

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:
6/8/2016 **2015**

Financial Management

1. Provider of Financial Information

Name:

Telephone: (XXX) XXX-XXXX

E-Mail Address (optional):

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- Yes (0 points)
- No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year:

- 0-2 years ago (0 points)
- 3 or more years ago (20 points)
- N/A (private facility)

2.3 Did you have a special account (e.g., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

- Yes (0 points)
- No (40 points)

0

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year:

- 1-2 years ago (0 points)
- 3 or more years ago (20 points)
- N/A

If N/A, please explain:

We are planning on doing a detailed review of our entire system. To include a FSP, Upgrades to our mapping system. Etc.. This will include a thorough review of our ERF.

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input type="text" value="354,553.26"/>
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input type="text" value="531.86"/>
3.2.3 Adjusted January 1st Beginning Balance		\$	<input type="text" value="355,085.12"/>
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input type="text" value="0.00"/>
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input type="text" value="0.00"/>
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		\$	<input type="text" value="355,085.12"/>

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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.

3.3 What amount should be in your Replacement Fund? \$

Please note: If you had a CWFPP 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
 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.
 No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Potential new Lift Station along with second Force Main. Tentative at best, pending economic development.	2000000	2018
2	Potentially construct a Bio solids processing facility for our treatment plant. We share ownership w/ Village of Lake Delton and are working through the CWFPP process w/ Lake Delton and consulting engineers. This project is underway.	2850000	2017

5. Financial Management General Comments

0

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

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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

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:

Creating new CMOM program to meet regulations by August 1, 2016 deadline. (We are currently working w/ MSA Associates of Baraboo on a FSP, GIS Mapping upgrades, etc..)

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)?

Sewer use ordinance Last Revised Date (MM/DD/YYYY) 12/30/2015

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:

Overflow Emergency Response Plan:

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

Alarm system and routine testing

Emergency equipment

Emergency procedures

Communications/notifications (DNR, internal, public, media, etc.)

Capacity Assurance:

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

Current and up-to-date sewer map

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<input checked="" type="checkbox"/> Sewer system plans and specifications <input 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 Within your sewer system have you identified the following? <input checked="" type="checkbox"/> Areas with flat sewers <input type="checkbox"/> Areas with surcharging <input checked="" type="checkbox"/> Areas with bottlenecks or constrictions <input checked="" type="checkbox"/> Areas with chronic basement backups or SSOs <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 type="checkbox"/> Sewers with severe defects that affect flow capacity <input type="checkbox"/> Adequacy of capacity for new connections <input type="checkbox"/> Lift station capacity and/or pumping problems <input type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed <input type="checkbox"/> Special Studies Last Year (check only those that apply): <input 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 type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	0
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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.

Cleaning	19	% of system/year
Root removal	14	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	1	% of system/year
Manhole inspections	10	% of system/year
Lift station O&M	12	# per L.S./year
Manhole rehabilitation	1	% of manholes rehabbed
Mainline rehabilitation	.7	% of sewer lines rehabbed
Private sewer inspections	.5	% of system/year
Private sewer I/I removal	.02	% of private services

Please include additional comments about your sanitary sewer collection system below:

Reconstructed 2 blocks of Oak Street which included total Sanitary Sewer Rehab.

3. Performance Indicators

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

42.53	Total actual amount of precipitation last year in inches
34.75	Annual average precipitation (for your location)
25	Miles of sanitary sewer
19	Number of lift stations
0	Number of lift station failures
1	Number of sewer pipe failures
0	Number of basement backup occurrences
8	Number of complaints
.463	Average daily flow in MGD (if available)
.718	Peak monthly flow in MGD (if available)
0	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.04	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.00	Basement backups (number/sewer mile)
0.32	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?

- 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?

- Yes
- No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

NO

5.4 What is being done to address infiltration/inflow in your collection system?

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Continued daily monitoring and continued reconstruction of system. We are currently starting another project (Capital Str.) that will completely reconstruct 2 more blocks of Sanitary Sewer.

