ATTACHMENTS

VI

R. C. No. ____ - 15 - 16. By STRATEGIC FISCAL PLANNING. August 3, 2015.

Your Committee to whom was referred R. O. No. 72-15-16 by the Chief Administrative Officer submitting the attached summary of the 2016 Budget Requests for the General Fund, the Special Revenue Funds, the Debt Service Funds, and the Capital Projects Funds; recommends sending to Council with a positive recommendation.

refer to Finance, Law & Licensing, Pub. Prot & Safety and Pub Wks

_____ _____

_____ _____

_____ _____

Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated_____ 20____. _____, City Clerk

Approved_____ 20____. _____, Mayor

IV

II

4.9

R. O. No. 72 - 15 - 16. By CHIEF ADMINISTRATIVE OFFICER. July 6, 2015.

Submitting the attached summary of the 2016 Budget Requests for the General Fund, the Special Revenue Funds, the Debt Service Funds, and the Capital Projects Funds. The comparison is to the 2015 approved budget.

Strategic

positive recommendation

refer 5 standing

Chief Administrative Officer

II

	2015 Approved Budget	2016 Executive Budget	Increase/ (Decrease)	% Increase/ (Decrease)
Revenue - General Fund				
Taxes (Other than Property)	1,243,956	1,446,403	202,447	16.27%
Licenses & Permits	706,344	705,165	(1,179)	-0.17%
Intergovernmental Revenue	14,174,399	14,306,287	131,888	0.93%
Charges for Services	1,202,130	1,436,064	233,934	19.46%
Fines & Forfeits	337,100	293,100	(44,000)	-13.05%
Interest on Investments	192,350	195,650	3,300	1.72%
Miscellaneous Revenue	121,668	119,877	(1,791)	-1.47%
Other Financing Sources	1,730,977	1,749,912	18,935	1.09%
Total Revenue	19,708,924	20,252,458	543,534	2.76%
Revenue - Mead Library				
Intergovernmental Revenue	641,462	622,405	(19,057)	-2.97%
Charges for Services	74,550	65,700	(8,850)	-11.87%
Miscellaneous Revenue	44,001	40,000	(4,001)	-9.09%
Total Revenue	760,013	728,105	(31,908)	-4.20%
Revenue - Debt Service Fund				
Interest on Investments	15,000	15,000	-	0.00%
Pension Transfer	490,405	492,544	2,139	0.44%
Transfer from Other Funds	1,088,359	1,028,240	(60,119)	-5.52%
Total Revenue	1,593,764	1,535,784	(57,980)	-3.64%
City Tax Levy				
General Fund	15,972,916	15,274,633	(698,283)	-4.37%
Mead Library Fund	2,305,741	2,305,741	-	0.00%
Debt Service Fund	2,886,889	2,886,889	-	0.00%
Transit Utility fund	511,547	519,490	7,943	1.55%
Total City Tax Levy	21,677,093	20,986,753	(690,340)	-3.18%

