

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: West Allis City

Last Updated:  
6/4/2010

Reporting Year: 2009

## Financial Management

	Questions	Points						
1.	Person Providing This Financial Information							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td>Joseph M. Burtch</td> </tr> <tr> <td>Telephone:</td> <td>(414) 302-8379</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td>jburtch@ci.west-allis.wi.us</td> </tr> </table>	Name:	Joseph M. Burtch	Telephone:	(414) 302-8379	E-Mail Address(optional):	jburtch@ci.west-allis.wi.us	
Name:	Joseph M. Burtch							
Telephone:	(414) 302-8379							
E-Mail Address(optional):	jburtch@ci.west-allis.wi.us							
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0						
	<p> <input checked="" type="radio"/> Yes (0 points)  <input type="radio"/> No (40 points)                 </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2009	0						
	<p> <input checked="" type="radio"/> 0-2 years ago (0 points)  <input type="radio"/> 3 or more years ago (20 points)  <input type="radio"/> Not Applicable (Private Facility)                 </p>							
4.	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?	0						
	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No (40 points)                 </p>							
<b>REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)</b>								
5.	Equipment Replacement Funds							
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2009	0						
	<p> <input type="radio"/> 1-2 years ago (0 points)  <input type="radio"/> 3 or more years ago (20 points)  <input checked="" type="radio"/> Not Applicable Explain:                 </p> <div style="border: 1px solid black; padding: 5px;">                     Budget request reviewed annually by common council to establish rates adequate to fund the capital projects, operational needs and equipment.                 </div>							
	5.2 What amount is in your Replacement Fund?							
	<b>Equipment Replacement Fund Activity</b>							
	5.2.1 Ending Balance Reported on Last Year's CMAR:	\$0.00						
	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+ \$0.00						

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Financial Management (Continued)

	<p><b>5.2.3 Adjusted January 1st Beginning Balance</b> <span style="float: right;">\$0.00</span></p> <p><b>5.2.4 Additions</b> to Fund (e.g., portion of User Fee, earned interest, etc.) <span style="float: right;">+ \$0.00</span></p> <p><b>5.2.5 Subtractions</b> from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*.) <span style="float: right;">- \$0.00</span></p> <p><b>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b> <span style="float: right;">\$0.00</span></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>*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">N/A</div>							
	<p><b>5.3 What amount <u>should</u> be in your replacement fund?</b> <span style="float: right;">\$1.00</span></p> <p>(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 option button.)</p>							
	<p><b>5.3.1</b> Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
<b>6</b>	<b>Future Planning</b>							
	<p><b>6.1</b> 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: 60%;">Project Description</th> <th style="width: 20%;">Estimated Cost</th> <th style="width: 20%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td>System Rehab - annual program</td> <td style="text-align: right;">\$3,140,000.00</td> <td style="text-align: center;">2010</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	System Rehab - annual program	\$3,140,000.00	2010	
Project Description	Estimated Cost	Approximate Construction Year						
System Rehab - annual program	\$3,140,000.00	2010						
<b>7</b>	<b>Financial Management General Comments:</b>							
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">                 Sanitary sewer utility revenues adequately fund capital, operational and equipment costs for the calender year.             </div>							

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

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## Sanitary Sewer Collection Systems

	Questions	Points
1.	<p>Do you have a Capacity, Management, Operation &amp; Maintenance (CMOM) requirement in your WPDES permit?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes  <input checked="" type="radio"/> No                 </p>	
2.	<p>Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation &amp; maintenance or CMOM program last calendar year?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (go to question 3)  <input type="radio"/> No (30 points) (go to question 4)                 </p>	0
3.	<p>Check the elements listed below that are included in your Operation and Maintenance (O&amp;M) or CMOM program.:</p> <p><input checked="" type="checkbox"/> <b>Goals:</b> Describe the specific goals you have for your collection system:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Comply with the conditions of the WPDES permit; Minimize the occurrence of overflows; Improve or maintain system reliability; Reduce the potential threat to human health from sewer overflows; Provide adequate capacity to convey peak flows; Manage I&amp;I; Protect collection system worker health and safety; Operate a continuous CMOM program.                 </div> <p><input checked="" type="checkbox"/> <b>Organization:</b> Do you have the following written organizational elements (check only those that you have):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Ownership and governing body description</li> <li><input checked="" type="checkbox"/> Organizational chart</li> <li><input checked="" type="checkbox"/> Personnel and position descriptions</li> <li><input checked="" type="checkbox"/> Internal communication procedures</li> <li><input checked="" type="checkbox"/> Public information and education program</li> </ul> <p><input checked="" type="checkbox"/> <b>Legal Authority:</b> Do you have the legal authority for the following (check only those that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Sewer use ordinance    Last Revised MM/DD/YYYY    <span style="border: 1px solid black; padding: 2px 10px;">12/31/2007</span></li> <li><input type="checkbox"/> Pretreatment/Industrial control Programs</li> <li><input checked="" type="checkbox"/> Fat, Oil and Grease control</li> <li><input type="checkbox"/> Illicit discharges (commercial, industrial)</li> <li><input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc)</li> <li><input checked="" type="checkbox"/> Private lateral inspections/repairs</li> <li><input type="checkbox"/> Service and management agreements</li> </ul> <p><input checked="" type="checkbox"/> <b>Maintenance Activities: details in Question 4</b></p> <p><input checked="" type="checkbox"/> <b>Design and Performance Provisions:</b> How do you ensure that your sewer system is designed and constructed properly?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> State plumbing code</li> <li><input checked="" type="checkbox"/> DNR NR 110 standards</li> <li><input checked="" type="checkbox"/> Local municipal code requirements</li> <li><input checked="" type="checkbox"/> Construction, inspection and testing</li> <li><input type="checkbox"/> Others:</li> </ul>	

