Milwaukee Ms4 And Sewage Collection System

Last Updated: Reporting For: 5/23/2023

2022

**Financial Management** 

1. Provider of Financial Ir	formation			
Name:	Kurt Sprangers			
Telephone:	(414) 286-0515		(XXX) XXX-XXXX	
E-Mail Address				
(optional):	kspran@milwaukee.gov			
<ul> <li>2. Treatment Works Oper</li> <li>2.1 Are User Charges or treatment plant AND/OR</li> <li>Yes (0 points) □□</li> <li>No (40 points)</li> <li>If No, please explain:</li> </ul>	other revenues sufficient to cove	r O&M expens	es for your wastewater	
2.2 When was the User	Charge System or other revenue	source(s) last	reviewed and/or revised?	
Year:	¬ .	. ,		0
2021 ■ 0-2 years ago (0 point				
o 3 or more years ago (	•			
O N/A (private facility)				
	ial account (e.g., CWFP required suble for repairing or replacing equivatem?		•	
O No (40 points)				
	PUBLIC MUNICIPAL FACILITIES S	HALL COMPLE	TE QUESTION 3]	
<ol> <li>Equipment Replacement</li> <li>When was the Equipment</li> <li>Year:</li> </ol>	nt Funds ment Replacement Fund last revi 	ewed and/or r	evised?	
2021				
• 1-2 years ago (0 point				
o 3 or more years ago (	20 points)□□			
O N/A If N/A, please explain:				
I III III PICAGO CAPIANTI	_			
3.2 Equipment Replacen	 nent Fund Activity			
	Reported on Last Year's CMAR	\$	300,000.00	
_	ecessary (e.g. earned interest,	\$		
	wal of excess funds, increase	_		
3.2.3 Adjusted January	1st Beginning Balance	\$	300,000.00	
3.2.4 Additions to Fund earned interest, etc.)	(e.g. portion of User Fee,	+	1,854,612.00	

Number of Municipally Owned Pump/Lift Stations:

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - \$ 3.2.6 Ending Balance as of December 31st for CMAR	1,854,612		
Reporting Year \$	300,000	.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 repa	irs from 3.2.5 a	above.	
1) Rehab and/or repair pumps and generators; 2) SCADA system upg several maintenance equipment: jet nozzle, radios, Jet Vac truck, Jet mini excavator; and 4) Purchase of safety equipment and safety harne	truck, dump tru	ıck, and	0
3.3 What amount should be in your Replacement Fund? \$ 300	0,000.00		U
Please note: If you had a CWFP loan, this amount was originally based Assistance Agreement (FAA) and should be regularly updated as neede instructions and an example can be found by clicking the SectionInstru header in the left-side menu.  3.3.1 Is the December 31 Ending Balance in your Replacement Fund ab greater than the amount that should be in it (#3.3)?  • Yes  • No  If No, please explain.	d. Further calcuctions link unde	ulation er Info	
<ul> <li>4. Future Planning</li> <li>4.1 During the next ten years, will you be involved in formal planning for or new construction of your treatment facility or collection system?</li> <li>◆ Yes - If Yes, please provide major project information, if not already</li> <li>○ No</li> <li>Project Project Description</li> <li>#</li> <li>1 The City of Milwaukee has an ongoing sewer replacement and I/I reduction program. From 2022 to 2027, our six year Capital Improvement Program is \$203,000,000. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$2,000,000 is budgeted for the sanitary sewer system rehabilitation each year.</li> </ul>	Estimated Cost \$2,000,000	Approximate Construction Year	
5. Financial Management General Comments  The Cityle hydget is based on the calendar year. January 1st to December.	or 21 of		
The City's budget is based on the calendar year, January 1st to Decemb	er 31st.		
6. Collection System			
6.1 Energy Usage 6.1.1 Enter the monthly energy usage from the different energy sources	s:		
COLLECTION SYSTEM PUMPAGE: Total Power Consumed			

90

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	10,542	11
February	11,635	11
March	11,681	39
April	10,749	10
May	10,842	11
June	8,983	9
July	9,476	8
August	10,905	12
September	10,994	11
October	11,193	197
November	12,955	11
December	12,675	10
Total	132,630	340
Average	11,053	28
☐ Extended ☐ Flow Mete ☐ Pneumati ☒ SCADA Sy ☐ Self-Primi ☐ Submersi ☐ Variable Sy ☒ Other:	ystem ing Pumps ble Pumps Speed Drives eater	
6.2.2 Comme	ents:	
.3 Has an En  No  Yes  Year:	ergy Study been performe	ed for your pump/lift statio

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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?
- a) Monthly inspections and monitoring result in early identification of unexpected increases in energy usage, which can be investigated and corrected immediately.
- b) Annual pump rehabilitation project replaces old equipment with new potentially more energy efficient equipment.

