

Compliance Maintenance Annual Report

West Allis City

Last Updated: Reporting For:

7/15/2015

2014

Financial Management

| | | |
|---|-------------------------|----------------|
| 1. Provider of Financial Information | | |
| Name: | Joseph M Burtch | |
| Telephone: | 414-302-8379 | (XXX) XXX-XXXX |
| E-Mail Address (optional): | jburtch@westalliswi.gov | |
| 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 ? | | |
| <ul style="list-style-type: none">● Yes (0 points)○ No (40 points) | | |
| If No, please explain: | | |
| <div></div> | | |
| 2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? | | |
| Year: 2014 | | 0 |
| <ul style="list-style-type: none">● 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., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system? | | |
| <ul style="list-style-type: none">● 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: 2014 | | |
| <ul style="list-style-type: none">● 1-2 years ago (0 points)○ 3 or more years ago (20 points)○ N/A | | |
| If N/A, please explain: | | |
| <div></div> | | |
| 3.2 Equipment Replacement Fund Activity | | |
| 3.2.1 Ending Balance Reported on Last Year's CMAR | | \$ 0.00 |
| 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 | | \$ 0.00 |
| 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | | + \$ 0.00 |
| 3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) | | - \$ 0.00 |
| 3.2.6 Ending Balance as of December 31st for CMAR Reporting Year | | \$ 0.00 |

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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.

N/A

3.3 What amount should be in your Replacement Fund? \$ 1.00

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.

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 | System Rehab - annual program | 2500000 | 2012 |
| 2 | System Rehab - Annual program | 2500000 | 2013 |
| 3 | System Rehab - Annual Program | 2750000 | 2014 |
| 4 | Annual rehabilitation projects | 2750000 | 2015 |

5. Financial Management General Comments

Sanitary Utility funds are reviewed annually to adequately fund capital, operational and equipment costs for the calendar year.

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

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Sanitary Sewer Collection Systems

1. CMOM Program

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

• Yes

o 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)

o 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:

Comply with WPDES Permit; Minimize the occurrence of overflows; Improve or maintain system reliability; Reduce the threat to human health from sewer overflows; Manage I/I; Protect collection system worker health and safety; Operate a continuous CMOM program.

☒ 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) 12/18/2007

☐ 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:

Capacity analysis performed.

☒ 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?

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

0

☒ 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:

Monitoring flows in areas where private property I/I removal work was completed.

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 | 50 | % of system/year |
| Root removal | 1 | % of system/year |
| Flow monitoring | 2 | % of system/year |
| Smoke testing | 0 | % of system/year |
| Sewer line televising | 14 | % of system/year |
| Manhole inspections | 25 | % of system/year |
| Lift station O&M | 0 | # per L.S./year |
| Manhole rehabilitation | 2.6 | % of manholes rehabbed |
| Mainline rehabilitation | 1.5 | % of sewer lines rehabbed |
| Private sewer inspections | 0 | % of system/year |
| Private sewer I/I removal | 1 | % of private services |

Please include additional comments about your sanitary sewer collection system below:

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3. Performance Indicators

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

| | |
|-------|--|
| 32.11 | Total actual amount of precipitation last year in inches |
| 34.8 | Annual average precipitation (for your location) |
| 173.0 | Miles of sanitary sewer |
| 0 | Number of lift stations |
| 0 | Number of lift station failures |
| 0 | Number of sewer pipe failures |
| 0 | Number of basement backup occurrences |
| 0 | Number of complaints |
| | Average daily flow in MGD (if available) |
| | Peak monthly flow in MGD (if available) |
| | Peak hourly flow in MGD (if available) |

3.2 Performance ratios for the past year:

| | |
|------|--|
| NaN | 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) |
| 0.00 | Complaints (number/sewer mile) |
| | Peaking factor ratio (Peak Monthly:Annual Daily Avg) |
| | 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:

West Allis has an older system. Many buildings have foundation drains connected to the sanitary. (built prior to 1954) No overflows in 2014, but spikes in flow are evident during wet weather.

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:

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West Allis has completed work on private property (foundation drain disconnection) and has improved the public system. This effort will continue in the future.

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

West Allis has a program to repair defects found in the televised inspection of the public system along with rehab/relay of sewers in capital improvement paving project areas. Private property sources are addressed with the funding provided through MMSD's PP I/I program.

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

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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 |
| TOTALS | | | 4 | 16 |
| GRADE POINT AVERAGE (GPA) = 4 | | | | |

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)

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

Date of Resolution or
Action Taken:

Resolution Number:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F. Regardless of grade, required for Collection Systems if SSOs were reported):

Financial Management: Grade = A

Collection Systems: Grade = A

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 4