Milwaukee, City			Last Updated: 6/17/2015	Reporting Fo	or:
Financial Managemen	t				_
Provider of Financial Info Name: Telephone: E-Mail Address (optional):	rmation Timothy J. Thur (414) 286-2463 timothy.thur@milwaukee.gov		(XXX) XXX-X	xxx	
treatment plant AND/OR co Yes (0 points) No (40 points) If No, please explain: 2.2 When was the User Ch Year: 2014 O-2 years ago (0 points) 3 or more years ago (20 N/A (private facility) 2.3 Did you have a special	ther revenues sufficient to cover ollection system? parge System or other revenue so openints) account (e.g., CWFP required see for repairing or replacing equip	ource(s) last r	eviewed and/or re lacement Fund, e	evised? O tc.) or)
	PUBLIC MUNICIPAL FACILITI	ES SHALL CO	OMPLETE QUEST	ION 3]	\Box
Year: 2014 • 1-2 years ago (0 points) • 3 or more years ago (20 • N/A If N/A, please explain:	ent Replacement Fund last reviev	wed and/or re	vised?		
3.2 Equipment Replaceme	· ·				
G		\$	300,000	0.00	
3.2.3 Adjusted January		\$	300,000	0.00	
3.2.4 Additions to Fund (e earned interest, etc.)3.2.5 Subtractions from Fundamental Fundamental		+ \$	1,104,000	0.00	
replacement, major repairs 3.2.6.1 below*)	s - use description box	- \$	1,104,000	0.00	
3.2.6 Ending Balance as CMAR Reporting Year	of December 31st for	\$	300,000	0.00	

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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 repairs from 3.2.5 above.

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.

3.3 What amount should be in your Replacement Fund?

\$ 300,000.00

Please note: 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 link under Info in the left-side menu.

- 3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?
- Yes
- O No

If No, please explain.

- 4. Future Planning
- 4.1 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?
- Yes If Yes, please provide major project information, if not already listed below.
- O No

Project #	Project Description		Approximate Construction Year
1	The City of Milwaukee has an ongoing sewer replacement program. From 2014 to 2019, our six year Capital Improvement Program is \$201,000,000. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$11,500,000 is budgeted for the sanitary sewer system rehabilitation each year.	11500000	2014

5. Financial Management General Comments

The City's budget is based on the calendar year, Jan 1st to Dec 31st.

Total Points Generated	
Score (100 - Total Points Generated)	
Section Grade	А

0

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Sanitary Sewer Collection Systems

- 1. CMOM Program
- 1.1 Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?
- Yes
- O No
- 1.2 Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance (O&M) or CMOM program last calendar year?
- Yes (Continue with question 1)
- No (30 points) (Go to question 2)
- 1.3 Check the elements listed below that are included in your O&M or CMOM program.
- ☑ 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.

☑ Organization

Do you have the following written organizational elements (check only those that apply)?

- ☑ Ownership and governing body description
- ☑ Organizational chart
- ☑ Personnel and position descriptions
- ☑ Internal communication procedures
- ☑ Public information and education program
- Legal Authority

Do you have the legal authority for the following (check only those that apply)?

- ☐ Pretreatment/industrial control Programs
- ☑ Fat, oil and grease control
- ☑ Illicit discharges (commercial, industrial)
- ☑ Private property clear water (sump pumps, roof or foundation drains, etc.)
- ☑ Private lateral inspections/repairs
- ☑ Service and management agreements
- ☑ Maintenance Activities (provide details in question 2)
- □ Design and Performance Provisions

How do you ensure that your sewer system is designed and constructed properly?

- State plumbing code
- ☑ DNR NR 110 standards
- Local municipal code requirements
- ☑ Construction, inspection, and testing
- ☑ Others:

Milwaukee Metropolitan Sewerage District Guidelines

□ Overflow Emergency Response Plan:

Does your emergency response capability include (check only those that apply)?

- □ Alarm system and routine testing

- ☑ Communications/notifications (DNR, internal, public, media, etc.)
- □ Capacity Assurance:

How well do you know your sewer system? Do you have the following?

