

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee, City

Last Updated:
5/5/2010

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>Timothy J. Thur</td> </tr> <tr> <td>Telephone:</td> <td>(414) 286-2463</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td>timothy.thur@milwaukee.gov</td> </tr> </table>	Name:	Timothy J. Thur	Telephone:	(414) 286-2463	E-Mail Address(optional):	timothy.thur@milwaukee.gov	
Name:	Timothy J. Thur							
Telephone:	(414) 286-2463							
E-Mail Address(optional):	timothy.thur@milwaukee.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: 40px;"> <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: 40px;"></div>							
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2008	0						
	<p style="margin-left: 40px;"> <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: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </p>							
REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)								
5.	Equipment Replacement Funds							
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2008	0						
	<p style="margin-left: 40px;"> <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: 40px;"></div>							
	5.2 What amount is in your Replacement Fund?							
	Equipment Replacement Fund Activity							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5.2.1 Ending Balance Reported on Last Year's CMAR:</td> <td style="text-align: right;">\$300,000.00</td> </tr> <tr> <td>5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">- \$0.00</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$300,000.00</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:	\$300,000.00	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	- \$0.00	5.2.3 Adjusted January 1st Beginning Balance	\$300,000.00	
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	<p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$489,294.00</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$489,294.00</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$300,000.00</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: 5px;"> <p>1. Purchase of vehicles and sewer cleaning and safety equipment. 2. Rehab and /or repair pumps and generators.</p> </div>							
	<p>5.3 What amount <u>should</u> be in your replacement fund? \$300,000.00</p> <p>(If you had a CFWP 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.	Future Planning							
	<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>The City of Milwaukee has an ongoing sewer replacement program. From 2009 to 2014, our six year capital Improvement Program is \$171.6 million. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$6,000,000 is budgeted for the sanitary sewer system rehabilitation each year.</td> <td style="text-align: center;">\$6,000,000.00</td> <td style="text-align: center;">2010</td> </tr> </tbody> </table>		Project Description	Estimated Cost	Approximate Construction Year	The City of Milwaukee has an ongoing sewer replacement program. From 2009 to 2014, our six year capital Improvement Program is \$171.6 million. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$6,000,000 is budgeted for the sanitary sewer system rehabilitation each year.	\$6,000,000.00	2010
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7.	Financial Management General Comments:							
	<div style="border: 1px solid black; padding: 5px;"> <p>The City's budget is based on the calendar year, Jan. 1st to Dec. 31st.</p> </div>							

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Financial Management (Continued)

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee, City

Last Updated:
5/14/2010

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?	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"/> Goals: Describe the specific goals you have for your collection system: To efficiently collect and convey all of our customer's wastewater in the most cost effective manner while remaining in compliance with WPDES permits, Clean Water Act, Wisconsin Law and MMSD Rules and Regulations. </div> <input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <ul style="list-style-type: none"> <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"/> Legal Authority: Do you have the legal authority for the following (check only those that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY 09/27/1995 <input type="checkbox"/> Pretreatment/Industrial control Programs <input checked="" type="checkbox"/> Fat, Oil and Grease control <input checked="" 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 checked="" type="checkbox"/> Service and management agreements 	
<input checked="" type="checkbox"/> Maintenance Activities: details in Question 4	
<input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly? <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Others: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Milwaukee Metropolitan Sewerage District Standards</div> 	

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Sanitary Sewer Collection Systems (Continued)

