

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Milwaukee County Facilities**

**Last Updated:  
6/10/2011**

**Reporting Year: 2010**

Financial Management

	Questions	Points						
1.	Person Providing This Financial Information							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td>Jill M. Organ</td> </tr> <tr> <td>Telephone:</td> <td>(414) 278-4819</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td>jorgan@milwcnty.com</td> </tr> </table>	Name:	Jill M. Organ	Telephone:	(414) 278-4819	E-Mail Address(optional):	jorgan@milwcnty.com	
Name:	Jill M. Organ							
Telephone:	(414) 278-4819							
E-Mail Address(optional):	jorgan@milwcnty.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: 2010	0						
	<p style="margin-left: 40px;"> <input type="radio"/> 0-2 years ago (0 points)  <input type="radio"/> 3 or more years ago (20 points)  <input checked="" 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: 2010	0						
	<p style="margin-left: 40px;"> <input type="radio"/> 1-2 years ago (0 points)  <input type="radio"/> 3 or more years ago (20 points)  <input checked="" type="radio"/> Not Applicable Explain:                 </p> <div style="border: 1px solid black; padding: 5px; margin-left: 40px;">We do not have wastewater equipment</div>							
	5.2 What amount is in your Replacement Fund?							
<b>Equipment Replacement Fund Activity</b>								
	<b>5.2.1 Ending Balance Reported on Last Year's CMAR:</b>	\$1.00						
	<b>5.2.2 Adjustments</b> if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+ \$0.00						

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee County Facilities

Last Updated:  
6/10/2011

Reporting Year: 2010

Financial Management (Continued)

	<b>5.2.3 Adjusted January 1st Beginning Balance</b>	\$1.00	
	<b>5.2.4 Additions</b> to Fund (e.g., portion of User Fee, earned interest, etc.)    +	\$0.00	
	<b>5.2.5 Subtractions</b> from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*)    -	\$0.00	
	<b>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b>	\$1.00	
<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; height: 20px; width: 100%;"></div>			

	<b>5.3 What amount should be in your replacement fund?</b>	\$1.00	
<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>			

	<b>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)?</b>		
<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No Explain:         </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

<b>6.</b>	<b>Future Planning</b>		
-----------	------------------------	--	--

	<b>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?</b>		
<p> <input checked="" type="radio"/> Yes (If yes, please provide major project information, if not already listed below)  <input type="radio"/> No         </p>			

Project Description	Estimated Cost	Approximate Construction Year
Complete construction for manhole and pipe rehabilitation. Complete Management Plan, Overflow Response Plan, Communication Plan, and Audit Plan. Continue to update Cityworks and G.I.S. sanitary sewer mapping and database.	\$61,031.32	2009
Departmental work: Training for inspections, inspect 25% sanitary sewer manholes, televising, cleaning, dye water testing, smoke testing, field investigations, document organization and submittal, CMOM annual meetings and activities.	\$33,401.90	2009
A&E work: Train departments to perform inspections, search record drawings, update GIS mapping and databases, upload inspection reports and convert information to City Works, view CCTV video, analyze inspection data, prepare list of recommended projects, prepare list of recommended inspections for following year, annual CMOM meetings, prepare MMSD I/I Management Annual Progress Report, Prepare WDNR Compliance Maintenance Annual Report.	\$31,066.00	2009

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Milwaukee County Facilities**

**Last Updated:  
6/10/2011**

**Reporting Year: 2010**

Financial Management (Continued)

Countywide Sanitary Sewers: Airport, HOC, and Transit Sanitary Sewer Rehabilitation and Countywide CCTV	\$75,252.90	2010
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 I/I Management Annual Progress Report, Prepare WDNR Compliance Maintenance Annual Report.	\$175,773.44	2010
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.	\$200,000.00	2011
Begin CMOM Readiness Review, sanitary sewer database, and manhole inspection program.	\$10,259.71	2005
Create sanitary sewer database, inspect manhole tops, begin abandoning unused sewers, begin SSES, continue CMOM Readiness Review.	\$269,444.43	2006
Complete manhole top rehabilitation, abandon more unused manholes and pipes, complete SSES, update sanitary sewer database, complete CMOM Readiness Review, begin Strategic Plan, begin planning and design for 2008 construction projects.	\$1,927,033.03	2007
Planning, design and construction for manhole and pipe rehabilitation identified in SSES. Completed Strategic Plan. Began Management Plan, Overflow Response plan, Communications Plan, and Audit Plan. Incorporated Cityworks software into G.I.S. and pdated sanitary sewer mapping and database. Performed MMSD and CMAR reporting. Conducted internal CMOM meetings. Attended MMSD CMOM meetings.	\$171,283.85	2008
McGovern Park Sanitary Sewers: Constructed new sewers to serve existing buildings and abandoned old sewers including sewer under lagoon and sewer from demolished swimming pool.	\$346,008.42	2008
Parks North Sanitary Sewer Rehabilitation	\$287,980.69	2008
Parks South Sanitary Sewer Rehabilitation	\$311,302.81	2008
County Grounds/Zoo Sanitary Rehabilitation	\$284,719.27	2009
Countywide Sanitary Sewers: Airport, HOC, and Transit Sanitary Sewer Rehabilitation and Countywide CCTV	\$110,048.41	2009
2010 Sanitary Sewers-Multiple Locations	\$6,648.58	2010
2010 Sanitary Sewers-Multiple Locations	\$206,723.43	2011

