

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee, City

**Last Updated:
5/27/2014**

Reporting Year: 2013

Financial Management

Questions	Points
1.	Person Providing This Financial Information
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Name:</div> <div style="width: 65%; border: 1px solid black; padding: 2px;">Timothy J. Thur</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Telephone:</div> <div style="width: 65%; border: 1px solid black; padding: 2px;">(414) 286-2463</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">E-Mail Address(optional):</div> <div style="width: 65%; border: 1px solid black; padding: 2px;">timothy.thur@milwaukee.gov</div> </div>
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?
	<div style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) </div> <div style="margin-left: 40px;">If No, please explain:</div> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px; margin-top: 5px;"></div>
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2012
	<div 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) </div>
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?
	<div style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </div>
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: 2012
	<div 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: </div> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px; margin-top: 5px;"></div>
	5.2 What amount is in your Replacement Fund?
	Equipment Replacement Fund Activity
	5.2.1 Ending Balance Reported on Last Year's CMAR: \$300000

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Financial Management (Continued)

	<p>5.2.2 Adjustments - \$0.00 if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</p> <p>5.2.3 Adjusted January 1st Beginning Balance \$300,000.00</p> <p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$985,214.00</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$985,214.00</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;"> 1)Purchase of sewer cleaning and safety equipment 2)Rehab and /or repair pumps and generators 3) SCADA related contract and 4) Purchase Local Government Radio. </div>							
	<p>5.3 What amount <u>should</u> be in your replacement fund? \$300,000.00</p> <p>(If you had a CWFP 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: 600px; margin-top: 5px;"></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 2013 to 2018, our six year Capital Improvement Program is \$195,000,000. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$4,325,350 is budgeted for the sanitary sewer system rehabilitation each year.</td> <td style="text-align: center;">\$4,325,350.00</td> <td style="text-align: center;">2013</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	The City of Milwaukee has an ongoing sewer replacement program. From 2013 to 2018, our six year Capital Improvement Program is \$195,000,000. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$4,325,350 is budgeted for the sanitary sewer system rehabilitation each year.	\$4,325,350.00	2013	
Project Description	Estimated Cost	Approximate Construction Year						
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7.	Financial Management General Comments:							

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Financial Management (Continued)

	The City's budget is based on the calendar year, Jan 1st to Dec 31st.	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee, City

Last Updated:
5/28/2014

Reporting Year: 2013

Sanitary Sewer Collection Systems

Questions	Points
1.	<p>Do you have a Capacity, Management, Operation & Maintenance(CMOM) requirement in your WPDES permit?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
2.	<p>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?</p> <p> <input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4) </p>
3.	<p>Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> 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> <p><input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have):</p> <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 <p><input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY <div style="border: 1px solid black; padding: 2px 10px;">09/27/1995</div> <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 <p><input checked="" type="checkbox"/> Maintenance Activities: details in Question 4</p> <p><input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly?</p> <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 </div>

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Sanitary Sewer Collection Systems (Continued)

		<div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Others: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Milwaukee Metropolitan Sewerage District Guidelines</div> </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have): <div style="margin-left: 20px;"> <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) </div> </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following? <div style="margin-left: 20px;"> <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 </div> <p style="margin-left: 20px;">Within your sewer system have you identified the following?</p> <div style="margin-left: 20px;"> <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 </div> </div> <div style="margin-bottom: 10px;"> <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. </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Special Studies Last Year (check only if applicable): <div style="margin-left: 20px;"> <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: </div> </div>	
4.	Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:		
	Cleaning Root Removal Flow Monitoring Smoke Testing	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">46.31</div> % of system/year <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">2</div> % of system/year <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">1.4</div> % of system/year <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">0</div> % of system/year	

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Sanitary Sewer Collection Systems (Continued)

Sewer Line Televising	<input type="text" value="14.95"/>	% of system/year
Manhole Inspections	<input type="text" value="21.43"/>	% of system/year
Lift Station O&M	<input type="text" value="12"/>	# per L.S./year
Manhole Rehabilitation	<input type="text" value="3.23"/>	% of manholes rehabed
Mainline Rehabilitation	<input type="text" value="6.16"/>	% of sewer lines rehabed
Private Sewer Inspections	<input type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<input type="text"/>		

5. Provide the following collection system and flow information for the past year:

<input type="text" value="40.02"/>	Total Actual Amount of Precipitation Last Year
<input type="text" value="34.76"/>	Annual Average Precipitation (for your location)
<input type="text" value="963"/>	Miles of Sanitary Sewer
<input type="text" value="7"/>	Number of Lift Stations
<input type="text" value="0"/>	Number of Lift Station Failure
<input type="text" value="1"/>	Number of Sewer Pipe Failures
<input type="text" value="25"/>	Number of Basement Backup Occurrences
<input type="text" value="1412"/>	Number of Complaints
<input type="text"/>	Average Daily Flow in MGD
<input type="text"/>	Peak Monthly Flow in MGD(if available)
<input type="text"/>	Peak Hourly Flow in MGD(if available)

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Sanitary Sewer Collection Systems (Continued)

LIST OF SANITARY SEWER OVERFLOWS (SSO) REPORTED				
#	Date	Location	Cause	Estimated Volume (MG)
1.	04/18/2013 4:24:00 AM to 04/18/2013 5:08:00 AM	Permit No. 039 - S. 92nd St and W. Howard Avenue	Rain	0.0198
2.	04/18/2013 3:01:00 AM to 04/18/2013 5:17:00 AM	Permit No. 074 - S. 99th St and W. Oklahoma Ave	Rain	0.0292
3.	10/08/2013 2:45:00 PM to	435 South 95th Street	Plugged Sewer	0.0102
4.	10/08/2013 2:45:00 PM to 10/08/2013 5:30:00 PM	435 S. 95th St.	Plugged Sewer, Broken Sewer, B	0.0103

**** If there were any SSO's that are not listed above, please contact the DNR and stop work on this section until corrected.**

What actions were taken, or are underway, to reduce or eliminate SSO occurrences in the future?

The City continues to 1. implement aggressive inflow and infiltration reduction program 2. clean and televise its sanitary sewer system to identify and prevent blockages.

PERFORMANCE INDICATORS

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)
0.03	Basement Backups(number/sewer mile)
1.47	Complaints (number/sewer mile)
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Peaking Factor Ratio(Peak Hourly:Annual daily Average)

6. Was infiltration/inflow(I/I) significant in your community last year?

☐ Yes
☒ No

If Yes, please describe:

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?

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	<input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, please describe: <input type="text"/>	
8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	<input type="text"/>	
9.	What is being done to address infiltration/inflow in your collection system?	
	1. Flow Monitoring 2. Manhole Inspections 3. Manhole Rehab 4. Implement sanitary sewer lining projects 5. Working with MMSD on CMOM and the 2020 Facilities Plan.	

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			4	16
GRADE POINT AVERAGE(GPA)=4.00		4.00		

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
City of Milwaukee	
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. Regardless of grade, required for Collection Systems if SSO's were reported):	
Financial Management: Grade=A	
Collection Systems: Grade=A	
The City will continue 1. with its aggressive I/I reduction program and 2. to clean and televise its sanitary sewer system to identify and prevent blockages.	
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	