	<p><input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alarm system and routine testing <input checked="" type="checkbox"/> Emergency equipment <input checked="" type="checkbox"/> Emergency procedures <input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc) <p><input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Current and up-to-date sewer map <input checked="" type="checkbox"/> Sewer system plans and specifications <input checked="" type="checkbox"/> Manhole location map <input checked="" type="checkbox"/> Lift station pump and wet well capacity information <input checked="" type="checkbox"/> Lift station O&M manuals <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Areas with flat sewers <input checked="" type="checkbox"/> Areas with surcharging <input checked="" type="checkbox"/> Areas with bottlenecks or constrictions <input checked="" type="checkbox"/> Areas with chronic basement backups or SSO's <input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input checked="" type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input checked="" type="checkbox"/> Sewers with severe defects that affect flow capacity <input checked="" type="checkbox"/> Adequacy of capacity for new connections <input checked="" type="checkbox"/> Lift station capacity and/or pumping problems <p><input checked="" type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input checked="" type="checkbox"/> Special Studies Last Year (check only if applicable):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input checked="" type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: 	
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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:	
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Cleaning	<input style="width: 50px;" type="text" value="33"/>	% of system/year
Root Removal	<input style="width: 50px;" type="text" value="2"/>	% of system/year
Flow Monitoring	<input style="width: 50px;" type="text" value="3"/>	% of system/year
Smoke Testing	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Sewer Line Televising	<input style="width: 50px;" type="text" value="16"/>	% of system/year

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Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="18.5"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="12"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="11.7"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="2"/>	% 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:		
<input style="width: 100%; height: 20px;" type="text"/>		

5.	Provide the following collection system and flow information for the past year:
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<input style="width: 80px;" type="text" value="35.81"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="34"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="939"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="6"/>	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="28"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="7935"/>	Number of Complaints
<input style="width: 80px;" type="text"/>	Average Daily Flow in MGD
<input style="width: 80px;" type="text"/>	Peak Monthly Flow in MGD(if available)

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Sanitary Sewer Collection Systems (Continued)

NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)					80
	Date	Location	Cause	Estimated Volume (MG)	
1.	04/09/2009 10:00:00 AM to 04/10/2009 10:00:00 AM	Wisconsin and Plankinton Ave.		0.014	
2.	06/19/2009 12:33:00 AM to 06/19/2009 2:51:00 AM	41st & Congress (north side of intersection)	Rain	0.0496	
3.	06/19/2009 1:01:00 AM to 06/19/2009 9:50:00 PM	S 92nd and W Howard	Rain	0.084	
4.	06/19/2009 12:34:00 AM to 06/19/2009 3:29:00 AM	N 86th and W Center	Rain	0.109	
5.	06/19/2009 12:20:00 AM to 06/19/2009 2:06:00 AM	N 67th & W Center	Rain	0.127	
6.	06/19/2009 1:05:00 AM to 06/19/2009 1:13:00 AM	S 46th & West Cleveland	Rain	0.019	
7.	06/19/2009 1:06:00 AM to 06/19/2009 2:40:00 AM	S 36th St & W Lincoln Ave	Rain	0.055	
8.	06/19/2009 12:49:00 AM to 06/19/2009 9:48:00 PM	S 99th St & W Oklahoma	Rain	0.101	
<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: 600px; margin-left: 20px;"></div>					

PERFORMANCE INDICATORS	
0.00	Lift Station Failures(failures/ps/year)
0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)
0.01	Sanitary Sewer Overflows (number/sewer mile/yr)
0.03	Basement Backups(number/sewer mile)

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Sanitary Sewer Collection Systems (Continued)

	8.45	Complaints (number/sewer mile)	
		Peaking Factor Ratio (Peak Monthly:Annual Daily Average)	
		Peaking Factor Ratio(Peak Hourly:Annual daily Average)	
6.	Was infiltration/inflow(I/I) significant in your community last year?		
	<input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, please describe: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
7.	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?		
	<input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, please describe: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
8.	Explain any infiltration/inflow(I/I) changes this year from previous years?		
9.	What is being done to address infiltration/inflow in your collection system?		
	1. Flow Monitoring 2. Manhole Inspections 3. Manhole Rehabilitation 4. Working with MMSD on CMOM and the 2020 facilities plan.		

Total Points Generated	80
Score (100 - Total Points Generated)	20
Section Grade	F

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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	F	0.0	3	0
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)

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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):	
Financial Management: Grade=A	
Collection Systems: Grade=F	
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. =	