	2015 Approved Budget	2016 Executive Budget	Increase/ (Decrease)	% Increase/ (Decrease)
General Fund				
Department				
Council	127,818	123,630	(4,188)	-3.28%
Mayor	453,471	410,249	(43,222)	-9.53%
City Clerk	345,394	346,859	1,465	0.42%
Elections	57,698	157,698	100,000	173.32%
Finance	906,485	909,800	3,315	0.37%
Assessor	430,486	419,856	(10,630)	-2.47%
Human Resources	252,782	240,757	(12,025)	-4.76%
City Attorney	447,869	434,237	(13,632)	-3.04%
City Insurance	398,601	398,394	(207)	-0.05%
City Buildings	796,031	798,785	2,754	0.35%
Board of Review	1,450	1,550	100	6.90%
Employee Benefits	340,003	340,003	-	0.00%
Total General Government	4,558,088	4,581,818	23,730	0.52%
Police	12,337,886	11,979,719	(358,167)	-2.90%
Fire	7,801,175	8,007,883	206,708	2.65%
Building Inspection	732,520	678,448	(54,072)	-7.38%
Emergency Operations	1,200	1,200	-	0.00%
Civil Defense	18,455	15,600	(2,855)	-15.47%
Total Public Protection	20,891,236	20,682,850	(208,386)	-1.00%
Public Works	253,144	249,542	(3,602)	-1.42%
Engineering	521,209	532,927	11,718	2.25%
Streets	3,947,654	4,077,751	130,097	3.30%
Sanitation	2,412,400	2,387,878	(24,522)	-1.02%
Boat Facilities	-	-	-	0.00%
Landfill	19,000	10,000	(9,000)	-47.37%
Total Public Works	7,153,407	7,258,098	104,691	1.46%
Cemetery	249,012	241,577	(7,435)	-2.99%
Total Human Services	249,012	241,577	(7,435)	-2.99%
Park Department	2,363,999	2,315,625	(48,374)	-2.05%
Senior Center	180,524	173,698	(6,826)	-3.78%
Total Culture/Recreation	2,544,523	2,489,323	(55,200)	-2.17%
City Development	266,574	254,880	(11,694)	-4.39%
Interfund Transfers	4,000	3,545	(455)	-11.38%
Uncollectible Receivables	15,000	15,000	-	0.00%
Total General Fund	35,681,840	35,527,091	(154,749)	-0.43%

	2015 Approved Budget	2016 Executive Budget	Increase/ (Decrease)	% Increase/ (Decrease)
Meg Unit Fund	56,887	53,827	(3,060)	-5.38%
Mead Library Fund	3,065,754	3,033,846	(31,908)	-1.04%
Tourism Fund	1,188,384	1,229,843	41,459	3.49%
Cable TV Franchise Fund	558,100	576,170	18,070	3.24%
Minicipal Court Fund	1,113,500	904,500	(209,000)	-18.77%
Ambulance Fund	1,208,000	1,234,957	26,957	2.23%
Special Assessment Fund	448,368	345,024	(103,344)	-23.05%
Harbor Centre Marina Fund	1,024,995	775,000	(249,995)	-24.39%
Redevelopment Authority Fund	11,300	15,000	3,700	32.74%
Total Special Revenue Funds	8,675,288	8,168,167	(507,121)	-5.85%
G O Debt Service Fund	4,480,653	4,422,673	(57,980)	-1.29%
TID VI Debt Service Fund	1,803,048	1,567,249	(235,799)	-13.08%
TID V Debt Service Fund	5,039	3,300	(1,739)	-34.51%
TID VII Debt Service Fund	149,664	137,963	(11,701)	-7.82%
TID X Debt Service Fund	252,762	268,500	15,738	6.23%
TID XI Debt Service Fund	457,250	588,571	131,321	28.72%
TID XII Debt Service Fund	160,603	206,994	46,391	28.89%
TID XIII Debt Service Fund	251,299	316,569	65,270	25.97%
TID XIV Debt Service Fund	424,684	444,632	19,948	4.70%
TID XV Debt Service Fund	205,304	220,546	15,242	7.42%
TID E1 Debt Service Fund	162,963	207,628	44,665	27.41%
Total Debt Service Funds	8,353,269	8,384,625	31,356	0.38%
Industrial Park Fund	4,500	4,100	(400)	-8.89%
Capital Improvements Fund	3,000,000	3,000,000	-	0.00%
Transit Utility Fund	511,547	519,490	7,943	1.55%
Total Budget	56,226,444	55,603,473	(476,165)	-0.85%

VI

R. C. No. ____ - 15 - 16. By STRATEGIC FISCAL PLANNING. August 3, 2015.

Your Committee to whom was referred R. O. No. 73-15-16 by the Chief Administrative Officer submitting the attached summary of the 2016 Budget Requests for the Enterprise Funds, the Internal Service Funds, and the Trust Funds; recommends sending to the Council with a positive recommendation.

refer to:
Finance, Law & Lic.,
Pub. Prot & Safety
& Pub Wks.

