Harrison Utilities

Last Updated: Reporting For: 5/16/2025 2024

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1. Provider of Financial Information Name: Brandon Barlow Telephone: 9209891062 (XXX) XXX-XXXX  E-Mail Address (optional): bbarlow@harrisonutilities.org	
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:  2024  • 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:  ○ 1-2 years ago (0 points)□□ ○ 3 or more years ago (20 points)□□ ● N/A  If N/A, please explain:  The Equipment Replacement Fund was eliminated as of the end of Fiscal Year 2022. As noted under General Comments (5), the Sewer Utility has sufficient financial resources to meet equipment replacement needs.	
3.2 Equipment Replacement Fund Activity	
3.2.1 Ending Balance Reported on Last Year's CMAR \$ 0.00	
3.2.2 Adjustments - if necessary (e.g. earned interest, \$ 0.00 audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	
3.2.3 Adjusted January 1st Beginning Balance \$ 0.00	
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) + \$ 0.00	

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replace	Subtractions from Fund (e.g., equipment ment, major repairs - use description box below*)	\$ 0.	.00			
	Ending Balance as of December 31st for CMAR ng Year	\$ 0.	.00			
Equipme	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. N/A	1 Indicate adjustments, equipment purchases, and/or major rep	pairs from 3.2.5 a	above.			
3.3 Wh	nat amount should be in your Replacement Fund? \$	0.00		0		
Assis instruheado 3.3.1 greate • Yes		led. Further calcu ructions link unde	llation er Info			
	o, please explain.					
N/A	N/A					
4.1 Du or new	re Planning Iring the next ten years, will you be involved in formal planning f construction of your treatment facility or collection system? - If Yes, please provide major project information, if not alread					
Project #	Project Description		Approximate Construction Year			
	Lift Station #3 Forcemain Replacement. Replace approx. 2,600' of ductile forcemain.	\$600,000	2025			
5. Finar	ncial Management General Comments			_		
As of the most recently completed audited financial statements, for the period ending 12/31/23, the Sewer Utility has an Unrestricted Net Position of \$4,609,342. The Sewer Utility has Cash and Cash Equivalents of \$4,493,331. The funds are available to meet the operational, maintenance, equipment replacement, and capital improvement needs of the Utility.						
ENERGY EFFICIENCY AND USE						
6. Collection System 6.1 Energy Usage 6.1.1 Enter the monthly energy usage from the different energy sources:						
COLLI	ECTION SYSTEM PUMPAGE: Total Power Consumed					
Number of Municipally Owned Pump/Lift Stations: 5						

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			5/16/2025	2024		
	Electricity Consumed (kWh)	Natural Gas Consumed (therms)				
January	15,414	285				
February	15,045	170				
March	14,824	133				
April	15,864	162				
May	14,505	211				
June	13,607	32				
July	28,584	11				
August	14,182	10				
September	14,268	10				
October	12,189	13				
November	11,912	22				
December	16,287	110				
Total	186,681	1,169				
Average	15,557	97				
6.2 Energy Related Processes and Equipment 6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):  ☐ Comminution or Screening ☐ Extended Shaft Pumps ☐ Flow Metering and Recording ☐ Pneumatic Pumping ☐ SCADA System ☐ Self-Priming Pumps ☐ Submersible Pumps						
☑ Variable Speed Drives						
☐ Other:						
6.2.2 Comme	ents:					
5.3 Has an Energy Study been performed for your pump/lift stations?						
o No						

Yes

Year:

2016

By Whom:

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Describe and Comment:

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The energy study was stated on the 2017 CMAR. An energy study was not done during the period 2018-2024 as there were not any issues reported during those years. The pumps at Lift Station #1 were replaced in 2023, which allows the station to continue to accommodate increased flows at an improved energy efficiency. VFDs were installed at all of the lift stations during 2024, which will improved energy efficiency in the presence of increased flow.

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

The pumps at Lift Station #4, our primary lift station, are set to be replaced in 2025.

