



**Meeting:** Village Board  
**Meeting Date:** 05/13/2013  
**Agenda Item:** 5f

**Mission Statement**  
Delivering quality services in a courteous, cost-effective and efficient manner.

## VILLAGE BOARD MEETING STAFF REPORT

---

**REPORT TO:** Burt R. McIntyre, President  
Village Board of Trustees

**REPORT FROM:** Geoffrey S. Farr, PE, Director of Public Works

**AGENDA ITEM:** Review and take action on Resolution 2013-20 approving the 2012 Annual Compliance Maintenance Report (CMAR)

---

### **POLICY ISSUE**

Should the Village Board approve resolution 2013-20 approving the “A” rating on the annual CMAR report?

### **BACKGROUND INFORMATION**

The DNR annually requires adoption of the Compliance Maintenance Annual Report (CMAR). This report grades the Villages sanitary sewer collection system and maintenance. The attached CMAR report grades the financial and maintenance aspects of the sanitary sewer collection system. The Village was scored with an “A” on the report. Pages 6 & 7 of 12 of the CMAR report show the amount of maintenance we do on a yearly basis to keep our collection system in good operating condition and the number of basement backups and other failures. It also contains some basic system flow information.

### **PRIOR ACTION/REVIEW**

The Village has approved prior CMARs.

**FISCAL IMPACT:**

1. Is There A Fiscal Impact?	<u>No</u>
2. Is it Currently Budgeted?	<u>No</u>
3. If Budgeted, Which Line?	<u>Enterprise</u>
	<u>Funds</u>

### **RECOMMENDED ACTION**

Staff recommends that the Village Board approve the attached resolution.

If the Village Board agrees with this action, the following motion could be used, ***“Motion to approve Resolution 2013-20 adopting Howard’s 2012 Annual Compliance Maintenance Report.”***

**POLICY ALTERNATIVE(S)**

The Village Board could take the following actions:

- Approve resolution 2013-20
- Modify resolution 2013-20
- Deny resolution 2013-20 and decide how to proceed.

**ATTACHED INFORMATION**

- I. Resolution 2013-20
- II. 2012 CMAR

**COPIES FORWARDED TO:**

- I. None

Resolution No. 2013 - 20

Village of Howard  
Approval of the 2012  
Annual Compliance Maintenance Report (CMAR)

WHEREAS, it is a requirement under a Wisconsin Pollutant Discharge Elimination System (WPDES) permit issued by the Wisconsin Department of Natural Resources to file a Compliance Maintenance Annual Report (CMAR) for its wastewater treatment / wastewater collection system under Wisconsin Administrative Code NR 208.

WHEREAS, it is necessary to acknowledge that the governing body has reviewed the Compliance Maintenance Annual Report (CMAR);

WHEREAS, it is necessary to provide recommendations or an action response plan for all individual CMAR section grades (of "C" or less) and/or an overall grade point average (< 3.00);

BE IT THEREFORE RESOLVED by the Village Board of the Village of Howard that the following recommendations or actions will be taken to address or correct deficiencies of the wastewater collection system as identified in the Compliance Maintenance Annual Report (CMAR):

- (1) The Village received an "A" rating and no special recommendations or actions need to be taken

Adopted by the Board of Trustees of the Village of Howard, Brown County, Wisconsin, this 13<sup>th</sup> day of May, 2013.

APPROVED:

---

Burt McIntyre, Village President

ATTEST:

---

Christopher Haltom, Village Clerk

Published: \_\_\_\_\_

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Howard Water Utility**

**Last Updated:  
5/10/2013**

**Reporting Year: 2012**

Financial Management

	Questions	Points												
1.	Person Providing This Financial Information													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="border: 1px solid black; padding: 2px;">Geoffrey Farr</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(920) 434-4060</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">gfarr@villageofhoward.com</td> </tr> </table>	Name:	Geoffrey Farr	Telephone:	(920) 434-4060	E-Mail Address(optional):	gfarr@villageofhoward.com							
Name:	Geoffrey Farr													
Telephone:	(920) 434-4060													
E-Mail Address(optional):	gfarr@villageofhoward.com													
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0												
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (0 points)  <input type="radio"/> No (40 points)                 </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>													
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2012	0												
	<p 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)                 </p>													
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?	0												
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes  <input type="radio"/> No (40 points)                 </p>													
<b>REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)</b>														
5.	Equipment Replacement Funds													
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2012	0												
	<p 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:                 </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>													
	5.2 What amount is in your Replacement Fund?													
<b>Equipment Replacement Fund Activity</b>														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b></td> <td style="width: 10%;"></td> <td style="width: 20%; text-align: right;">\$250000</td> </tr> <tr> <td><b>5.2.2 Adjustments</b></td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td colspan="3" style="font-size: small;">if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> </tr> <tr> <td><b>5.2.3 Adjusted January 1st Beginning Balance</b></td> <td></td> <td style="text-align: right;">\$250,000.00</td> </tr> </table>	<b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b>		\$250000	<b>5.2.2 Adjustments</b>	+	\$0.00	if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)			<b>5.2.3 Adjusted January 1st Beginning Balance</b>		\$250,000.00	
<b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b>		\$250000												
<b>5.2.2 Adjustments</b>	+	\$0.00												
if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)														
<b>5.2.3 Adjusted January 1st Beginning Balance</b>		\$250,000.00												