_____ _____

_____ _____

_____ _____

Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated_____ 20____. _____, City Clerk

Approved_____ 20____. _____, Mayor

IV

II

4.10

R. O. No. 73 - 15 - 16. By CHIEF ADMINISTRATIVE OFFICER. July 6, 2015.

Submitting the attached summary of the 2016 Budget Requests for the Enterprise Funds, the Internal Service Funds, and the Trust Funds. The comparison is to the 2015 approved budget.

Strategic
positive recommendation
refer to 5 standings

Chief Administrative Officer

II

	2015 Approved Budget	2016 Executive Budget	Increase/ (Decrease)	% Increase/ (Decrease)
Enterprise Funds				
Wastewater Fund	9,111,268	8,420,302	(690,966)	-7.58%
Boat Facilities Fund	124,261	96,300	(27,961)	-22.50%
Parking Utility Fund	459,420	461,170	1,750	0.38%
Transit Utility Fund	3,616,178	3,613,518	(2,660)	-0.07%
Total Enterprise Funds	13,311,127	12,591,290	(719,837)	-5.41%
Internal Service Funds				
Motor Vehicle Fund	2,002,951	1,989,788	(13,163)	-0.66%
Health Insurance Fund	8,235,786	7,361,837	(873,949)	-10.61%
Liability Insurance Fund	577,000	577,000	-	0.00%
Workers Compensation Fund	609,405	609,405	-	0.00%
Information Technology Fund	849,520	851,807	2,287	0.27%
Total Internal Service Funds	12,274,662	11,389,837	(884,825)	-7.21%
Trust Funds				
Cemetery Perpetual Care Fund	13,796	9,940	(3,856)	-27.95%
E H May Environmental Park Fund	23,375	-	(23,375)	-100.00%
Everhard/Forrer Trust Fund	62,500	7,000	(55,500)	-88.80%
Total Trust Funds	99,671	16,940	(82,731)	-83.00%

III

5.3

Res. No. 62 - 15 - 16. By Alderperson Belanger. August 3, 2015.

A RESOLUTION informing the Wisconsin Department of Natural Resources (WDNR) of that the 2014 Compliance Maintenance Annual Report (CMAR) has been reviewed:

RESOLVED: that the City of Sheboygan hereby informs the WDNR that the Common Council has reviewed the 2014 CMAR, which is attached to this resolution,

BE IT FURTHER RESOLVED: that the 2014 CMAR having received a Grade of "A" require no further action by Council,

BE IT FURTHER RESOLVED: that the 2014 CMAR be accepted and placed on file.

John Belanger

P.W.

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

Influent Flow and Loading

1. Monthly Average Flows and (C)BOD Loadings

1.1 Verify the following monthly flows and (C)BOD loadings to your facility.

Outfall No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average (C)BOD Concentration mg/L	x	8.34	=	Influent Monthly Average (C)BOD Loading, lbs/day
January	7.4834	x	299	x	8.34	=	18,659
February	7.3368	x	271	x	8.34	=	16,587
March	8.5654	x	244	x	8.34	=	17,430
April	14.0771	x	179	x	8.34	=	21,027
May	14.1008	x	145	x	8.34	=	17,082
June	13.8401	x	164	x	8.34	=	18,880
July	11.0811	x	189	x	8.34	=	17,485
August	8.9486	x	267	x	8.34	=	19,943
September	8.1747	x	280	x	8.34	=	19,083
October	9.9654	x	248	x	8.34	=	20,628
November	8.8267	x	240	x	8.34	=	17,646
December	9.4784	x	218	x	8.34	=	17,256

2. Maximum Month Design Flow and Design (C)BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	25.2	x	90	=	22.68
		x	100	=	25.2
Design (C)BOD, lbs/day	27940	x	90	=	25146
		x	100	=	27940

2.2 Verify the number of times the flow and (C)BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times (C)BOD was greater than 90% of design	Number of times (C)BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					**0**

0

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

● Yes Enter last calibration date (MM/DD/YYYY) 12/15/2014

○ No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

● Yes

○ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

○ Yes

● No

If Yes, please explain:

5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

Septic Tanks	Holding Tanks	Grease Traps
● Yes	● Yes	● Yes
○ No	○ No	○ No

5.2 Did you receive septage at your faclity? If yes, indicate volume in gallons.

Septic Tanks

● Yes 483341 gallons

○ No

Holding Tanks

● Yes 92800 gallons

○ No

Grease Traps

● Yes 3222350 gallons

○ No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

Plant performance was not affected by receiving the hauled-in wastes referenced above.

