

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: West Allis City**

**Last Updated:  
6/11/2013**

**Reporting Year: 2012**

**Financial Management**

	Questions	Points						
1.	Person Providing This Financial Information							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name:</td> <td style="border: 1px solid black; padding: 2px;">Joseph M Burtch</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(414) 302-8379</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">jburtch@westalliswi.gov</td> </tr> </table>	Name:	Joseph M Burtch	Telephone:	(414) 302-8379	E-Mail Address(optional):	jburtch@westalliswi.gov	
Name:	Joseph M Burtch							
Telephone:	(414) 302-8379							
E-Mail Address(optional):	jburtch@westalliswi.gov							
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0						
	<p style="margin-left: 20px;"> <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: 60%; margin-left: 20px;"></div>							
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2012	0						
	<p style="margin-left: 20px;"> <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 style="margin-left: 20px;"> <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: 2012	0						
	<p style="margin-left: 20px;"> <input checked="" type="radio"/> 1-2 years ago (0 points)  <input type="radio"/> 3 or more years ago (20 points)  <input type="radio"/> Not Applicable Explain:                 </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></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						
	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+ \$0.00						
	5.2.3 Adjusted January 1st Beginning Balance	\$0.00						

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Financial Management (Continued)

	<p><b>5.2.4</b> Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$0.00</p> <p><b>5.2.5</b> Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$0.00</p> <p><b>5.2.6</b> Ending Balance as of December 31st for CMAR Reporting Year \$0.00</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</b> What amount <b>should</b> be in your replacement fund? \$1.00 (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>5.3.1 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>6.1 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: 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: center;">\$2500000</td> <td style="text-align: center;">2012</td> </tr> <tr> <td>System Rehab - Annual program</td> <td style="text-align: center;">\$2500000</td> <td style="text-align: center;">2013</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	System Rehab - annual program	\$2500000	2012	System Rehab - Annual program	\$2500000	2013	
Project Description	Estimated Cost	Approximate Construction Year									
System Rehab - annual program	\$2500000	2012									
System Rehab - Annual program	\$2500000	2013									
<b>7.</b>	<b>Financial Management General Comments:</b>										
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Sanitary utility funds are reviewed annually to adequately fund capital, operational and equipment costs for the calendar year.</div>										

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: West Allis City

Last Updated:  
6/11/2013

Reporting Year: 2012

## Sanitary Sewer Collection Systems

	Questions	Points
1.	Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?	
	<input checked="" type="radio"/> Yes <input type="radio"/> No	
2.	Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?	0
	<input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	
3.	Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>Goals:</b> 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; Provide adequate capacity for peak flows; Manage I/I; Protect collection system worker health and safety; Operate a continuous CMOM program.                 </div> <input checked="" type="checkbox"/> <b>Organization:</b> Do you have the following written organizational elements (check only those that you have): <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>	
	<input checked="" type="checkbox"/> <b>Legal Authority:</b> Do you have the legal authority for the following (check only those that apply): <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;">12/18/2007</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>	
	<input checked="" type="checkbox"/> <b>Maintenance Activities: details in Question 4</b> <input checked="" type="checkbox"/> <b>Design and Performance Provisions:</b> How do you ensure that your sewer system is designed and constructed properly? <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 checked="" type="checkbox"/> Others:</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Capacity analysis performed.</div>	

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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 checked="" 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 checked="" type="checkbox"/> Infiltration/Inflow (I/I) Analysis</li> <li><input checked="" type="checkbox"/> Sewer System Evaluation Survey (SSES)</li> <li><input checked="" 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>Flow monitoring to measure effectiveness of private property Inflow and Infiltration reduction work.</p> </div>	
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4. Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:

Cleaning	55	% of system/year
Root Removal	.45	% of system/year
Flow Monitoring	.5	% of system/year
Smoke Testing	0	% of system/year

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Sanitary Sewer Collection Systems (Continued)

Sewer Line Televising	<input style="width: 50px;" type="text" value="7.8"/>	% of system/year
Manhole Inspections	<input style="width: 50px;" type="text" value="50"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="0"/>	# per L.S/year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="3.9"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="2.5"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px;" type="text" value=".5"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px;" type="text" value=".45"/>	% of private services
<p>Please include additional comments about your sanitary sewer collection system below:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>West Allis contracts the televised inspection of the mainline sanitary and manhole inspection on an approximate 8 year cycle. In 2012 the regular program was cut in half due to workload and budget constraints. The second half will be televised in 2013 and our regular program will be back on track in 2015. Additional manhole inspections are completed during the sewer cleaning process. Defects found in the inspections are scheduled for repair or replacement.</p> </div>		

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

<input style="width: 50px;" type="text" value="29.3"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 50px;" type="text" value="34.8"/>	Annual Average Precipitation (for your location)
<input style="width: 50px;" type="text" value="173.8"/>	Miles of Sanitary Sewer
<input style="width: 50px;" type="text" value="0"/>	Number of Lift Stations
<input style="width: 50px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 50px;" type="text" value="0"/>	Number of Sewer Pipe Failures

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## Sanitary Sewer Collection Systems (Continued)

<input type="text" value="0"/>	Number of Basement Backup Occurrences
<input type="text" value="0"/>	Number of Complaints
<input type="text"/>	Average Daily Flow in MGD
<input type="text"/>	Peak Monthly Flow in MGD(if available)
<input type="text"/>	Peak Hourly Flow in MGD(if available)

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Sanitary Sewer Collection Systems (Continued)

	<p><b>NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 40%;">Location</th> <th style="width: 25%;">Cause</th> <th style="width: 20%;">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="0.00"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 50px;" type="text" value="0.00"/> 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. Many of the buildings were built prior to 1954 and have foundation drains connected to the sanitary sewer. There were no overflows in 2012, but spikes in the flow are evident 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 type="radio"/> Yes  <input checked="" type="radio"/> No         </p> <p>If Yes, please describe:</p>									

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Sanitary Sewer Collection Systems (Continued)

8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	West Allis started the first private property Inflow and Infiltration reduction work in 2012. This work will continue with funding from MMSD.	
9.	What is being done to address infiltration/inflow in your collection system?	
	West Allis will continue to improve the public system and will continue improvements on private property.	

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			4	16
GRADE POINT AVERAGE(GPA)=4.00		4.00		

Notes:

A = Voluntary Range

B = Voluntary Range

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)