

Allouez Village Hall 。 1900 Libal Street 。 Green Bay, Wisconsin 54301-2453 Phone No.: (920) 448-2800 。 Fax No.: (920) 448-2850

# Department of Public Works

#### 2017 COMPLIANCE MAINTENANCE ANNUAL REPORT

The WDNR requires communities with WPDES Permits to submit an annual report summarizing their sanitary sewer inspection and maintenance activities. The completed CMAR report is attached for your review. A resolution from the Village Board indicating that the report has been reviewed and approved by the Board is needed.

A summary of the maintenance activities completed in 2017 along with the report will be reviewed at the committee meeting.

#### **RESOLUTION 2018-15**

### VILLAGE OF ALLOUEZ

**BE IT RESOLVED** by the VILLAGE BOARD of the VILLAGE OF ALLOUEZ, County of Brown, State of Wisconsin, that the ALLOUEZ VILLAGE BOARD has reviewed and approved the "Compliance Maintenance Report" which is specifically referred to as "CMAR" relative to the village's sanitary sewer collection system.

**PASSED AND ADOPTED** by the Village Board on the 20<sup>th</sup> day November, 2018.

	James F. Rafter, President
ATTEST:	
Debra M. Baenen, Clerk-Treasurer	

Allouez Village Last Updated: Reporting For: 11/13/2018 2017

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1. Provider of Financial Info	rmation			
Name:			1	
	Sean J. Gehin, P.E.			
Telephone:	(920) 448-2800		(XXX) XXX-XXXX	
E-Mail Address				
(optional):			1	
	seang@villageofallouez.com			
<ul><li>treatment plant AND/OR co</li><li>Yes (0 points)</li><li>No (40 points)</li><li>If No, please explain:</li></ul>	ther revenues sufficient to cove			
2.2 When was the User Ch Year:	arge System or other revenue s	source(s)	last reviewed and/or revised?	
2017				0
• 0-2 years ago (0 points)				
o 3 or more years ago (20				
<ul><li>N/A (private facility)</li></ul>				
<ul><li>2.3 Did you have a special financial resources availabl plant and/or collection syst</li><li>Yes (0 points)</li></ul>	account (e.g., CWFP required se e for repairing or replacing equi em?	segregate pment fo	ed Replacement Fund, etc.) or or your wastewater treatment	
O No (40 points)				
	BLIC MUNICIPAL FACILITIES S	HALL COI	MPLETE QUESTION 3]	
<ul> <li>3. Equipment Replacement</li> <li>3.1 When was the Equipm</li> <li>Year:</li> <li>2017</li> <li>1-2 years ago (0 points)</li> <li>0 3 or more years ago (20</li> <li>N/A</li> <li>If N/A, please explain:</li> </ul>	Funds ent Replacement Fund last revie			
3.2 Equipment Replaceme			t 200,000,00	
_	eported on Last Year's CMAR		\$ 308,960.29	
3.2.2 Adjustments - if nec- audit correction, withdrawa making up previous shortfa	·	+	\$ 441.33	
3.2.3 Adjusted January 1s	t Beginning Balance		\$ 309,401.62	
3.2.4 Additions to Fund (e earned interest, etc.)	.g. portion of User Fee,	+	\$ 15,000.00	

### Allouez Village

Last Updated: Reporting For:

11/13/2018

2017

0

3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below\*)

0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

324,401.62

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.

No expenses charged to this account in 2017. This fund is for the future maintenance and replacement of the 2-wastewater pumping stations.