6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

○ Yes

● No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

● Yes

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

o No

If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.

Food processing wastes (cheese, sausage, and whey), landfill leachate, municipal wastewater treatment plant sludge, and coal combustion residual
contact water. Industrial grease trap waste and waste from ethanol
production were also accepted for discharge directly into the anaerobic digesters. Samples were collected from each load discharged. The samples were then analyzed as needed to determine waste
load allocations and the strength of the waste.

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

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	25	22.5	5	1	0	0
February	25	22.5	5	1	0	0
March	25	22.5	4	1	0	0
April	25	22.5	4	1	0	0
May	25	22.5	3	1	0	0
June	25	22.5	3	1	0	0
July	25	22.5	2	1	0	0
August	25	22.5	3	1	0	0
September	25	22.5	3	1	0	0
October	25	22.5	3	1	0	0
November	25	22.5	3	1	0	0
December	25	22.5	3	1	0	0
* Equals limit if limit is <= 10						
Months of discharge/yr				12		
Points per each exceedance with 12 months of discharge					7	3
Exceedances					0	0
Points					0	0
Total number of points						**0**

0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

○ Yes Enter last calibration date (MM/DD/YYYY)

● No

If No, please explain:

There is no effluent flow meter.

3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

None.

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

○ Yes

● No

If Yes, please explain:

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

- ○ Yes
- ● No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

- ○ Yes
- ○ No
- ● N/A

Please explain unless not applicable:

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

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	5	1	0	0
February	30	27	5	1	0	0
March	30	27	5	1	0	0
April	30	27	6	1	0	0
May	30	27	5	1	0	0
June	30	27	6	1	0	0
July	30	27	4	1	0	0
August	30	27	3	1	0	0
September	30	27	4	1	0	0
October	30	27	3	1	0	0
November	30	27	4	1	0	0
December	30	27	4	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
Points per each exceedance with 12 months of discharge:					**7**	**3**
Exceedances					0	0
Points					0	0
Total Number of Points						**0**

0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

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

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

1.1 Verify the following monthly average effluent values, exceedances, and points for Phosphorus

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.6	1	0
February	1	0.7	1	0
March	1	0.7	1	0
April	1	0.6	1	0
May	1	0.5	1	0
June	1	0.7	1	0
July	1	0.6	1	0
August	1	0.3	1	0
September	1	0.5	1	0
October	1	0.5	1	0
November	1	0.5	1	0
December	1	0.5	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				**10**
Exceedances				0
Total Number of Points				**0**

0

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

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

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

Biosolids Quality and Management

1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- ☒ Land applied under your permit
- ☐ Publicly Distributed Exceptional Quality Biosolids
- ☐ Hauled to another permitted facility
- ☒ Landfilled
- ☐ Incinerated
- ☐ Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

9449.60 acres

2.1.2 How many acres did you use?

1482 acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year? **0**

- ○ Yes (30 points)
- ● No

2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

- ● Yes
- ○ No (10 points)
- ○ N/A

3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

Outfall No. 004 - EQ Dried Sludge

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75														0	0
Cadmium		39	85														0	0
Copper		1500	4300														0	0
Lead		300	840														0	0
Mercury		17	57														0	0
Molybdenum	60		75													0		0
Nickel	336		420													0		0
Selenium	80		100													0		0
Zinc		2800															0	0