Last Updated: Reporting For: Milwaukee, City 6/17/2015 2014 □ Current and up-to-date sewer map ■ Sewer system plans and specifications ☑ Manhole location map ☑ Lift station pump and wet well capacity information □ Lift station O&M manuals Within your sewer system have you identified the following? ☑ Areas with flat sewers Areas with surcharging Areas with bottlenecks or constrictions Areas with chronic basement backups or SSOs Areas with excess debris, solids, or grease accumulation Areas with heavy root growth □ Areas with excessive infiltration/inflow (I/I) 0 ✓ Sewers with severe defects that affect flow capacity Adequacy of capacity for new connections ☑ Lift station capacity and/or pumping problems Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed ☑ 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 □ 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. 46.46 % of system/year Cleaning % of system/year Root removal 0.68 1.3 % of system/year Flow monitoring Smoke testing % of system/year Sewer line % of system/year televising 12.96 Manhole % of system/year inspections 19.88 Lift station O&M # per L.S./year 12 Manhole % of manholes rehabbed 1.76 rehabilitation Mainline % of sewer lines rehabbed 0.92 rehabilitation Private sewer % of system/year inspections Private sewer I/I % of private services removal Please include additional comments about your sanitary sewer collection system below:

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3. Performance Indicators				
3.1 Provide the following collection system and flow information for the past year.				
	32.11 Total actual amount of precipitation last year in inches			
	·			
	Annual average precipitation (for your location)			
963	Miles of sanitary sewer			
7	Number of lift stations			
0	Number of lift station failures			
1	Number of sewer pipe failures			
31	Number of basement backup occurrences			
1730	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)			
0.01	Sanitary sewer overflows (number/sewer mile/yr)			
0.03	0.03 Basement backups (number/sewer mile)			
1.80 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) OFERFLOWS REPORTED **					
	Date	Location	Cause	Estimated Volume (MG)		
0	1/31/2014 5:00:00 AM - 1/31/2014 10:00:00 AM	Approx. 320 feet south of the intersection of N. 60th St and W. Custer Ave.		0.0026 - 0.0026		
	5/12/2014 7:10:00 PM - 5/12/2014 7:12:00 PM	Permit No 001 - Permanent overflow structure at N 41st St and W Congress Ave (s/s)		0.0007 - 0.0007		
1 -	5/12/2014 6:45:00 PM - 5/12/2014 7:45:00 PM	Permit No. 014 Permanent overflow structure, N 41st St and W Congress Ave (n/s)	Rain	0.0154 - 0.0154		
1 .	5/12/2014 6:58:00 PM - 5/12/2014 7:41:00 PM	Permit No. 215 - Permanent Overflow Structure at N 72nd St and W Capital Dr	Rain	0.0345 - 0.0345		
1 '	5/12/2014 6:52:00 PM - 5/12/2014 7:40:00 PM	Permit No. 216 - Permanent Overflow Structure at W. Potomac Ave and W. Chapman Pl.	Rain	0.0201 - 0.0201		
	6/18/2014 1:45:00 AM - 6/18/2014 2:15:00 AM	Permit No. 216 - W. Potomac Ave and W. Chapman Place	Rain	0.0684 - 0.0684		
1 -	6/18/2014 2:00:00 AM - 6/18/2014 2:00:00 AM	Permit No. 001 - Permanent overflow structure at N. 41st St & W. Congress Ave	Rain	0.0006 - 0.0006		
1 '	6/18/2014 1:30:00 AM - 6/18/2014 3:15:00 AM	Permit No. 014 - Permanent overflow structure at N. 41st St and W. Congress Ave.	Rain	0.0774 - 0.0774		
1 -	6/18/2014 2:15:00 AM - 6/18/2014 2:30:00 AM	Permit No. 198 - Permanent overflow structure at N. 31st St and W. Villard Ave.	Rain	0.0008 - 0.0008		

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		Permit No. 199 - Permanent overflow structure at N. 86th St and W. Center St.	Rain	0.0027 - 0.0027
Ī	-	 Permit No. 215 - Permanent overflow structure at N. 72nd and W. Capitol Drive	Rain	0.0292 - 0.0292
		Permanent Overflow Structure (Permit No. 037) at S. 77th St and W. Oklahoma Avenue - duration related to time pump was running	Plugged Sewer	0.4314 - 0.4314

^{**} If there were any SSOs or TFOs 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 or TFO occurences 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.

- 5. Infiltration / Inflow (I/I)
- 5.1 Was infiltration/inflow (I/I) significant in your community last year?
- o Yes
- No

If Yes, please describe:

- 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:

There are no I/I changes from the previous year.

- 5.4 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	
Score (100 - Total Points Generated)	
Section Grade	

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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				

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)