

4.



# City of West Allis Matter Summary

7525 W. Greenfield Ave.  
West Allis, WI 53214

File Number	Title	Status
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R-2010-0139 Resolution Introduced

Resolution acknowledging the Common Councils support of the efficient financial management and operation of the City's Sanitary Sewer Utility and authorizing the Director of Public Works/City Engineer to submit the Compliance Maintenance Annual Report(CMAR) to the Wisconsin Department of Natural Resources.

Introduced: 6/15/2010

Controlling Body: Public Works Committee

Sponsor(s): Public Works Committee

**COMMITTEE RECOMMENDATION** *Adopt*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<i>6/15/2010</i>	<i>✓</i>		Barczak	<i>✓</i>			
			Czaplewski	<i>✓</i>			
			Kopplin				
			Lajsic				
			Narlock				
			Reinke				
			Roadt		<i>✓</i>		
		<i>✓</i>	Sengstock		<i>✓</i>		
			Vitale				
			Weigel		<i>✓</i>		
		TOTAL		<i>5</i>			

**SIGNATURE OF COMMITTEE MEMBER**

*Samuel Bergold*  
 Chair Vice-Chair Member

**COMMON COUNCIL ACTION** *ADOPT*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<i>6-15-10</i>	<i>✓</i>		Barczak	<i>✓</i>			
			Czaplewski	<i>✓</i>			
			Kopplin	<i>✓</i>			
			Lajsic	<i>✓</i>			
			Narlock	<i>✓</i>			
			Reinke	<i>✓</i>			
		<i>✓</i>	Roadt	<i>✓</i>			
			Sengstock	<i>✓</i>			
			Vitale	<i>✓</i>			
			Weigel	<i>✓</i>			
		TOTAL		<i>10</i>	<i>-</i>		



# City of West Allis

7525 W. Greenfield Ave.  
West Allis, WI 53214

## Resolution

**File Number: R-2010-0139**

**Final Action:**

**JUN 15 2010**

**Sponsor(s):** Public Works Committee

Resolution acknowledging the Common Council's support of the efficient financial management and operation of the City's Sanitary Sewer Utility and authorizing the Director of Public Works/City Engineer to submit the Compliance Maintenance Annual Report (CMAR) to the Wisconsin Department of Natural Resources.

WHEREAS, the Wisconsin Department of Natural Resources (DNR) has required municipalities to submit a "Compliance Maintenance Annual Report" for their Sanitary Sewer Collection System for 2009 which necessitates a review of both the financial and operational efficiencies of the system; and,

WHEREAS, both a "Financial Management" and "Sanitary Sewer Collection System" questionnaire must be completed and submitted to the DNR by June 30, 2010 reflecting the system's status in 2009; and,

WHEREAS, deficiencies in either the "financial" and/or operation of the "Collection" system must be identified in a Resolution to the municipality's Common Council; and,

WHEREAS, the Common Council must commit to taking the actions necessary to addressing these deficiencies if either section of the report are found to have a grade of "C" or lower; and,

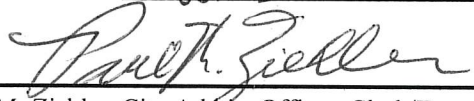
WHEREAS, following the completion of both the "Financial Management" and "Sanitary Sewer Collection System" questionnaire, the City of West Allis scored an "A" on both sections; and,

WHEREAS, sufficient funds to adequately support the capital and operating expenditures necessary to maintain an efficient operation will continue to be requested annually in the Sanitary Sewer Utility Budget.

NOW, THEREFORE BE IT RESOLVED, that the Common Council of the City of West Allis supports the efficient management and operation of the West Allis Sanitary Sewer Utility and authorizes the Director of Public Works/City Engineer to submit the "Compliance Maintenance Annual Report" to the Wisconsin Department of Natural Resources.

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ADOPTED JUN 15 2010



Paul M. Ziehler, City Admin. Officer, Clerk/Treas.