Compliance Maintenance Annual Report

Sheboygan Wastewater Treatment Plant

Last Updated: 7/29/2015 Reporting For: **2014**

Outfall No. 003 - CAKE SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75									<3.3					0	0
Cadmium		39	85									.38					0	0
Copper		1500	4300									190					0	0
Lead		300	840									16					0	0
Mercury		17	57									.26					0	0
Molybdenum	60		75									6.2				0		0
Nickel	336		420									12				0		0
Selenium	80		100									6.4				0		0
Zinc		2800	7500									300					0	0

Outfall No. 002 - LIQUID ANAEROBIC SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75	<17.9		<16.7		<15.2		<15.4		3.4		22			0	0
Cadmium		39	85	<4.5		<4.2		<3.8		<3.8		.46		<2.2			0	0
Copper		1500	4300	250		267		229		230		190		293			0	0
Lead		300	840	<17.9		<16.7		<15.2		<15.4		17		<8.6			0	0
Mercury		17	57	<.0021		<.002		<.0018		<.0018		<.62		<.002			0	0
Molybdenum	60		75	<17.9		<16.7		<15.2		<15.4		7.6		<8.6		0		0
Nickel	336		420	<17.9		<16.7		<15.2		<15.4		13		<8.6		0		0
Selenium	80		100	<17.9		<16.7		<15.2		<15.4		<3.2		<8.6		0		0
Zinc		2800	7500	465		467		305		338		340		440			0	0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0 **0**

Exceedence Points

- ● 0 (0 Points)
- ○ 1-2 (10 Points)
- ○ > 2 (15 Points)

3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)

- ○ Yes
- ○ No (10 points)
- ● N/A - Did not exceed limits or no HQ limit applies (0 points)
- ○ N/A - Did not land apply biosolids until limit was met (0 points)

3.1.3 Number of times any of the metals exceeded the ceiling limits = 0

Exceedence Points

- ● 0 (0 Points)
- ○ 1 (10 Points)
- ○ > 1 (15 Points)

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

- ○ Yes (20 Points)
- ● No (0 Points)

3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?

4. Pathogen Control (per outfall):

4.1 Verify the following information. If any information is incorrect, Contact Us.

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Outfall Number:	**002**
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	01/01/2014 - 02/28/2014
Density:	5,700
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

Outfall Number:	**002**
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	03/01/2014 - 04/30/2014
Density:	2,020
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	
Process Description:	

Outfall Number:	**002**
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	05/01/2014 - 06/30/2014
Density:	7,930
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	
Process Description:	

Outfall Number:	**002**
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	07/01/2014 - 08/31/2014
Density:	125,250
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	
Process Description:	

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Outfall Number:	**002**
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	11/01/2014 - 12/31/2014
Density:	15,700
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	
Process Description:	

Outfall Number:	**003**
Biosolids Class:	B
Bacteria Type and Limit:	F
Sample Dates:	09/01/2014 - 10/31/2014
Density:	160
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	
Process Description:	

0

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.

4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?

- ○ Yes (40 Points)
- ◉ No

If yes, what action was taken?

5. Vector Attraction Reduction (per outfall):

5.1 Verify the following information. If any of the information is incorrect, Contact Us.

Outfall Number:	**002**
Method Date:	02/28/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	**002**
Method Date:	04/30/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	
Results (if applicable):	

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Outfall Number:	**002**
Method Date:	06/30/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	**002**
Method Date:	08/31/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	**002**
Method Date:	12/31/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

Outfall Number:	**003**
Method Date:	10/31/2014
Option Used To Satisfy Requirement:	INJ
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	
Results (if applicable):	

5.2 Was the limit exceeded or the process criteria not met at the time of land application?

- ○ Yes (40 Points)
- ● No

If yes, what action was taken?

0

6. Biosolids Storage

6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?

- ● >= 180 days (0 Points)
- ○ 150 - 179 days (10 Points)
- ○ 120 - 149 days (20 Points)
- ○ 90 - 119 days (30 Points)
- ○ < 90 days (40 Points)
- ○ N/A (0 Points)

6.2 If you checked N/A above, explain why.

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The Sheboygan WWTF installed a biosolids dryer that is designed to dry 50% of the biosolids. The dryer has brought the Sheboygan WWTF into full compliance with the 180 day biosolids storage requirement.	**0**
7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overall management:	

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

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

- ● Yes
- ○ No

If No, please explain:

Could use more help/staff for:

1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?

