- Milwaukee County Faciliti	es		Last Updated: 6/13/2023	Reporting For <b>2022</b>
Financial Managemen	t			
1. Provider of Financial Info Name:	ormation Casey McQuin			
Telephone:	4145734317		(XXX) XXX-XXXX	
E-Mail Address (optional):	casey.mcquin@milwa	ukeecountywi.gov		
<ul> <li>2. Treatment Works Operation</li> <li>2.1 Are User Charges or on treatment plant AND/OR contreatment plant AND/OR contreatment plants)</li> <li>Yes (0 points) □□</li> <li>No (40 points)</li> <li>If No, please explain:</li> <li>2.2 When was the User Charge</li> </ul>	ther revenues sufficien ollection system ?			
<ul> <li>Year: 2022 <ul> <li>0-2 years ago (0 points)</li> <li>3 or more years ago (20</li> <li>N/A (private facility)</li> </ul> </li> <li>2.3 Did you have a specia financial resources availabl plant and/or collection syst <ul> <li>Yes (0 points)</li> <li>No (40 points)</li> </ul> </li> </ul>	] ) □□ ) points)□□ l account (e.g., CWFP r le for repairing or repla	required segregated F	eplacement Fund, e	<b>0</b> tc.) or
REPLACEMENT FUNDS [PL		ILITIES SHALL COMPL	ETE QUESTION 3]	
<ul> <li>3. Equipment Replacement</li> <li>3.1 When was the Equipm</li> <li>Year:</li> <li>0 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> <li>We do not have wastew</li> <li>departments as required</li> <li>3.2 Equipment Replaceme</li> <li>3.2.1 Ending Balance Replaceme</li> <li>3.2.2 Adjustments - if neo audit correction, withdrawa making up previous shortfation</li> </ul>	ent Replacement Fund	ation pumps are repla lift station replaceme <b>-'s CMAR</b> terest,	aced by individual plunt capital jobs.	umbing 00 0.00
3.2.3 Adjusted January 1s			\$ 1.00	

3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)

+ \$

0.00

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<ul> <li>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box</li> <li>3.2.6.1 below*) - \$</li> <li>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$</li> <li>All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.</li> <li>3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs</li> </ul>	0.0 1.0	0	
<ul> <li>3.3 What amount should be in your Replacement Fund?</li> <li>Please note: If you had a CWFP loan, this amount was originally based or Assistance Agreement (FAA) and should be regularly updated as needed. instructions and an example can be found by clicking the SectionInstruct header in the left-side menu.</li> <li>3.3.1 Is the December 31 Ending Balance in your Replacement Fund above greater than the amount that should be in it (#3.3)?</li> <li>Yes</li> <li>No</li> <li>If No, please explain.</li> </ul>	1.00 n the Financial Further calcul ions link under	ation Info	ο
<ul> <li>4. Future Planning</li> <li>4.1 During the next ten years, will you be involved in formal planning for u or new construction of your treatment facility or collection system?</li> <li>Yes - If Yes, please provide major project information, if not already lis</li> <li>No</li> </ul> Project Project Project Description	sted below.		
Inspect 25% sanitary sewer manholes, televising, cleaning, dye water testing, smoke testing, field investigations, document organization and submittal, CMOM annual meetings and activities, continually update GIS mapping and databases, upload inspection reports and convert information to City Works, view CCTV video, search record drawings, analyze inspection data, prepare list of recommended projects, prepare list of recommended inspections for following year, annual CMOM meetings, prepare MMSD CMOM Program Annual Report, Prepare WDNR Compliance Maintenance Annual Report. THIS ANNUAL FUNDING is for 2023 and will be renewed annually for next 10+ years.	\$115,000	2023	
2 Correct deficiencies identified during previous year's inspections. THIS ANNUAL FUNDING is for 2023 and will be renewed annually for next 10+ years.	\$165,000	2023	
3 Inspect 25% sanitary sewer manholes, televising, cleaning, dye water testing, smoke testing, field investigations, document organization and submittal, CMOM annual meetings and activities, continually update GIS mapping and databases, upload inspection reports and convert information to City Works, view CCTV video, search record drawings, analyze inspection data, prepare list of recommended projects, prepare list of recommended inspections for following year, annual CMOM meetings, prepare MMSD CMOM Program Annual Report, Prepare WDNR Compliance Maintenance Annual Report. THIS ANNUAL FUNDING is for 2024 and will be renewed annually for next 10+ years.	\$115,000	2024	

#### **Milwaukee County Facilities** Last Updated: Reporting For: 2022 6/13/2023 4 Correct deficiencies identified during previous year's inspections. THIS ANNUAL \$161,480 2024 FUNDING is for 2024 and will be renewed annually for next 10+ years. 5. Financial Management General Comments 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: 32 Electricity Consumed Natural Gas Consumed (kWh) (therms) 251 January 211 February March 199 April 339 342 May 221 June July 197 August 169 September 188 October 190 November 178 December 107 Total 2,592 0 216 0 Average

#### 6.1.2 Comments:

Out of 32 Lift Stations, only 2 have a separate meter; this data only accounts for those 2 stations.

- 6.2 Energy Related Processes and Equipment
- 6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):
- □ Extended Shaft Pumps
- □ Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- □ Self-Priming Pumps
- Submersible Pumps
- □ Variable Speed Drives
- $\Box$  Other:

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6.2.2 Comments:
5.3 Has an Energy Study been performed for your pump/lift stations?
• No
o Yes
Year:
By Whom:
Describe and Comment:
5.4 Future Energy Related Equipment
6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?
We have a program in place to replace aging lift stations systematically. Doctors Park Lift Station was replaced in 2000. Grant Park Lift Station was replaced in 2016. Oakwood Lift Station upgrade and force main replacement is in progress for 2023. Oak Creek Lift Station upgrade was a capital budget request for 2024. Mitchell Park Lift Station upgrade was requested for design in the 2024 capital budget.