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

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### **Sanitary Sewer Collection Systems**

<ol> <li>Capacity, Management, Operation, and Maintenance (CMOM) Program</li> <li>Do you have a CMOM program that is being implemented?</li> </ol>
• Yes
○ No
If 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)
○ 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:
To efficiently collect and convey all of our customers' wastewater in the most cost effective
manner while remaining in compliance with WPDES permits, Clean Water Act, Wisconsin Law, and MMSD Rules and Regulations.
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)
☑ 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?
City of Milwaukee Ordinance
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2016-12-13
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
☐ Operation and Maintenance [NR 210.23 (4) (d)]
Does your operation and maintenance program and equipment include the following:
☐ Equipment and replacement part inventories
☐ Up-to-date sewer system map

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☑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  $\square$  Design and Performance Provisions [NR 210.23 (4) (e)]  $\square$ 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 MMSD Guidelines  $\square$  Overflow Emergency Response Plan [NR 210.23 (4) (f)]  $\square$ 0 Does your emergency response capability include: ☑ Responsible personnel communication procedures Response order, timing and clean-up ☑ Public notification protocols ☑ Emergency operation protocols and implementation procedures ☑ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]
☐ ☐ ☑ Special Studies Last Year (check only those that apply): ☑ Infiltration/Inflow (I/I) Analysis ☐ Sewer System Evaluation Survey (SSES) ☐ Sewer Evaluation and Capacity Managment Plan (SECAP) □ Lift Station Evaluation Report  $\square$  Others: 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. 25 % of system/year Cleaning Root removal % of system/year % of system/year 9.87 Flow monitoring 0.02 % of system/year Smoke testing Sewer line 6 % of system/year televising Manhole % of system/year inspections 12 # per L.S./year Lift station O&M Manhole % of manholes rehabbed rehabilitation Mainline 0.3 % of sewer lines rehabbed rehabilitation Private sewer % of system/year inspections

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No

If Yes, please describe:

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71 71 7 7			
Private sewer I/I			
removal 0 % of private services			
River or water  crossings 0 % of pipe crossings evaluated or maintained			
Please include additional comments about your sanitary sewer collection system below:			
Trease merade additional comments about your summary server concession system below:			
<ul><li>3. Performance Indicators</li><li>3.1 Provide the following collection system and flow information for the past year.</li></ul>			
34.80 Total actual amount of precipitation last year in inches			
34.76 Annual average precipitation (for your location)			
945 Miles of sanitary sewer			
7 Number of lift stations			
0 Number of lift station failures			
0 Number of sewer pipe failures			
38 Number of basement backup occurrences			
4619 Number of complaints			
Average daily flow in MGD (if available)			
Peak monthly flow in MGD (if available)			
Peak hourly flow in MGD (if available)			
3.2 Performance ratios for the past year:			
0.00 Lift station failures (failures/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)			
4.89 Complaints (number/sewer mile)			
Peaking factor ratio (Peak Monthly:Annual Daily Avg)			
Peaking factor ratio (Peak Hourly:Annual Daily Avg)			
4. Overflows			
LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED			
Date Location Cause Estimate Volume	II		
0 11/16/2022 10:30:00 AM 200 N. Harbor Dr. Plugged Sewer 189 11/16/2022 1:39:00 PM	,		
** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section unt corrected.	il		
What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurences in the future?			
The City continues to 1) Implement aggressive inflow and infiltration reduction programs, and 2) Clean and televise its sanitary sewer system to identify and prevent blockages.			
5. Infiltration / Inflow (I/I)			
5.1 Was infiltration/inflow (I/I) significant in your community last year?  • Yes			

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5.2 Has infiltration/inflow and resultant high flows affected perfor your collection system, lift stations, or treatment plant at any time o Yes	•
• No	
If Yes, please describe:	
5.3 Explain any infiltration/inflow (I/I) changes this year from pre-	vious years:
There are no I/I changes from the previous year.	
5.4 What is being done to address infiltration/inflow in your collect	tion system?
1. Flow monitoring 2. Manhole inspections 3. Manhole rehabilitation projects 5. Working with MMSD on CMOM and the 2020 Facilities	, , , , , , , , , , , , , , , , , , , ,

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)