- ● Yes
- ○ No

If No, please explain:

2. Preventative Maintenance

2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?

- ● Yes (Continue with question 2)
- ○ No (40 points)

If No, please explain, then go to question 3:

2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?

- ● Yes
- ○ No (10 points)

2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?

- ● Yes
  - ○ Paper file system
  - ○ Computer system
  - ● Both paper and computer system
- ○ No (10 points)

0

3. O&M Manual

3.1 Does your plant have a detailed O&M Manual that can be used as a reference when needed?

- ● Yes
- ○ No

4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

- ○ Excellent
- ● Very good
- ○ Good
- ○ Fair
- ○ Poor

Describe your rating:

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The Sheboygan WWTP continues to update the maintenance program to utilize the software MA CMMS program. Sheboygan has a very experienced and qualified maintenance staff.

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

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Operator Certification and Education

1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

- ● Yes (0 points)
- ○ No (20 points)

Name: SHARON R THIESZEN

Certification No: 35358

0

2. Certification Requirements

2.1 In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?

Required:

4 - ACEFGIJ; A - PRIMARY SETTLING; C - ACTIVATED SLUDGE; E - DISINFECTION; F - ANAEROBIC DIGESTION; G - MECHANICAL SLUDGE; I - PHOSPHORUS REMOVAL; J - LABORATORY

Held:

4 - ACEFGHIJ; T - BDL; 4 - A=PRIMARY SETTLING GRADE 4; C=ACTIVATED SLUDGE GRADE 4; E=DISINFECTION GRADE 4; F=ANAEROBIC DIGESTION GRADE 4; G=MECHANICAL SLUDGE GRADE 4; H=FILTRATION GRADE 4; I=PHOSPHORUS REMOVAL GRADE 4; J=LABORATORY GRADE 4; T - B=TRICKLING FILTER/RBC GRADE T; D=PONDS/AEREATED LAGOONS GRADE T; L=ELECTROPLATING/METAL FINISHING GRADE T

0

2.2 Was the operator-in-charge certified at the appropriate level to operate this plant?

- ● Yes (0 points)
- ○ No (20 points)

3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- ☒ One or more additional certified operators on staff
- ☐ An arrangement with another certified operator
- ☐ An arrangement with another community with a certified operator
- ☐ An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- ☐ A consultant to serve as your certified operator
- ☐ None of the above (20 points)

If "None of the above" is selected, please explain:

0

4. Continuing Education Credits

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?

Grades T, 1, and 2:

- ○ Averaging 6 or more CECs per year.
- ○ Averaging less than 6 CECs per year.

Grades 3 and 4:

- ● Averaging 8 or more CECs per year.
- ○ Averaging less than 8 CECs per year.

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Reporting For: **2014**

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

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Financial Management

1. Provider of Financial Information

Name: Nancy Buss

Telephone: (920) 459-3304 (XXX) XXX-XXXX

E-Mail Address (optional): nancy.buss@sheboyganwi.gov

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: 2014

- ● 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., CWFP 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: 2014

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

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR		$	4,903,552.35
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	-	$	147,583.74
3.2.3 Adjusted January 1st Beginning Balance		$	4,755,968.61
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$	0.00
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	$	0.00
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		$	4,755,968.61

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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? $ 1,919,124.00

Please note: 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 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.

0

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
None reported			

5. Financial Management General Comments

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:

The Department of Public Works' mission is to improve the quality of life within the City of Sheboygan, by effectively developing, maintaining, and improving infrastructure, natural resources, and community services. The Department's Capacity Management, Operation, and Maintenance CMOM) program is designed to contribute to this overall mission though the following Goals: Provide adequate sanitary sewer drainage without disruption of service. Provide proper resources for effective system management, operations, and maintenance. Provide adequate capacity to convey average and peak weather flows. Provide available resources to eliminate and mitigate all sanitary sewer overflows (SSOs). Provide proper notification to all parties with a reasonable potential for exposure. Provide proper training and education for personnel.

