

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

June 2, 2014

Resolution No. 06-02-14-03

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

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 2013 Compliance Maintenance Annual Report (CMAR)

Adopted this 2nd day of June, 2014

Arvid Petersen, President

Dennis Martin, Clerk/Administrator

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Fontana On Geneva Lake Village

Last Updated:
5/6/2014

Reporting Year: 2013

Financial Management

	Questions	Points
1.	Person Providing This Financial Information Name: <input style="width: 400px;" type="text" value="Dennis L. Martin"/> Telephone: <input style="width: 400px;" type="text" value="(262) 275-6139"/> E-Mail Address(optional): <input style="width: 400px;" type="text" value="dennis@villageoffontana.com"/>	
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ? <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) If No, please explain: <input style="width: 600px; height: 20px;" type="text"/>	0
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2012 <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)	0
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? <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points)	0
REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)		
5.	Equipment Replacement Funds 5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <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: <input style="width: 600px; height: 20px;" type="text"/>	0
	5.2 What amount is in your Replacement Fund? <p style="text-align: center;">Equipment Replacement Fund Activity</p>	
	5.2.1 Ending Balance Reported on Last Year's CMAR:	\$729726

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Fontana On Geneva Lake Village

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Financial Management (Continued)

	<p>5.2.2 Adjustments + \$0.00 if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</p> <p>5.2.3 Adjusted January 1st Beginning Balance \$729,726.00</p> <p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$729,726.00</p> <p>(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)</p> <p>*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
	<p>5.3 What amount should be in your replacement fund? \$327,374.00 (If you had a CWFPP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP option button.)</p>													
	<p>5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
6.	<p>Future Planning</p> <p>6.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating or new construction of your treatment facility or collection system?</p> <p><input checked="" type="radio"/> Yes (If yes, please provide major project information, if not already listed below)</p> <p><input type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Project Description</th> <th style="width: 20%;">Estimated Cost</th> <th style="width: 20%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td>SCADA Upgrade</td> <td style="text-align: right;">\$32,000.00</td> <td style="text-align: center;">2014</td> </tr> <tr> <td>Mohr Rd and Addition K</td> <td style="text-align: right;">\$10000</td> <td style="text-align: center;">2014</td> </tr> <tr> <td>Tarrant Drive Lift Station Rehabilitation</td> <td style="text-align: right;">\$430,000.00</td> <td style="text-align: center;">2015</td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year	SCADA Upgrade	\$32,000.00	2014	Mohr Rd and Addition K	\$10000	2014	Tarrant Drive Lift Station Rehabilitation	\$430,000.00	2015	
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SCADA Upgrade	\$32,000.00	2014												
Mohr Rd and Addition K	\$10000	2014												
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7.	<p>Financial Management General Comments:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Fontana On Geneva Lake Village

Last Updated:
6/3/2014

Reporting Year: 2013

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"/> Goals: Describe the specific goals you have for your collection system: Further reduction of clear water infiltration and inflow, prevention of sanitary sewer overflows, streamlining system of planning, scheduling, and documenting maintenance activities. </div> <input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ownership and governing body description <input checked="" type="checkbox"/> Organizational chart <input checked="" type="checkbox"/> Personnel and position descriptions <input checked="" type="checkbox"/> Internal communication procedures <input checked="" type="checkbox"/> Public information and education program 	
	<input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY 10/05/2009 <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 	
	<input checked="" type="checkbox"/> Maintenance Activities: details in Question 4 <input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly? <ul style="list-style-type: none"> <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 	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Fontana On Geneva Lake Village

Last Updated:
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Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

