

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Milwaukee City**

**Last Updated:  
6/3/2008**

**Reporting Year: 2007**

Financial Management

	Questions	Points												
1.	Person Providing This Financial Information													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="border: 1px solid black; padding: 2px;">Nader Jaber</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(414) 286-0514</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">nader.jaber@milwaukee.gov</td> </tr> </table>	Name:	Nader Jaber	Telephone:	(414) 286-0514	E-Mail Address(optional):	nader.jaber@milwaukee.gov							
Name:	Nader Jaber													
Telephone:	(414) 286-0514													
E-Mail Address(optional):	nader.jaber@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: 2006	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>													
<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: 2006	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?													
	<b>Equipment Replacement Fund Activity</b>													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b></td> <td style="width: 5%;"></td> <td style="width: 25%; text-align: right;">\$0.00</td> </tr> <tr> <td><b>5.2.2 Adjustments</b></td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td colspan="3" style="font-size: small;">if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> </tr> <tr> <td><b>5.2.3 Adjusted January 1st Beginning Balance</b></td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> </table>	<b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b>		\$0.00	<b>5.2.2 Adjustments</b>	+	\$0.00	if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)			<b>5.2.3 Adjusted January 1st Beginning Balance</b>		\$0.00	
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Financial Management (Continued)

	<p><b>5.2.4 Additions to Fund</b> (e.g., portion of User Fee, earned interest, etc.) + \$665,000.00</p> <p><b>5.2.5 Subtractions from Fund</b> (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$365,000.00</p> <p><b>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b> \$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; margin-top: 5px;"> <p>In 2007, the City spent \$61,000 on equipment replacement (on jet nozzels, metering devices and a dump truck), \$227,000 on lift station rehabilitation and \$77,000 on SCADA system equipment upgrades.</p> </div>							
	<p><b>5.3 What amount should be in your replacement fund?</b> \$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; margin-top: 5px;"></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>The City of Milwaukee has an ongoing sewer replacement program. From 2007 to 2012, our six year capital Improvement Program is \$183 million. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$3,847,000 is budgeted for the sanitary sewer system rehabilitation each year.</td> <td style="text-align: center;">\$3,847,000.00</td> <td style="text-align: center;">2008</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	The City of Milwaukee has an ongoing sewer replacement program. From 2007 to 2012, our six year capital Improvement Program is \$183 million. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$3,847,000 is budgeted for the sanitary sewer system rehabilitation each year.	\$3,847,000.00	2008	
Project Description	Estimated Cost	Approximate Construction Year						
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<b>7.</b>	<b>Financial Management General Comments:</b>							
	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>The City's budget is based on the calendar year (January 1st to December 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

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## 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.:	
	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Goals:</b> specific identification of major goals of your O&amp;M/CMOM program such as I/I reduction, basement backup and SSO reductions, repair and rehabilitation of sewers, system cleaning and monitoring, etc.</li> <li><input checked="" type="checkbox"/> <b>Organization:</b> identification of those managers and persons who are responsible for implementing your O&amp;M/CMOM program and reporting sanitary sewer overflows</li> <li><input checked="" type="checkbox"/> <b>Legal Authority:</b> sufficient authority, through sewer use ordinances, service agreements or other legally binding documents to control infiltration/inflow sources, proper design, construction, inspection and testing of new and rehabilitated sewers and laterals and address flows from satellite collection systems, if present.</li> <li><input checked="" type="checkbox"/> <b>Maintenance Activities:</b> routine preventative O&amp;M activities, including adequate maintenance of facilities and equipment. By the use of: sewer system monitoring; inspections; a system to identify infiltration/inflow sources (including private property); a system for replacement part inventories; control of fat, oil &amp; grease; employee training program; and a management system for the collection and use of information to establish O&amp;M priorities</li> <li><input checked="" type="checkbox"/> <b>Design and Performance Standards:</b> establish requirements and standards for design, installation and inspection of new sewers, service laterals, pump stations and sewer rehabilitation projects.</li> <li><input checked="" type="checkbox"/> <b>Overflow Emergency Response Plan:</b> documented procedures for responding to SSOs, power outages, lift station failures sewer blockages or any other similar events of an emergency nature.</li> <li><input type="checkbox"/> <b>Capacity Assurance:</b> a program to assess the current capacity of the collection system to identify problems or bottlenecks ; and if required, a System Evaluation and Capacity Assurance Plan (SECAP).</li> <li><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.</li> <li><input checked="" type="checkbox"/> <b>Special Studies (if applicable):</b> any special studies undertaken such as I/I Analysis, Sewer System Evaluation Surveys (SSES),   or sewer pipe studies. Please list the study reports of the last year below:</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>In 2006, per the Stipulation agreement with the Wisconsin Department of Justice, the City conducted a capacity analysis of certain basins. The City is presently conducting an SSES via dyed water flooding to determine points of clear water entry into these basins.</p> </div>	