3.3 What amount should be in your Replacement Fund?

305,376.00

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 SectionInstructions link under Info header 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	1	Approximate Construction Year
1	Sanitary Relay-Oakwood/Oakhill/Summit/Longview	750000	2019
2	Sanitary Relay-Beaumont/Kalb/St Mary's Blvd	750000	2021
3	Sanitary Relay-E.Greene Ave/Karl/Brevort/Vista/Stambaugh Rd	750000	2023
4	Sanitary Relay-Delahaut/Briar Lane	350000	2025
5	Sanitary Relay-Ravine/Lola/Tower Dr/Fairview/Brenner	750000	2027
6	Sanitary Relay-Little Rd/Blackhawk/Bittersweet/Karen	750000	2029
7	The Marine Street Sanitary Sewer will be repaired from Marine to Monroe Street in 2018. The repair will consist of slip lining 218 feet of HDPE pipe.	60,000	2018
8	Sanitary Relay - Andalusia Court 400Lf	125,000	2019

5. Financial Management General Comments

Allouez intends to gradually increase its revenue for the sanitary sewer utility to improve the income and fund balance. With the completion of GBMSD plant improvements, GBMSD rates appear to have stabilized. This also should help improve the Allouez utility financial situation.

### ENERGY EFFICIENCY AND USE

- 6. Collection System
- 6.1 Energy Usage
- 6.1.1 Enter the monthly energy usage from the different energy sources:

#### **COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:

Allouez Village

Last Updated: Reporting For: 11/13/2018

2017

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)	
January 4,733		8	
February	4,262	10	
March	4,894	9	
April	4,784	9	
May	4,157	12	
June	3,117	7	
July	3,210	11	
August 2,817		8	
September	2,897	9	
October	2,810	10	
November	3,447	9	
December	3,166	6	
Total	44,294	108	
Average	3,691	9	

Total	44,294	108	
Average	3,691	9	
			•
6 <u>.1.2 Comme</u>	ents:		
		A CONTRACTOR OF THE CONTRACTOR	
6.2 Energy Re	lated Processes and Equi	pment	
			stations (Check all that apply):
	tion or Screening		
	Shaft Pumps		
	ering and Recording		
☐ Pneumati	• -		
	•		
☐ Submersi			
	Speed Drives		
☐ Other:	pood Direct		
6.2.2 Comme	ents:		
6.3 Has an En	ergy Study been perform	ed for your pump/lift statio	ns?
o No			
• Yes			
Year: 2010			
By Whom:	Allouez Staff		
L	d Comment:		
	installing variable speed	drives on the numbs	
Resulted III		drives on the pullips.	

pump/lift stations?

None.

Allouez Village	Last Updated: 11/13/2018	Reporting For: <b>2017</b>
6.4 Future Energy Related Equipment		
6.4.1 What energy efficient equipment or practices do you have planne	ed for the future for	your

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

Allouez Village

Village Ordinance 350

Last Updated: Reporting For:

11/13/2018

2017

# **Sanitary Sewer Collection Systems**

. Capacity, Management, Operation, and Maintenance (CMOM) Program 1.1 Do you have a CMOM program that is being implemented?  • Yes
o 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)
O N/A
If No or N/A, explain:
4.2. December 2. Calculation and the second
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:
1. Continue to replace aging sanitary sewer. Replaced 6100 If of Sanitary Sewer under the Village's Street and Utility Reconstruction Project in 2017.
2. Replace high priority sewers.
3. Annual televising/leak sealing. Televised 1600 lf in 2017.
4. Annual sewer cleaning program. Cleaned 33% of the sewer system.
5. Improve the sewer lateral ordinance. Continual efforts needed. Removed and replaced 2950 lf of sewer laterals in 2017.
6. New tv camera. Collaborate with neighboring communities on the purchase of camera.
7. Develop more extensive sewer tv program. To do in 2018.
8. Implement cross-connection inspection program.
9. Evaluate sewer bottlenecks. Study of the East River sewer to be completed in the future.
Did you accomplish them?  ● Yes
o No
If No, explain:
☑ Organization [NR 210.23 (4) (b)]
Does this chapter of your CMOM include:
☑ Organizational structure and positions (eg. organizational chart and position descriptions)
☐ Internal and external lines of communication responsibilities
<ul><li>☑ Person(s) responsible for reporting overflow events to the department and the public</li><li>☑ Legal Authority [NR 210.23 (4) (c)]</li></ul>
What is the locally hinding document that regulates the use of your sewer system?