☒ 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) 10/06/2014
- ☒ 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)?

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- ☐ 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
- ☒ Sewer system plans and specifications
- ☒ Manhole location map
- ☒ Lift station pump and wet well capacity information
- ☒ Lift station O&M manuals

Within your sewer system have you identified the following?

- ☒ Areas with flat sewers
- ☒ Areas with surcharging
- ☒ Areas with bottlenecks or constrictions
- ☒ Areas with chronic basement backups or SSOs
- ☒ Areas with excess debris, solids, or grease accumulation
- ☒ Areas with heavy root growth
- ☒ Areas with excessive infiltration/inflow (I/I)
- ☒ Sewers with severe defects that affect flow capacity
- ☒ Adequacy of capacity for new connections
- ☒ Lift station capacity and/or pumping problems

☒ Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed

☐ Special Studies Last Year (check only those that apply):

- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Managment Plan (SECAP)
- ☐ Lift Station Evaluation Report
- ☐ Others:

0

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	65.15	% of system/year
Root removal	2.70	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	6.1	% of system/year
Manhole inspections	10	% of system/year
Lift station O&M	50	# per L.S./year
Manhole rehabilitation	1.4	% of manholes rehabbed
Mainline rehabilitation	0.44	% of sewer lines rehabbed
Private sewer inspections		

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	0	% of system/year
Private sewer I/I removal	0	% of private services

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

Increased staff dedicated to the sanitary sewer collection system from 2 to 4 full-time employees in 2013. This increase in staff remained in 2014.

3. Performance Indicators

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

37.81	Total actual amount of precipitation last year in inches
32	Annual average precipitation (for your location)
170	Miles of sanitary sewer
5	Number of lift stations
0	Number of lift station failures
1	Number of sewer pipe failures
25	Number of basement backup occurrences
105	Number of complaints
10.157	Average daily flow in MGD (if available)
14.101	Peak monthly flow in MGD (if available)
63.13	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.01	Sewer pipe failures (pipe failures/sewer mile/yr)
0.02	Sanitary sewer overflows (number/sewer mile/yr)
0.15	Basement backups (number/sewer mile)
0.62	Complaints (number/sewer mile)
1.4	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
6.2	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)
0	1/11/2014 7:30:00 AM - 1/11/2014 11:30:00 AM	3613 S. 13th St.		0.0180 - 0.0180
1	2/13/2014 11:30:00 PM - 2/14/2014 2:30:00 AM	Manhole at 1923 Oakland Avenue		0.0450 - 0.0450
2	4/14/2014 1:04:00 AM - 4/14/2014 1:10:00 PM	North Avenue Pump Station at 2645 N 3rd St	Rain	0.03 - 0.03
3	6/21/2014 9:00:00 AM - 6/21/2014 12:30:00 PM	Manhole at 2776 N. 31st Place.		0.0052 - 0.0052

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

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What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurences in the future?

Education within City departments on proper sanitary sewer backup responses; rehabilitation of sanitary sewer mains when roads are constructed; root control and mineral deposit cutting;and grease control/cleaning.

5. Infiltration / Inflow (I/I)

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

- ● Yes
- ○ No

If Yes, please describe:

During high rain events, infiltration/inflow led to sanitary sewer surcharges and basement backups.

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:

Infiltration/inflow has directly lead to basement backups.

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

The total annual precipitation in 2014 was greater than the annual average; however, it was lower than 2013. The reduced precipitation directly correlates to a reduction in infiltration/inflow.

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

Ongoing Sanitary sewer rehabilitation and manhole repairs. Private properties are inspected for illegal clear water connections. There were 988 clear water inspections performed during 2014 and 214 illegal connections to the sanitary sewer system in 2014.

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

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Grading Summary

WPDES No: 0025411

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			**32**	**128**
GRADE POINT AVERAGE (GPA) = 4				

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:

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. Regardless of grade, required for Collection Systems if SSOs were reported):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: 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)

G.P.A. = 4