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Sanitary Sewer Collection Systems (Continued)

<b>4.</b>	<p>Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:</p> <p>Cleaning <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="33"/></span> % of system/year</p> <p>Root Removal <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="2"/></span> % of system/year</p> <p>Flow Monitoring <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="3"/></span> % of system/year</p> <p>Smoke Testing <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="0"/></span> % of system/year</p> <p>Sewer Line Televising <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="4"/></span> % of system/year</p> <p>Manhole Inspections <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="18"/></span> % of system/year</p> <p>Lift Station O&amp;M <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="8"/></span> # per L.S./year</p> <p>Manhole Rehabilitation <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="6"/></span> % of manholes rehabed</p> <p>Mainline Rehabilitation <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="0.5"/></span> % of sewer lines rehabed</p> <p>Private Sewer Inspections <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="5"/></span> % of system/year</p> <p>Private Sewer I/I Removal <span style="margin-left: 150px;"><input style="width: 50px; text-align: center;" type="text" value="0"/></span> % of private services</p> <p>Please include additional comments about your sanitary sewer collection system below:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
<b>5.</b>	<p>Provide the following collection system and flow information for the past year:</p> <p><input style="width: 80px; text-align: center;" type="text" value="33"/> Total Actual Amount of Precipitation Last Year</p> <p><input style="width: 80px; text-align: center;" type="text" value="34"/> Annual Average Precipitation (for your location)</p>	0

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Sanitary Sewer Collection Systems (Continued)

	935	Miles of Sanitary Sewer
	5	Number of Lift Stations
	0	Number of Lift Station Failure
	0	Number of Sewer Pipe Failures
	0	Number of Sanitary Sewer OverFlow (SSO) Occurrences:(10 points per occurrence)
	42	Number of Basement Backup Occurrences
	1,384	Number of Complaints
		Average Daily Flow in MGD
		Peak Monthly Flow in MGD(if available)
		Peak Hourly Flow in MGD(if available)
	<b>PERFORMANCE INDICATORS</b>	
	0.00	Lift Station Failures(failures/ps/year)
	0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)
	0.00	Sanitary Sewer Overflows (number/sewer mile/yr)
	0.04	Basement Backups(number/sewer mile)
	1.48	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?	
	<p style="margin-left: 20px;"> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 600px; margin-left: 20px;"></div>	

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Sanitary Sewer Collection Systems (Continued)

<b>7.</b>	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 style="margin-left: 20px;"> <input type="radio"/> Yes  <input checked="" type="radio"/> No                 </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>8.</b>	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>9.</b>	What is being done to address infiltration/inflow in your collection system?	
	<div style="border: 1px solid black; padding: 5px;">                     1- Flow monitoring. 2- Manhole Inspections. 3- Manhole Rehabilitation. 4- Dyed water flooding. 5- Working with MMSD on CMOM and the 2020 facilities Plan.                 </div>	

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				
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):	
<b>Financial Management:</b> Grade=A	
<b>Collection Systems:</b> 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) <b>G.P.A. =</b>	