West Allis Sewage Collection System

Last Updated: Reporting For: 6/14/2022

2021

Financial Management

1. Provider of Financial Infor Name:				
	Kris Moen			
Telephone:	(414) 302-8251		(XXX) XXX-XXXX	
E-Mail Address				
(optional):				
	kmoen@westalliswi.gov			
2 7				+
treatment plant AND/OR col	ner revenues sufficient to cov	er O&M expe	nses for your wastewater	
Yes (0 points) □□				
o No (40 points)				
If No, please explain:				٦
2.2 When was the User Cha	arge System or other revenue	e source(s) las	st reviewed and/or revised?]
Year:	-	. ,		
2021				0
• 0-2 years ago (0 points)				
o 3 or more years ago (20	points)□□			
N/A (private facility)				
•	account (e.g., CWFP required for repairing or replacing equen?		•	
• • •				
O No (40 points)	BLIC MUNICIPAL FACILITIES	SHALL COMPL	LETE OLIESTION 31	
3. Equipment Replacement R		SHALL COM I	LETE QUESTION 3]	
	ent Replacement Fund last rev	viewed and/or	r revised?	
o 1-2 years ago (0 points)[
o 3 or more years ago (20	points)□□			
• N/A				
If N/A, please explain:				٦
No equipment replaceme maintain.	nt funds exist because West	Allis has no lit	ft stations. Not required to	
3.2 Equipment Replacemen	t Fund Activity			
3.2.1 Ending Balance Re	ported on Last Year's CMA	R	\$ 0.00	
3.2.2 Adjustments - if nece audit correction, withdrawal making up previous shortfal	of excess funds, increase		\$ 0.00	
3.2.3 Adjusted January 1st			\$ 0.00	
3.2.4 Additions to Fund (e.g	•			
earned interest, etc.)	g. portion of ood, 100,	+	\$ 0.00	

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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		
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 rep	airs from 3.2.5	above.	1	
3.3 What amount should be in your Replacement Fund? Please note: If you had a CWFP loan, this amount was originally based Assistance Agreement (FAA) and should be regularly updated as need instructions and an example can be found by clicking the SectionInstruction header in the left-side menu. 3.3.1 Is the December 31 Ending Balance in your Replacement Fund a greater than the amount that should be in it (#3.3)? • Yes • No If No, please explain.	ed. Further calcuuctions link unde	ulation er Info	o	
 4. Future Planning 4.1 During the next ten years, will you be involved in formal planning for new construction of your treatment facility or collection system? ◆ Yes - If Yes, please provide major project information, if not already ○ No 				
Project Description #	Estimated Cost	Approximate Construction Year		
1 Annual Capital Improvement Program for 2022	2844000			
2 Annual Capital Improvement Program for 2023	3673000	2023		
3 Annual Capital Improvement Program for 2024	3200000	2024		
5. Financial Management General Comments				
ENERGY EFFICIENCY AND USE			<u>'</u>	
6. Collection System 6.1 Energy Usage 6.1.1 Enter the monthly energy usage from the different energy sources:				
COLLECTION SYSTEM PUMPAGE: Total Power Consumed Number of Municipally Owned Pump/Lift Stations: 0				

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6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

N/A

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

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Sanitary Sewer Collection Systems

 Capacity, Management, Operation, and Maintenance (CMOM) Program Do you have a CMOM program that is being implemented? Yes
o No
If No, explain:
i No, explain.
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
o No (30 points)
O N/A
If No or N/A, explain:
 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:
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 workers health and safety; operate a continuous CMOM program. Specific goals continue to include: clean 50% of the sewer system, inspect approximately 25% of the sanitary manholes, continue 8 year televising schedule, and continue to research the possibility of conducting more flow monitoring.
Did you accomplish them?
• Yes
O No
If No, explain:
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? Plumbing Code
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2007-12-18
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)]