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Milwaukee County Facilities**

**Last Updated:  
6/10/2011**

**Reporting Year: 2010**

Financial Management (Continued)

	Correct deficiencies identified during previous year's inspections.	\$150,000.00	2012	
	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.	\$175,000.00	2012	
7.	Financial Management General Comments:			
	<input style="width: 60%; height: 20px;" type="text"/>			

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee County Facilities

Last Updated:  
6/20/2011

Reporting Year: 2010

## 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:                      1. Comply with the conditions of the WPDES permit 2. Minimize the occurrence of preventable overflows 3. Ensure proper O&amp;M is performed on County sewer 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                 </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 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 type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY <input style="width: 50px; height: 20px;" type="text"/> <input type="checkbox"/> Pretreatment/Industrial control Programs <input type="checkbox"/> Fat, Oil and Grease control <input type="checkbox"/> Illicit discharges (commercial, industrial) <input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc) <input checked="" type="checkbox"/> Private lateral inspections/repairs <input checked="" 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 type="checkbox"/> DNR NR 110 standards <input type="checkbox"/> Local municipal code requirements <input type="checkbox"/> Construction, inspection and testing <input type="checkbox"/> Others:	

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee County Facilities

Last Updated:  
6/20/2011

Reporting Year: 2010

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 checked="" type="checkbox"/> Areas with flat sewers</li> <li><input checked="" type="checkbox"/> Areas with surcharging</li> <li><input checked="" type="checkbox"/> Areas with bottlenecks or constrictions</li> <li><input type="checkbox"/> Areas with chronic basement backups or SSO's</li> <li><input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation</li> <li><input checked="" type="checkbox"/> Areas with heavy root growth</li> <li><input checked="" 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 checked="" 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="8.4"/>	% of system/year
Root Removal	<input style="width: 50px;" type="text" value=".85"/>	% of system/year
Flow Monitoring	<input style="width: 50px;" type="text" value="5"/>	% 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="8.4"/>	% of system/year

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Milwaukee County Facilities**

**Last Updated:  
6/20/2011**

**Reporting Year: 2010**

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="18.7"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="1"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="4.5"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="2.05"/>	% 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
<p>Please include additional comments about your sanitary sewer collection system below:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Three building ejector systems required maintenance: South Shore Park Pavilion - cleaned out ejector pit. Bender Park - Replaced two ejector pumps. Greenhouse - Repaired Floats All three backups were contained within the building.</p> </div>		

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

<input style="width: 80px;" type="text" value="35.98"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="31.3"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="42.53"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="29"/>	Number of Lift Stations
<input style="width: 80px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 80px;" type="text" value="0"/>	Number of Sewer Pipe Failures
<input style="width: 80px;" type="text" value="0"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="0"/>	Number of Complaints
<input style="width: 80px;" type="text"/>	Average Daily Flow in MGD

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee County Facilities

Last Updated:  
6/20/2011

Reporting Year: 2010

## Sanitary Sewer Collection Systems (Continued)

<input type="text"/>	Peak Monthly Flow in MGD(if available)	
<input type="text"/>	Peak Hourly Flow in MGD(if available)	



# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Milwaukee County Facilities**

**Last Updated:  
6/20/2011**

**Reporting Year: 2010**

Sanitary Sewer Collection Systems (Continued)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)</th> </tr> <tr> <th style="width: 10%; padding: 2px;">Date</th> <th style="width: 40%; padding: 2px;">Location</th> <th style="width: 30%; padding: 2px;">Cause</th> <th style="width: 20%; padding: 2px;">Estimated Volume (MG)</th> </tr> <tr> <td colspan="4" style="padding: 5px;">NONE REPORTED</td> </tr> </table> <p style="margin-top: 10px;">Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             2010-06-12: Lincoln Memorial Drive Sanitary Sewer Overflow due to grease in the pipe from the Bradford Bathhouse concession kitchen.         </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: 60px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Sanitary Sewer Overflows (number/sewer mile/yr)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Basement Backups(number/sewer mile)</p> <p><input style="width: 60px;" type="text" value="0.00"/> Complaints (number/sewer mile)</p> <p><input style="width: 60px;" type="text"/> Peaking Factor Ratio (Peak Monthly:Annual Daily Average)</p> <p><input style="width: 60px;" type="text"/> 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%; margin-top: 5px;"></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%; margin-top: 5px;"></div>													

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name: Milwaukee County Facilities**

**Last Updated:  
6/20/2011**

**Reporting Year: 2010**

Sanitary Sewer Collection Systems (Continued)

8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
9.	What is being done to address infiltration/inflow in your collection system?	

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

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Milwaukee County Facilities

Last Updated:

Reporting Year: 2010

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: Milwaukee County Facilities

Last Updated:

Reporting Year: 2010

## Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
RESOLUTION NUMBER	
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>Financial Management:</b> Grade=A	
<b>Collection Systems:</b> 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) <b>G.P.A. = 4.00</b>	