APPROVED 6/21/10



Dan Devine, Mayor

# 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>								
	<b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b>	\$0.00						
	<b>5.2.2 Adjustments</b> if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+ \$0.00						

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: West Allis City**

**Last Updated:  
6/4/2010**

**Reporting Year: 2009**

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;">+</span> <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;">-</span> <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: 5px; width: fit-content;">N/A</div>							
	<p><b>5.3 What amount should be in your replacement fund?</b> <span style="float: right;">\$1.00</span></p> <p>(If you had a CWFPP 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>							
6.	<p><b>Future Planning</b></p> <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: 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						
7.	<p><b>Financial Management General Comments:</b></p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">Sanitary sewer utility revenues 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:  
6/4/2010

Reporting Year: 2009

## Sanitary Sewer Collection Systems

	Questions	Points
1.	Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?  <input type="radio"/> Yes <input checked="" 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?  <input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	0
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; margin-bottom: 10px;"> <input checked="" type="checkbox"/> <b>Goals:</b> Describe the specific goals you have for your collection system:                      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> <input checked="" type="checkbox"/> <b>Organization:</b> Do you have the following written organizational elements (check only those that you have): <input checked="" type="checkbox"/> Ownership and governing body description <input checked="" type="checkbox"/> Organizational chart <input checked="" type="checkbox"/> Personnel and position descriptions <input checked="" type="checkbox"/> Internal communication procedures <input checked="" type="checkbox"/> Public information and education program <input checked="" type="checkbox"/> <b>Legal Authority:</b> Do you have the legal authority for the following (check only those that apply): <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY <span style="border: 1px solid black; padding: 2px;">12/31/2007</span> <input type="checkbox"/> Pretreatment/Industrial control Programs <input checked="" type="checkbox"/> Fat, Oil and Grease control <input type="checkbox"/> Illicit discharges (commercial, industrial) <input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc) <input checked="" type="checkbox"/> Private lateral inspections/repairs <input type="checkbox"/> Service and management agreements <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? <input checked="" type="checkbox"/> State plumbing code <input checked="" type="checkbox"/> DNR NR 110 standards <input checked="" type="checkbox"/> Local municipal code requirements <input checked="" type="checkbox"/> Construction, inspection and testing <input type="checkbox"/> Others:	

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: West Allis City**

**Last Updated:  
6/4/2010**

**Reporting Year: 2009**

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. Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:

Cleaning	95	% of system/year
Root Removal	100	% of system/year
Flow Monitoring	0	% of system/year
Smoke Testing	0	% of system/year

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: West Allis City**

**Last Updated:  
6/4/2010**

**Reporting Year: 2009**

Sanitary Sewer Collection Systems (Continued)

Sewer Line Televising	<input style="width: 50px;" type="text" value="15"/>	% of system/year
Manhole Inspections	<input style="width: 50px;" type="text" value="90"/>	% 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"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="1.5"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px;" type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<div style="border: 1px solid black; padding: 5px; min-height: 20px;">There are no lift stations in our system.</div>		

<b>5.</b>	Provide the following collection system and flow information for the past year:
<input style="width: 80px;" type="text" value="35.8"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="34.8"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="175"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="0"/>	Number of Lift Stations
<input style="width: 80px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 80px;" type="text" value="0"/>	Number of Sewer Pipe Failures
<input style="width: 80px;" type="text" value="200"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="200"/>	Number of Complaints
<input style="width: 80px;" type="text"/>	Average Daily Flow in MGD



# COMPLIANCE MAINTENANCE ANNUAL REPORT

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6/4/2010

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## Sanitary Sewer Collection Systems (Continued)

	<input type="text"/>	Peak Monthly Flow in MGD(if available)	
	<input type="text"/>	Peak Hourly Flow in MGD(if available)	

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: West Allis City**

**Last Updated:  
6/4/2010**

**Reporting Year: 2009**

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: 65%; 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: 60px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="1.14"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 60px;" type="text" value="1.14"/> Complaints (number/sewer mile)</p> <p><input style="width: 60px;" type="text"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 60px;" 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>									

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: West Allis City**

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6/4/2010**

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Sanitary Sewer Collection Systems (Continued)

8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	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 beleive the I/I is reduced slightly each year due to the continued upgrading of out system.	
9.	What is being done to address infiltration/inflow in your collection system?	
	Most manholes are inspected annually along with about 15% of the public mains. Where I/I is identified it is scheduled for repair.	

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: West Allis City

Last Updated:

Reporting Year: 2009

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)