |
| Project # | Project Description | Estimated Cost | Approximate Construction Year | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Anticipating to do an infiltration/inflow evaluation, particularly in areas with heavier soils. | 50000 | 2018 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Begin to systematically assess condition of a percentage of mains and manholes each year. Interceptor sewers 2017. | 100000 | 2017 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Replacing 2 lift stations in 2016 (Ross Avenue and Mesker/Colleen) | 600000 | 2016 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Replacement of Harlyn lift station. | 300000 | 2019 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Replacement of Tricia/Tanya lift station. | 300000 | 2018 | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Financial Management General Comments</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>ENERGY EFFICIENCY AND USE</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. Collection System</p> <p>6.1 Energy Usage</p> <p>6.1.1 Enter the monthly energy usage from the different energy sources:</p> <p>COLLECTION SYSTEM PUMPAGE: Total Power Consumed</p> <p>Number of Municipally Owned Pump/Lift Stations: <input style="width: 50px;" type="text" value="13"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | Electricity Consumed (kWh) | Natural Gas Consumed (therms) |
|-----------|----------------------------|-------------------------------|
| January | 28,254 | 18 |
| February | 26,307 | 16 |
| March | 27,957 | 20 |
| April | 24,368 | 94 |
| May | 18,701 | 101 |
| June | 16,917 | 18 |
| July | 15,375 | 15 |
| August | 15,727 | 93 |
| September | 16,680 | 217 |
| October | 16,974 | 36 |
| November | 22,751 | 30 |
| December | 31,581 | 55 |
| Total | 261,592 | 713 |
| Average | 21,799 | 59 |

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:

Converting vacuum primed stations to submersibles.

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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| | |
|--|--|
| <p>6.4 Future Energy Related Equipment</p> <p>6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?</p> <p>None planned at present.</p> | |
|--|--|

| | |
|--------------------------------------|-----|
| 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:

Have not formally adopted a CMOM Program, but have initiated efforts to update user ordinance and assess condition of interceptor sewers in 2017.

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:

Have not formally adopted a CMOM Program, but have initiated efforts to update user ordinance and assess condition of interceptor sewers in 2017.

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:

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

- Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Ordinance (pending approval)

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2017-01-01

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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|---|----|
| <input checked="" type="checkbox"/> A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation <input type="checkbox"/> A description of routine operation and maintenance activities (see question 2 below) <input type="checkbox"/> Capacity assessment program <input type="checkbox"/> Basement back assessment and correction <input type="checkbox"/> Regular O&M training <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements <input checked="" type="checkbox"/> Construction, Inspection, and Testing <input type="checkbox"/> Others: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <input checked="" type="checkbox"/> Overflow Emergency Response Plan [NR 210.23 (4) (f)] Does your emergency response capability include: <input checked="" type="checkbox"/> Responsible personnel communication procedures <input type="checkbox"/> Response order, timing and clean-up <input type="checkbox"/> Public notification protocols <input type="checkbox"/> Training <input checked="" type="checkbox"/> Emergency operation protocols and implementation procedures <input type="checkbox"/> Annual Self-Auditing of your CMOM Program [NR 210.23 (5)] <input type="checkbox"/> Special Studies Last Year (check only those that apply): <input type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | 30 |
|---|----|

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 | 33 | % of system/year |
| Root removal | 0 | % of system/year |
| Flow monitoring | 0 | % of system/year |
| Smoke testing | 0 | % of system/year |
| Sewer line televising | 0 | % of system/year |
| Manhole inspections | 33 | % of system/year |
| Lift station O&M | 3 | # per L.S./year |
| Manhole rehabilitation | 0 | % of manholes rehabbed |
| Mainline rehabilitation | 0 | % of sewer lines rehabbed |
| Private sewer inspections | 0 | % of system/year |

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| | | |
|---|--|---|
| Private sewer I/I removal | <input style="width: 90%;" type="text" value="0"/> | % of private services |
| River or water crossings | <input style="width: 90%;" type="text" value="0"/> | % of pipe crossings evaluated or maintained |
| Please include additional comments about your sanitary sewer collection system below: | | |
| <input style="width: 100%;" type="text"/> | | |

3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

| | |
|--|--|
| 36.72 | Total actual amount of precipitation last year in inches |
| 32.40 | Annual average precipitation (for your location) |
| 102.10 | Miles of sanitary sewer |
| 13 | Number of lift stations |
| 14 | Number of lift station failures |
| 0 | Number of sewer pipe failures |
| 7 | Number of basement backup occurrences |
| 7 | Number of complaints |
| 1.350 | Average daily flow in MGD (if available) |
| 1.554 | Peak monthly flow in MGD (if available) |
| <input style="width: 90%;" type="text"/> | Peak hourly flow in MGD (if available) |

3.2 Performance ratios for the past year:

| | |
|------|--|
| 1.08 | Lift station failures (failures/year) |
| 0.00 | Sewer pipe failures (pipe failures/sewer mile/yr) |
| 0.00 | Sanitary sewer overflows (number/sewer mile/yr) |
| 0.07 | Basement backups (number/sewer mile) |
| 0.07 | Complaints (number/sewer mile) |
| 1.2 | 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

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| | |
|---|--|
| <ul style="list-style-type: none"> ● No <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| <p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> | |
| <div style="border: 1px solid black; padding: 2px;">None.</div> | |
| <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> | |
| <div style="border: 1px solid black; padding: 5px;"> <p>Solicited proposals for comprehensive system condition assessments over a 5 - 7 year period in 2016. Electing to assess interceptor sewers in 2017 (approximately 57,000 feet). This assessment is expected to reveal any I/I issues and identify other deficiencies which may need attention in 2018 and after. Expect to assess other parts of system over a longer time period than originally proposed. Will also be making general inspections of residential properties in 2017/2018 as part of a system-wide water meter replacement project.</p> </div> | |

| | |
|--------------------------------------|----|
| Total Points Generated | 30 |
| Score (100 - Total Points Generated) | 70 |
| Section Grade | D |

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Grading Summary

WPDES No: 0047341

| SECTIONS | LETTER GRADE | GRADE POINTS | WEIGHTING FACTORS | SECTION POINTS |
|----------------------------------|--------------|--------------|-------------------|----------------|
| Financial | A | 4 | 1 | 4 |
| Collection | D | 1 | 3 | 3 |
| TOTALS | | | 4 | 7 |
| GRADE POINT AVERAGE (GPA) = 1.75 | | | | |

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)