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

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Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	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)

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

City of Wisconsin Dells Common Council

Date of Resolution or
Action Taken:

Resolution Number:

Date of Submittal:

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):

Financial Management: Grade = A

Collection Systems: Grade = A

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

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

TO: CITY OF WISCONSIN DELLS

FROM: GENE HARDER
1122 OAK STREET
WISCONSIN DELLS, WI 53965

DATE: JUNE 3, 2016

SUBJECT: STOP SIGN-OAK AND WISCONSIN

With the detour that has been created with River Road being closed it has created more traffic on Oak Street. One of the signs that you have installed is a stop sign at the corner of Oak Street and Wisconsin Avenue.

I would like for the City of Wisconsin Dells to consider making this a permanent stop sign. There is a lot of traffic on Wisconsin Avenue and when you go South on Oak Street to turn left or right there are cars parked and it does make it difficult to see traffic coming.

Thanks for your consideration.


Gene A. Harder

Decker Supply Co Inc.
 1115 O'Neill Ave
 PO Box 8008
 Madison WI 53708

ITEM 5
QUOTATION

Quote Number: 470892
 Quote Date: 05/06/16
 Page: 1

Customer Phone: 608-253-2542
 Customer Fax: 608-254-8904

B CITY OF WISCONSIN DELLS
I 300 LACROSSE ST
L WISCONSIN DELLS, WI 53965
L

S CITY OF WISCONSIN DELLS
H 300 LACROSSE ST
I WISCONSIN DELLS, WI 53965
P 608-253-2542
 ATTN: CHRIS TOLLAISEN

Entered By: JOSH Location: Account Cd: WISDECWISA Salesperson: 7250	RFQ Number: NOT YET Ship Via: DROP SHIP DIRCT Taxable: Y Pmt Terms: NET 30
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Line	Order Qty	Part Number	Description	Price	UM	Ext Price	Est Ship
1	1.00	PCMS-320/HYD	VER-MAC TRAFFIC MASTER MID SIZE MESSAGE BOARD - 63" x 98" DISPLAY PANEL - V TOUCH CONTROLLER - HYDRAULIC LIFT - FULL MATRIX	\$15,700.0000	EA	\$15,700.00	06/09/16
2	1.00	MISC	STEALTH BATTERY PACKAGE - INCLUDES SEALED MAINTENANCE FREE BATTERIES IN HIDDEN STORAGE BOX	\$1,125.0000	EA	\$1,125.00	06/09/16
3	1.00	MISC	15 AMP CHARGER FOR STEALTH BATTERY PACKAGE	\$190.0000	EA	\$190.00	06/09/16
4	1.00	OPT-MS-MODEM	VER-MAC 3G DIGI MODEM W/GPS ** DOES NOT INCLUDE CELLULAR SERVICE **	\$1,065.0000	EA	\$1,065.00	06/09/16
5	1.00	MISC	TONGUE WHEEL JACK	\$172.0000	EA	\$172.00	06/09/16
ADD FREIGHT, ROUGH TOTAL LISTED BELOW. LEADTIME: 3-4 WEEKS ARO SALESPERSON: JOSH							

Thank you for the opportunity
of quoting.

Prices are good for 45 days
from quotation date.

Subtotal:	\$18,252.00
Sales Tax:	\$0.00
Freight:	\$700.00

Decker Supply Co Inc.
1115 O'Neill Ave
PO Box 8008
Madison WI 53708

QUOTATION

Quote Number: 470892
Quote Date: 05/06/16
Page: 2
Customer Phone: 608-253-2542
Customer Fax: 608-254-8904

B CITY OF WISCONSIN DELLS
I 300 LACROSSE ST
L WISCONSIN DELLS, WI 53965
L

S CITY OF WISCONSIN DELLS
H 300 LACROSSE ST
I WISCONSIN DELLS, WI 53965
P 608-253-2542
ATTN: CHRIS TOLLAKSEN

Entered By: JOSH	RFQ Number: NOT YET
Location:	Ship Via: DROP SHIP DIRCT
Account Cd: WISDECWISA	Taxable: Y
Salesperson: 7250	Pmt Terms: NET 30

Line	Order Qty	Part Number	Description	Price	UM	Ext Price	Est Ship
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Total: \$18,952.00