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Howard Water Utility**

**Last Updated:  
5/10/2013**

**Reporting Year: 2012**

Financial Management (Continued)

	<p><b>5.2.4</b> Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$573,000.00</p> <p><b>5.2.5</b> Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$515,000.00</p> <p><b>5.2.6</b> Ending Balance as of December 31st for CMAR Reporting Year \$308,000.00</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; width: fit-content;">None</div>										
	<p><b>5.3 What amount <u>should</u> be in your replacement fund?</b> \$250,000.00</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: 100%;"></div>										
<b>6.</b>	<b>Future Planning</b>										
	<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>Spring Green Road</td> <td style="text-align: center;">\$165000</td> <td style="text-align: center;">2013</td> </tr> <tr> <td>Lakeview Lift Station</td> <td style="text-align: center;">\$425000</td> <td style="text-align: center;">2014</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	Spring Green Road	\$165000	2013	Lakeview Lift Station	\$425000	2014	
Project Description	Estimated Cost	Approximate Construction Year									
Spring Green Road	\$165000	2013									
Lakeview Lift Station	\$425000	2014									
<b>7.</b>	<b>Financial Management General Comments:</b>										

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Howard Water Utility

Last Updated:  
5/10/2013

Reporting Year: 2012

## Sanitary Sewer Collection Systems

Questions	Points
1. Do you have a Capacity, Management, Operation & Maintenance(CMOM) requirement in your WPDES permit?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
2. 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?	0
<input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	
3. Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>Goals:</b> Describe the specific goals you have for your collection system:                      Provide customers access to the sewage system and maintain capacity in facilities in a cost effective manner. Maintain adequate funds to replace and maintain facilities in accordance with established improvement schedules. Minimize infiltration and inflow that increases treatment costs and creates higher than necessary utility rates. Clean and televise a portion of sewer annually to minimize the potential of service disruptions and blockages. Respond immediately to any backup complaints.                 </div> <input checked="" type="checkbox"/> <b>Organization:</b> Do you have the following written organizational elements (check only those that you have): <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 <input checked="" type="checkbox"/> <b>Legal Authority:</b> Do you have the legal authority for the following (check only those that apply): <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY <span style="border: 1px solid black; padding: 2px;">01/20/2013</span> <input checked="" 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 type="checkbox"/> Private lateral inspections/repairs <input type="checkbox"/> Service and management agreements <input checked="" type="checkbox"/> <b>Maintenance Activities: details in Question 4</b> <input checked="" type="checkbox"/> <b>Design and Performance Provisions:</b> How do you ensure that your sewer system is designed and constructed properly? <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 <input type="checkbox"/> Others:	

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Howard Water Utility

Last Updated:  
5/10/2013

Reporting Year: 2012

Sanitary Sewer Collection Systems (Continued)

