

**VILLAGE BOARD  
OF THE  
VILLAGE OF FONTANA-ON-GENEVA LAKE**

June 4, 2012

Resolution No. 06-04-12-02

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**A Compliance Maintenance  
resolution required by the  
Wisconsin Department of Natural  
Resources**

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WHEREAS, it is a requirement under the Wisconsin Pollutant Discharge Elimination System (WPDES) permit, issued to the Village of Fontana by the Wisconsin Department of Natural Resources, to file an Compliance Maintenance Annual Report (CMAR) for its 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 Board of Trustees for the Village of Fontana that there are no actions necessary, nor are there any deficiencies with wastewater collection system identified in the 2011 Compliance Maintenance Annual Report (CMAR)

Adopted this 4<sup>th</sup> day of June, 2012



President



Clerk

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Fontana On Geneva Lake Village

Last Updated:  
5/31/2012

Reporting Year: 2011

## Financial Management

Questions	Points
1. Person Providing This Financial Information	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Name:</div> <div style="width: 65%; border: 1px solid black; padding: 2px;">Craig Workman</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Telephone:</div> <div style="width: 65%; border: 1px solid black; padding: 2px;">(262) 275-6136</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">E-Mail Address(optional):</div> <div style="width: 65%; border: 1px solid black; padding: 2px;">workman@villageoffontana.com</div> </div>	
2. Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0
<div style="margin-left: 20px;"> <input checked="" type="radio"/> Yes (0 points)  <input type="radio"/> No (40 points)                 </div> <div style="margin-left: 20px;">If No, please explain:</div> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>	
3. When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2011	0
<div style="margin-left: 20px;"> <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)                 </div>	
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
<div style="margin-left: 20px;"> <input checked="" type="radio"/> Yes  <input type="radio"/> No (40 points)                 </div>	
<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: 2011	0
<div style="margin-left: 20px;"> <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:                 </div> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 20px;"></div>	
5.2 What amount is in your Replacement Fund?	
<b>Equipment Replacement Fund Activity</b>	
5.2.1 Ending Balance Reported on Last Year's CMAR:	\$914,005.00
5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+/- \$
5.2.3 Adjusted January 1st Beginning Balance	\$914,005.00

# COMPLIANCE MAINTENANCE ANNUAL REPORT

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## Financial Management (Continued)

<b>5.2.4</b>	Additions to Fund (e.g., portion of User Fee, earned interest, etc.)	+ \$1,416,206.00
<b>5.2.5</b>	Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*)	- \$1,600,485.00
<b>5.2.6</b>	Ending Balance as of December 31st for CMAR Reporting Year	\$729,726.00

(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)

\*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above

Sewer lining, manhole rehab, Brookwood Generator

### 5.3 What amount should be in your replacement fund?

\$327,374.00

(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.)

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)?

☒ Yes

☐ No Explain:

## 6. Future Planning

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?

☒ Yes (If yes, please provide major project information, if not already listed below)

☐ No

Project Description	Estimated Cost	Approximate Construction Year
Shabbona Drive Sewer Rehab	\$100,000.00	2012
Tarrant Drive Lift Station Building Renovation	\$25,000.00	2012

## 7. Financial Management General Comments:

Total Points Generated

0

Score (100 - Total Points Generated)

100

Section Grade

A



# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Fontana On Geneva Lake Village

Last Updated:  
5/31/2012

Reporting Year: 2011

## Sanitary Sewer Collection Systems

	Questions	Points
1.	<p>Do you have a Capacity, Management, Operation &amp; Maintenance (CMOM) requirement in your WPDES permit?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes  <input type="radio"/> No                 </p>	
2.	<p>Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation &amp; maintenance or CMOM program last calendar year?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes (go to question 3)  <input type="radio"/> No (30 points) (go to question 4)                 </p>	0
3.	<p>Check the elements listed below that are included in your Operation and Maintenance (O&amp;M) or CMOM program.:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input checked="" type="checkbox"/> <b>Goals:</b> Describe the specific goals you have for your collection system:                      Reduction of clear water infiltration and inflow, prevention of sanitary sewer overflows, provide a streamlined system of planning, scheduling, and documenting maintenance activities.                 </div> <div style="margin: 5px 0;"> <input checked="" type="checkbox"/> <b>Organization:</b> Do you have the following written organizational elements (check only those that you have):                     <div style="margin-left: 20px;"> <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                     </div> </div> <div style="margin: 5px 0;"> <input checked="" type="checkbox"/> <b>Legal Authority:</b> Do you have the legal authority for the following (check only those that apply):                     <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Sewer use ordinance    Last Revised MM/DD/YYYY    <span style="border: 1px solid black; padding: 2px 10px;">10/5/2009</span>  <input 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 checked="" type="checkbox"/> Private lateral inspections/repairs  <input type="checkbox"/> Service and management agreements                     </div> </div> <div style="margin: 5px 0;"> <input checked="" type="checkbox"/> <b>Maintenance Activities: details in Question 4</b> </div> <div style="margin: 5px 0;"> <input checked="" type="checkbox"/> <b>Design and Performance Provisions:</b> How do you ensure that your sewer system is designed and constructed properly?                     <div style="margin-left: 20px;"> <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:                     </div> </div>	