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## Sanitary Sewer Collection Systems (Continued)

	<p><input checked="" type="checkbox"/> <b>Overflow Emergency Response Plan:</b> Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alarm system and routine testing</li> <li><input checked="" type="checkbox"/> Emergency equipment</li> <li><input checked="" type="checkbox"/> Emergency procedures</li> <li><input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc)</li> </ul> <p><input checked="" type="checkbox"/> <b>Capacity Assurance:</b> How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Current and up-to-date sewer map</li> <li><input checked="" type="checkbox"/> Sewer system plans and specifications</li> <li><input checked="" type="checkbox"/> Manhole location map</li> <li><input type="checkbox"/> Lift station pump and wet well capacity information</li> <li><input type="checkbox"/> Lift station O&amp;M manuals</li> </ul> <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Areas with flat sewers</li> <li><input checked="" type="checkbox"/> Areas with surcharging</li> <li><input checked="" type="checkbox"/> Areas with bottlenecks or constrictions</li> <li><input checked="" type="checkbox"/> Areas with chronic basement backups or SSO's</li> <li><input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation</li> <li><input type="checkbox"/> Areas with heavy root growth</li> <li><input checked="" type="checkbox"/> Areas with excessive infiltration/inflow (I/I)</li> <li><input checked="" type="checkbox"/> Sewers with severe defects that affect flow capacity</li> <li><input checked="" type="checkbox"/> Adequacy of capacity for new connections</li> <li><input type="checkbox"/> Lift station capacity and/or pumping problems</li> </ul> <p><input type="checkbox"/> <b>Annual Self-Auditing of your O&amp;M/CMOM Program</b> to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input checked="" type="checkbox"/> <b>Special Studies Last Year (check only if applicable):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infiltration/Inflow (I/I) Analysis</li> <li><input type="checkbox"/> Sewer System Evaluation Survey (SSES)</li> <li><input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP)</li> <li><input type="checkbox"/> Lift Station Evaluation Report</li> <li><input checked="" type="checkbox"/> Others:</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Accumulated data in areas with sewer back up problems from the June 2008 and June 2009 flooding incidents. SSES program to follow in 2010 for problem areas.</p> </div>	
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4.	<p>Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:</p>	
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Cleaning	95	% of system/year	
Root Removal	100	% of system/year	
Flow Monitoring	0	% of system/year	
Smoke Testing	0	% of system/year	

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## Sanitary Sewer Collection Systems (Continued)

Sewer Line Televising	15	% of system/year
Manhole Inspections	90	% of system/year
Lift Station O&M	0	# per L.S./year
Manhole Rehabilitation	3	% of manholes rehabed
Mainline Rehabilitation	1.5	% of sewer lines rehabed
Private Sewer Inspections	0	% of system/year
Private Sewer I/I Removal	0	% of private services
Please include additional comments about your sanitary sewer collection system below:		
There are no lift stations in our system.		

**5** Provide the following collection system and flow information for the past year:

35.8	Total Actual Amount of Precipitation Last Year
34.8	Annual Average Precipitation (for your location)
175	Miles of Sanitary Sewer
0	Number of Lift Stations
0	Number of Lift Station Failure
0	Number of Sewer Pipe Failures
200	Number of Basement Backup Occurrences
200	Number of Complaints
	Average Daily Flow in MGD

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	<input data-bbox="223 273 379 325" type="text"/> Peak Monthly Flow in MGD(if available)	
	<input data-bbox="223 350 379 403" type="text"/> Peak Hourly Flow in MGD(if available)	

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## Sanitary Sewer Collection Systems (Continued)

	<p>NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 35%;">Location</th> <th style="width: 20%;">Cause</th> <th style="width: 30%;">Estimated Volume (MG)</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">NONE REPORTED</td> </tr> </tbody> </table> <p>Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>	Date	Location	Cause	Estimated Volume (MG)	NONE REPORTED				0
Date	Location	Cause	Estimated Volume (MG)							
NONE REPORTED										
	<p><b>PERFORMANCE INDICATORS</b></p> <p><input style="width: 50px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 50px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 50px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 50px;" type="text" value="1.14"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 50px;" type="text" value="1.14"/> Complaints (number/sewer mile)</p> <p><input style="width: 50px;" type="text"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 50px;" type="text"/> Peaking Factor Ratio(Peak Hourly:Annual daily Average)</p>									
6	<p>Was infiltration/inflow(I/I) significant in your community last year?</p> <p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>West Allis has an older sewer system with many existing homes with foundation drains connected to the sanitary. This causes spikes in our flow during wet weather events.</p> </div>									
7	<p>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?</p> <p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>During the rain event on 6-19-2009 the City experienced extensive surface flooding as well as surcharging in the sanitary system.</p> </div>									

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## Sanitary Sewer Collection Systems (Continued)

8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	<div style="border: 1px solid black; padding: 5px;"> <p>West Allis experiences less problems due to I/I than several years ago. No significant change in I/I was experienced this year, but we believe the I/I is reduced slightly each year due to the continued upgrading of our system.</p> </div>	
9.	What is being done to address infiltration/inflow in your collection system?	
	<div style="border: 1px solid black; padding: 5px;"> <p>Most manholes are inspected annually along with about 15% of the public mains. Where I/I is identified it is scheduled for repair.</p> </div>	

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



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WPDES No.0047341

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial Management	A	4.0	1	4
Collection Systems	A	4.0	3	12
TOTALS				
GRADE POINT AVERAGE(GPA)=				

Notes:

A = Voluntary Range

B = Voluntary Range

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)