	<p><input type="checkbox"/> Others:</p> <p><input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alarm system and routine testing <input checked="" type="checkbox"/> Emergency equipment <input checked="" type="checkbox"/> Emergency procedures <input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc) <p><input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Current and up-to-date sewer map <input checked="" type="checkbox"/> Sewer system plans and specifications <input checked="" type="checkbox"/> Manhole location map <input checked="" type="checkbox"/> Lift station pump and wet well capacity information <input checked="" type="checkbox"/> Lift station O&M manuals <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Areas with flat sewers <input checked="" type="checkbox"/> Areas with surcharging <input type="checkbox"/> Areas with bottlenecks or constrictions <input checked="" type="checkbox"/> Areas with chronic basement backups or SSO's <input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input checked="" type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input type="checkbox"/> Sewers with severe defects that affect flow capacity <input checked="" type="checkbox"/> Adequacy of capacity for new connections <input checked="" type="checkbox"/> Lift station capacity and/or pumping problems <p><input checked="" type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input checked="" type="checkbox"/> Special Studies Last Year (check only if applicable):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input checked="" type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: 																
4.	Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cleaning</td> <td style="width: 10%; text-align: center;"><input style="width: 40px;" type="text" value="6"/></td> <td style="width: 30%;">% of system/year</td> </tr> <tr> <td>Root Removal</td> <td style="text-align: center;"><input style="width: 40px;" type="text" value="5"/></td> <td>% of system/year</td> </tr> <tr> <td>Flow Monitoring</td> <td style="text-align: center;"><input style="width: 40px;" type="text" value="0"/></td> <td>% of system/year</td> </tr> <tr> <td>Smoke Testing</td> <td style="text-align: center;"><input style="width: 40px;" type="text" value="0"/></td> <td>% of system/year</td> </tr> <tr> <td>Sewer Line Televising</td> <td style="text-align: center;"><input style="width: 40px;" type="text" value="2"/></td> <td>% of system/year</td> </tr> </table>	Cleaning	<input style="width: 40px;" type="text" value="6"/>	% of system/year	Root Removal	<input style="width: 40px;" type="text" value="5"/>	% of system/year	Flow Monitoring	<input style="width: 40px;" type="text" value="0"/>	% of system/year	Smoke Testing	<input style="width: 40px;" type="text" value="0"/>	% of system/year	Sewer Line Televising	<input style="width: 40px;" type="text" value="2"/>	% of system/year	
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Reporting Year: 2013

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input type="text" value="4"/>	% of system/year
Lift Station O&M	<input type="text" value="210"/>	# per L.S./year
Manhole Rehabilitation	<input type="text" value="5"/>	% of manholes rehabed
Mainline Rehabilitation	<input type="text" value="4"/>	% of sewer lines rehabed
Private Sewer Inspections	<input type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input type="text" value="0"/>	% 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:

<input type="text" value="37.8"/>	Total Actual Amount of Precipitation Last Year
<input type="text" value="36.6"/>	Annual Average Precipitation (for your location)
<input type="text" value="25"/>	Miles of Sanitary Sewer
<input type="text" value="11"/>	Number of Lift Stations
<input type="text" value="1"/>	Number of Lift Station Failure
<input type="text" value="0"/>	Number of Sewer Pipe Failures
<input type="text" value="0"/>	Number of Basement Backup Occurrences
<input type="text" value="0"/>	Number of Complaints
<input type="text" value=".783"/>	Average Daily Flow in MGD
<input type="text"/>	Peak Monthly Flow in MGD(if available)
<input type="text"/>	Peak Hourly Flow in MGD(if available)

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Facility Name: Fontana On Geneva Lake Village

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6/3/2014

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Sanitary Sewer Collection Systems (Continued)

LIST OF SANITARY SEWER OVERFLOWS (SSO) REPORTED				
	Date	Location	Cause	Estimated Volume (MG)
1.	04/18/2013 10:20:00 AM to 04/18/2013 10:50:00 AM	Manhole at Indian Hills and South Shore Drive	Rain, Flooding	0.0005 - 0.0007
2.	06/26/2013 7:00:00 AM to 06/26/2013 8:00:00 AM	Indian Hills and South Shore, Manhole	Rain	0.0007

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

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

Sewer lines will be relined and storm water control projects in both areas are being planned that will greatly reduce the runoff that is infiltrating sanitary sewer system during heavy rain storms.

PERFORMANCE INDICATORS

0.09	Lift Station Failures(failures/ps/year)
0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)
0.08	Sanitary Sewer Overflows (number/sewer mile/yr)
0.00	Basement Backups(number/sewer mile)
0.00	Complaints (number/sewer mile)
0.0	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)
0.0	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 bench marks, etc.

8. Explain any infiltration/inflow(I/I) changes this year from previous years?

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6/3/2014

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Sanitary Sewer Collection Systems (Continued)

	Manhole reconstruction continued throughout areas in the Village, including all of Shabbona Drive.	
9.	What is being done to address infiltration/inflow in your collection system?	
	Sewer televising and relining 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	0
Score (100 - Total Points Generated)	100
Section Grade	A

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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: Fontana On Geneva Lake Village

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Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
Village of Fontana on Geneva Lake	06/02/2014
RESOLUTION NUMBER	
06-02-14-03	
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 SSO's were reported):	
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. = 4.00	