	<p><input checked="" type="checkbox"/> <b>Overflow Emergency Response Plan:</b> Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Alarm system and routine testing</li> <li><input checked="" type="checkbox"/> Emergency equipment</li> <li><input checked="" type="checkbox"/> Emergency procedures</li> <li><input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc)</li> </ul> <p><input checked="" type="checkbox"/> <b>Capacity Assurance:</b> How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Current and up-to-date sewer map</li> <li><input checked="" type="checkbox"/> Sewer system plans and specifications</li> <li><input checked="" type="checkbox"/> Manhole location map</li> <li><input checked="" type="checkbox"/> Lift station pump and wet well capacity information</li> <li><input checked="" type="checkbox"/> Lift station O&amp;M manuals</li> </ul> <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Areas with flat sewers</li> <li><input type="checkbox"/> Areas with surcharging</li> <li><input type="checkbox"/> Areas with bottlenecks or constrictions</li> <li><input type="checkbox"/> Areas with chronic basement backups or SSO's</li> <li><input type="checkbox"/> Areas with excess debris, solids or grease accumulation</li> <li><input checked="" type="checkbox"/> Areas with heavy root growth</li> <li><input type="checkbox"/> Areas with excessive infiltration/inflow (I/I)</li> <li><input type="checkbox"/> Sewers with severe defects that affect flow capacity</li> <li><input type="checkbox"/> Adequacy of capacity for new connections</li> <li><input type="checkbox"/> Lift station capacity and/or pumping problems</li> </ul> <p><input checked="" type="checkbox"/> <b>Annual Self-Auditing of your O&amp;M/CMOM Program</b> to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input type="checkbox"/> <b>Special Studies Last Year (check only if applicable):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infiltration/Inflow (I/I) Analysis</li> <li><input type="checkbox"/> Sewer System Evaluation Survey (SSES)</li> <li><input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP)</li> <li><input type="checkbox"/> Lift Station Evaluation Report</li> <li><input type="checkbox"/> Others:</li> </ul>	
--	---	--

4. Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:

Cleaning	<input style="width: 50px;" type="text" value="10"/>	% of system/year
Root Removal	<input style="width: 50px;" type="text" value="1"/>	% of system/year
Flow Monitoring	<input style="width: 50px;" type="text" value="20"/>	% of system/year
Smoke Testing	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Sewer Line Televising	<input style="width: 50px;" type="text" value="6.7"/>	% of system/year

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Howard Water Utility

Last Updated:  
5/10/2013

Reporting Year: 2012

## Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="5"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px;" type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<input style="width: 100%; height: 20px;" type="text" value="None"/>		

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

<input style="width: 80px;" type="text" value="31.57"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="29"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="91.5"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="3"/>	Number of Lift Stations
<input style="width: 80px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 80px;" type="text" value="2"/>	Number of Sewer Pipe Failures
<input style="width: 80px;" type="text" value="7"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="8"/>	Number of Complaints
<input style="width: 80px;" type="text" value="2.28"/>	Average Daily Flow in MGD
<input style="width: 80px;" type="text" value="3.7"/>	Peak Monthly Flow in MGD(if available)



# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Howard Water Utility

Last Updated:  
5/10/2013

Reporting Year: 2012

## Sanitary Sewer Collection Systems (Continued)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</th> </tr> <tr> <th style="width: 10%;">Date</th> <th style="width: 40%;">Location</th> <th style="width: 30%;">Cause</th> <th style="width: 20%;">Estimated Volume (MG)</th> </tr> <tr> <td colspan="4">NONE REPORTED</td> </tr> </table> <p>Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes  <input checked="" type="radio"/> No     </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)				Date	Location	Cause	Estimated Volume (MG)	NONE REPORTED				0
NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)														
Date	Location	Cause	Estimated Volume (MG)											
NONE REPORTED														
	<p><b>PERFORMANCE INDICATORS</b></p> <p><input style="width: 50px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 50px;" type="text" value="0.02"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 50px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 50px;" type="text" value="0.08"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 50px;" type="text" value="0.09"/> Complaints (number/sewer mile)</p> <p><input style="width: 50px;" type="text" value="1.6"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 50px;" type="text" value="0.0"/> Peaking Factor Ratio(Peak Hourly:Annual daily Average)</p>													
6.	<p>Was infiltration/inflow(I/I) significant in your community last year?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes  <input checked="" type="radio"/> No     </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
7.	<p>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?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes  <input checked="" type="radio"/> No     </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
8.	<p>Explain any infiltration/inflow(I/I) changes this year from previous years?</p>													

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Howard Water Utility

Last Updated:  
5/10/2013

Reporting Year: 2012

Sanitary Sewer Collection Systems (Continued)

	None	
9.	What is being done to address infiltration/inflow in your collection system?	
	Howard is participating in a clear water reduction program with our sewage treatment provider to reduce clear water discharging to the collection and treatment system.	

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Howard Water Utility

Last Updated:

Reporting Year: 2012

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)

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Howard Water Utility

Last Updated:

Reporting Year: 2012

## Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Howard	05/13/2013
<b>RESOLUTION NUMBER</b>	
2013-20	
<b>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):</b>	
<b>Financial Management: Grade=A</b>	
<b>Collection Systems: Grade=A</b>	
<b>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) <b>G.P.A. = 4.00</b></b>	