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rehabilitation

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Does your operation and maintenance program and equipment include the following: ☐ Equipment and replacement part inventories ☐ Up-to-date sewer system map ☐ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation ☐ A description of routine operation and maintenance activities (see question 2 below) ☐ Capacity assessment program ☐ Basement back assessment and correction ☐ Regular O&M training ☐ 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? ☐ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements ☐ Construction, Inspection, and Testing ☐ Others: ☐ Standard Specifications for Sewer and Water Construction in Wisconsin, including all	
	0
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 3 % of system/year Smoke testing 0 % of system/year Sewer line televising 10.5 % of system/year Manhole inspections 27 % of system/year Lift station O&M 0 # per L.S./year Manhole rehabilitation 2.2 % of manholes rehabbed Mainline	

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	5.8	% of sewer lines rehabbed		
Private sewer				
inspections	.4	% of system/year		
Private sewer I/I		% of private corvices		
removal	.5	% of private services		
River or water crossings	100	% of pipe crossings evaluated or maintained		
		sanitary sewer collection system below:		
the following reasons: (1) that clogged in our system properties. (1) backup on homeowner had issues a contract. The overall nature of the	backup occurred duem. DPW removed blooccurred due to failed land brought it to our a complaints are reside	nsible) that are listed below in 3.1, occurred due to grease and wipes from upstream propertickage and letters were sent to surrounding lateral connection, that we were unaware of unattention. Then this was later fixed on a City ents calling in with sewer backups in their	ies ntil	
	ickup occurring. In mo	and checks our City mains for proper flow and ost instances, these complaints end up being the second secon		
3. Performance Indicators 3.1 Provide the following of	collection system and f	flow information for the past year.		
		ecipitation last year in inches		
34.76 Annı	ual average precipitati	on (for your location)		
172.1 Miles	s of sanitary sewer			
0 Num	ber of lift stations			
0 Num	nber of lift station failu	res		
0 Num	nber of sewer pipe fail	ures		
2 Num	nber of basement back	cup occurrences		
56 Num	nber of complaints			
Aver	rage daily flow in MGD	(if available)		
Peak	c monthly flow in MGD	(if available)		
Peak	k hourly flow in MGD (if available)		
3.2 Performance ratios for				
	station failures (failure			
		failures/sewer mile/yr)		
	•	(number/sewer mile/yr)		
	ement backups (numb	,		
	plaints (number/sewe	,		
		Monthly:Annual Daily Avg)		
Peak	king factor ratio (Peak	Hourly: Annual Daily Avg)		
4. Overflows				

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LIST OF SANITARY SE	WER (SSO) AND TREATMENT FACILITY (T	FO) OVERFLOWS RE	PORTED **
Date	Location	Cause	Estimated Volume
	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
- o No

If Yes, please describe:

Sanitary foundation drains are connected to the sanitary sewer in West Allis. No overflows occurred in 2021, but flows in the sanitary system noticeable increase 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? o Yes
- No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

No changes that we are aware of.

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

West Allis continues to repair defects found in the televised section of the public system along with rehab/relay of sewers in capital improvement areas. In 2021, we rehabbed almost 6% of the mainlines which we are proud of. We have been able to complete more and more due to trenchless technology. We have also been doing more street reconstructions and had a large sanitary relay contract last year.

Private property sources are addressed with funding provided through MMSD'S PPII program. The City has continued to offer sanitary lateral rehab to private properties through this program, in conjunction with offering lead water service line replacements with funding from the DNR. In larger PPII project areas, we are using MMSD portable meters to track I/I to monitor the performance of our work.

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

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Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	А	4	1	4
Collection	А	4	3	12
TOTALS			4	16
GRADE POINT AVERAGE (GPA) = 4.00				

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:
Date of Submittal:
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):
Financial Management: Grade = A
Collection Systems: Grade = A
(Regardless of grade, response required for Collection Systems if SSOs were reported)
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. = 4.00