# Allouez Village

Flow monitoring

2017 11/13/2018 If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2015-09-01 Does your sewer use ordinance or other legally binding document address the following: ☐ Private property inflow and infiltration Mew 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 ☑ Enforcement procedures for sewer use non-compliance ☑ 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 ☐ 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 ☑ Design and Performance Provisions [NR 210.23 (4) (e)] 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 0 property? State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements □ Construction, Inspection, and Testing ☐ Others: ☑ Overflow Emergency Response Plan [NR 210.23 (4) (f)] Does your emergency response capability include: □ Responsible personnel communication procedures ☐ Response order, timing and clean-up ☑ Public notification protocols ☐ Training ☐ 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 ☐ 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. 40 % of system/year Cleaning % of system/year 2.5 Root removal % of system/year

Last Updated: Reporting For:

Allouez Village		Last Updated: Reporting For 11/13/2018 <b>2017</b>
Smoke testing	O	% of system/year
Sewer line		
televising	1	% of system/year
Manhole inspections	40	% of system/year
Lift station O&M	50	# per L.S./year
Manhole rehabilitation	5	% of manholes rehabbed
Mainline rehabilitation	2	% of sewer lines rehabbed
Private sewer inspections	2	% of system/year
Private sewer I/I removal	2	% of private services
River or water crossings	0	% of pipe crossings evaluated or maintained
Please include additio	nal comments about your	r sanitary sewer collection system below:
A reconstruction proj The sewer system tv projects. This is inte	/leak sealing program alsended to repair sewers the	lanned for 2019/2021/2023/2025/2027.  so alternates years opposite the reconstruction roughout the Village by area.
There are no river or		
3. Performance Indicato		
		flow information for the past year. ecipitation last year in inches
	Annual average precipitati	
	Miles of sanitary sewer	
	Number of lift stations	
	Number of lift station failu	ıres
	Number of sewer pipe fail	
	Number of basement back	
	Number of complaints	tup occurrences
	Average daily flow in MGD	) (if available)
	Peak monthly flow in MGD	
	Peak hourly flow in MGD (	
3.2 Performance ratios	•	in available)
	ior the past year. Lift station failures (failure	es/year)
	Sewer pipe failures (pipe f	
	Sanitary sewer overflows	

## Allouez Village Last Updated: Reporting For: 11/13/2018 2017 0.00 Basement backups (number/sewer mile) 0.00 Complaints (number/sewer mile) 1.6 Peaking factor ratio (Peak Monthly: Annual Daily Avg) 0.0 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) None reported \*\* If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected. 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: Essentially no change since 2016. There is clearwater intrusion into the sewer system which has remained constant. Sewer and lateral replacements in 2017 under the 2017 Street and Utility Reconstruction Project removed and replaced sewer, manholes and laterals overall improving the clearwater intrusion. 5.4 What is being done to address infiltration/inflow in your collection system? Allouez continues its sewer area televising and leak sealing program. An area of the system is repaired alternate years.

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

New sanitary sewer is installed alternate years to replace old sanitary sewers that are in poor

condition.

**Allouez Village** 

Last Updated: Reporting For:

11/13/2018

2017

## **Grading Summary**

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	А	4	3	12
TOTALS			4	16
GRADE POINT AVE	RAGE (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)

Compliance Maintenance Annual Report	West Company	
Allouez Village	Last Updated:	Reporting Fo
	11/13/2018	2017
Resolution or Owner's Statement		
Name of Governing Body or Owner:		
Village of Allouez		
Date of Resolution or Action Taken:		
Resolution Number:		
Date of Submittal:		
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELA SECTIONS (Optional for grade A or B. Required for grade C, D, or Financial Management: Grade = A		C CMAR
Collection Systems: 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)

(Regardless of grade, response required for Collection Systems if SSOs were reported)

G.P.A. = 4.00