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

#### **Milwaukee County Facilities**

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# Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program
<ul> <li>1.1 Do you have a CMOM program that is being implemented?</li> <li>● Yes</li> </ul>
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
• No (30 points)
○ N/A
If No or N/A, explain:
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.) Comply with the conditions of the WPDES permit. 2.) Minimize the occurrence of preventable overflows. 3.) Ensure proper O&M is performed on County collection system assets. 4.) Improve
or maintain system reliability. 5.) Reduce the potential threat to human health from sewer
overflows. 6.) Provide adequate capacity to convey peak flow. 7.) Manage infiltration and inflow.
8.) Protect collection system worker health and safety. 9/) Operate a continuous CMOM
program.
Did you accomplish them?
• Yes • No
If No, explain:
Ø Organization [NR 210.23 (4) (b)]□□
Does this chapter of your CMOM include:
$\square$ Organizational structure and positions (eg. organizational chart and position descriptions) $\square$ Internal and external lines of communication responsibilities
Person(s) responsible for reporting overflow events to the department and the public
$\boxtimes$ Legal Authority [NR 210.23 (4) (c)]
What is the legally binding document that regulates the use of your sewer system?
Layers that include MMSD, Municipal, DNR Regulations
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2017-06-14
Does your sewer use ordinance or other legally binding document address the following:
☑ New sewer and building sewer design, construction, installation, testing and inspection
$\boxtimes$ 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)]

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<ul> <li>Does your operation and a</li> <li>Equipment and replace</li> <li>Up-to-date sewer syst</li> <li>A management system information for O&amp;M ad</li> <li>A description of routin</li> <li>Capacity assessment p</li> <li>Basement back assess</li> <li>Regular O&amp;M training</li> <li>Design and Performance</li> <li>What standards and proces the sewer collection systep property?</li> <li>State Plumbing Code,</li> <li>Construction, Inspection</li> </ul>	ement part inventorie em map (computer database ctivities, investigation e operation and main program sment and correction e Provisions [NR 210.2 edures are established m, including building DNR NR 110 Standar	and/or file system) for a and rehabilitation tenance activities (see q 23 (4) (e)] d for the design, constru sewers and interceptor s	collection system uestion 2 below) ction, and inspecti sewers on private	
<ul> <li>✓ Overflow Emergency Responsible personnel</li> <li>✓ Responsible personnel</li> <li>✓ Response order, timin</li> <li>✓ Public notification prot</li> <li>□ Training</li> <li>✓ Emergency operation</li> <li>✓ Annual Self-Auditing of y</li> <li>□ Special Studies Last Yea</li> <li>□ Infiltration/Inflow (I/I)</li> <li>□ Sewer System Evaluat</li> <li>□ Sewer Evaluation and</li> <li>□ Lift Station Evaluation</li> <li>□ Others:</li> </ul>	ponse capability inclu communication proce g and clean-up ocols protocols and implem your CMOM Program   r (check only those th ) Analysis tion Survey (SSES) Capacity Managment	edures entation procedures [NR 210.23 (5)]□□ hat apply):		O
<ol> <li>Operation and Maintenan</li> <li>Did your sanitary sewe maintenance activities? Con Cleaning</li> <li>Root removal</li> <li>Flow monitoring</li> <li>Smoke testing</li> <li>Sewer line televising</li> <li>Manhole inspections</li> <li>Lift station O&amp;M</li> <li>Manhole rehabilitation</li> <li>Mainline rehabilitation</li> </ol>	r collection system m		maintained.	

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Private sewer inspections 0 % of system/year	
Private sewer I/I removal 0 % of private services	
River or water         crossings         0       % of pipe crossings evaluated or maintained         Please include additional comments about your sanitary sewer collection system below:	
3. Performance Indicators 3.1 Provide the following collection system and flow information for the past year. 34.7 Total actual amount of precipitation last year in inches	
34.3 Annual average precipitation (for your location)	
37.54 Miles of sanitary sewer	
32 Number of lift stations	
0 Number of lift station failures	
0 Number of sewer pipe failures	
0 Number of basement backup occurrences	
0 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)	
0.00 Sanitary sewer overflows (number/sewer mile/yr)	
0.00 Basement backups (number/sewer mile)	
0.00 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) OVERFLOWS REPORTED **	
Date Location Cause Estimated Volume	
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.	
<ul> <li>5. Infiltration / Inflow (I/I)</li> <li>5.1 Was infiltration/inflow (I/I) significant in your community last year?</li> <li>Yes</li> <li>No</li> </ul>	
If Yes, please describe:	

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5.2 Has infiltration/inflow and resultant high flows affected performance of your collection system, lift stations, or treatment plant at any time in the po Yes	•	ms in
● No		
If Yes, please describe:		
5.3 Explain any infiltration/inflow (I/I) changes this year from previous year	ars:	
We are not aware of any significant changes this year from previous yea	rs.	
5.4 What is being done to address infiltration/inflow in your collection syst	em?	
Our on-going maintenance which includes inspections, investigations, ar efforts will continue to improve our system in regards to the elimination		

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

#### **Milwaukee County Facilities**

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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)

#### Milwaukee County Facilities

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#### **Resolution or Owner's Statement**

Name of Governing Body or Owner:	
Body or Owner: Milwaukee County	
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) <b>G.P.A. = 4.00</b>	