# COMPLIANCE MAINTENANCE ANNUAL REPORT

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## Sanitary Sewer Collection Systems (Continued)

	<input checked="" type="checkbox"/>	<p><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 type="checkbox"/> Areas with bottlenecks or constrictions</li> <li><input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Lift Station Evaluation Report</li> <li><input type="checkbox"/> Others:</li> </ul>	
4.	<p>Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:</p>		
	<p>Cleaning <span style="float: right;">5 <input type="text"/> % of system/year</span></p> <p>Root Removal <span style="float: right;">5 <input type="text"/> % of system/year</span></p> <p>Flow Monitoring <span style="float: right;">0 <input type="text"/> % of system/year</span></p> <p>Smoke Testing <span style="float: right;">0 <input type="text"/> % of system/year</span></p> <p>Sewer Line Televising <span style="float: right;">1 <input type="text"/> % of system/year</span></p>		

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## Sanitary Sewer Collection Systems (Continued)

Manhole Inspections  % of system/year

Lift Station O&M  # per L.S./year

Manhole Rehabilitation  % of manholes rehabed

Mainline Rehabilitation  % of sewer lines rehabed

Private Sewer Inspections  % of system/year

Private Sewer I/I Removal  % of private services

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

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

Total Actual Amount of Precipitation Last Year

Annual Average Precipitation (for your location)

Miles of Sanitary Sewer

Number of Lift Stations

Number of Lift Station Failure

Number of Sewer Pipe Failures

Number of Basement Backup Occurrences

Number of Complaints

Average Daily Flow in MGD

Peak Monthly Flow in MGD(if available)

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## Sanitary Sewer Collection Systems (Continued)

	Peak Hourly Flow in MGD(if available)	

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## Sanitary Sewer Collection Systems (Continued)

NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)				
	Date	Location	Cause	Estimated Volume (MG)
1.	07/11/2011 05:00:00 PM to 07/11/2011 07:00:00 PM	646 Shabbona Drive, Fontana	Plugged Sewer, Broken Sewer, B	0.0050

10

Were there SSOs that occurred last year that are not listed above?

☐ Yes  
☒ No

If Yes, list the SSOs that occurred:

### PERFORMANCE INDICATORS

Lift Station Failures(failures/ps/year)

Sewer Pipe Failures(pipe failures/sewer mile/yr)

Sanitary Sewer Overflows (number/sewer mile/yr)

Basement Backups(number/sewer mile)

Complaints (number/sewer mile)

Peaking Factor Ratio (Peak Monthly:Annual Daily Average)

Peaking Factor Ratio(Peak Hourly:Annual daily Average)

6. Was infiltration/inflow(I/I) significant in your community last year?

☒ Yes  
☐ No

If Yes, please describe:

High levels of I/I due to aging collection system components and high groundwater levels.

7. 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:

Excessive lift station run times, manholes surcharging above benches, etc.



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## Sanitary Sewer Collection Systems (Continued)

8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
	Manhole reconstruction in various locations throughout the collection system	
9.	What is being done to address infiltration/inflow in your collection system?	
	Sewer televising is conducted on an annual basis to determine I/I problems. In addition, home inspections are conducted to check for illegal connections such as sump pumps, gutters, and roof drains.	

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	B

# COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Fontana On Geneva Lake Village

Last Updated:

Reporting Year: 2011

WPDES No.0047341

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial Management	A	4.0	1	4
Collection Systems	B	3.0	3	9
TOTALS			4	13
GRADE POINT AVERAGE(GPA)=3.25		3.25		

## Notes:

A = Voluntary Range

B = Voluntary Range

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)