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

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### **Sanitary Sewer Collection Systems**

<ol> <li>Capacity, Management, Operation, and Maintenance (CMOM) Program</li> <li>1.1 Do you have a CMOM program that is being implemented?</li> </ol>
Yes
o No
If No, explain:
1.2 Do you have a CMOM program that contains all the applicable components and items
according to Wisc. Adm Code NR 210.23 (4)?
• Yes
o No (30 points)
o N/A
If No or N/A, explain:
1.3 Does your CMOM program contain the following components and items? (check the
components and items that apply)
☐ Goals [NR 210.23 (4)(a)]
Describe the major goals you had for your collection system last year:
Replaced pumps at Lift Station #2. Replaced all piping and valves in existing Lift Station #1.
Replaced sanitary manhole lid seals that are found during the inspection program. Installed chimney seals on all new construction manholes.
Did you accomplish them?
● Yes ○ No
If No, explain:
☑ Organization [NR 210.23 (4) (b)]□□
Does this chapter of your CMOM include:
<ul> <li>✓ Organizational structure and positions (eg. organizational chart and position descriptions)</li> <li>✓ Internal and external lines of communication responsibilities</li> </ul>
<ul> <li>☑ Internal and external lines of communication responsibilities</li> <li>☑ Person(s) responsible for reporting overflow events to the department and the public</li> </ul>
□ Legal Authority [NR 210.23 (4) (c)]
What is the legally binding document that regulates the use of your sewer system?
Sewer Use Ordinance
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2024-08-27
Does your sewer use ordinance or other legally binding document address the following:  ☑ Private property inflow and infiltration
☑ New sewer and building sewer design, construction, installation, testing and inspection
☐ Rehabilitated sewer and lift station installation, testing and inspection
☐Sewage flows satellite system and large private users are monitored and controlled, as
necessary
☐ Fat, oil and grease control
☐ Enforcement procedures for sewer use non-compliance
☑ Operation and Maintenance [NR 210.23 (4) (d)]
Does your operation and maintenance program and equipment include the following:
☑ Up-to-date sewer system map

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<ul> <li>☒A management system (computer database and/or file system) for collection system information for O&amp;M activities, investigation and rehabilitation</li> <li>☒ A description of routine operation and maintenance activities (see question 2 below)</li> <li>☒ Capacity assessment program</li> <li>☒ Basement back assessment and correction</li> <li>☒ Regular O&amp;M training</li> <li>☒ Design and Performance Provisions [NR 210.23 (4) (e)]□□</li> <li>What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?</li> <li>☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements</li> <li>☒ Construction, Inspection, and Testing</li> <li>☐ Others:</li> </ul>				
<ul> <li>✓ Overflow Emergency Response Plan [NR 210.23 (4) (f)]□□</li> <li>Does your emergency response capability include:</li> <li>☑ Responsible personnel communication procedures</li> <li>☑ Response order, timing and clean-up</li> <li>☑ Public notification protocols</li> <li>☑ Training</li> <li>☑ Emergency operation protocols and implementation procedures</li> <li>☐ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]□□</li> <li>☑ Special Studies Last Year (check only those that apply):</li> <li>☑ Infiltration/Inflow (I/I) Analysis</li> <li>☐ Sewer System Evaluation Survey (SSES)</li> <li>☐ Sewer Evaluation and Capacity Managment Plan (SECAP)</li> </ul>				
	Report, including analysis of flows and capacities as well as ed by our contract engineering firm.			
	system maintenance program include the following at apply and indicate the amount maintained.  20 % of system/year  0 % of system/year  0 % of system/year  0 % of system/year			
televising Manhole	20 % of system/year  24 % of system/year			
inspections Lift station O&M	5 # per L.S./year			
Manhole rehabilitation	0 % of manholes rehabbed			
Mainline rehabilitation	0 % of sewer lines rehabbed			
Private sewer inspections	0 % of system/year			

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Private sewer I/I					
removal	0 % of private services				
River or water crossings	0 % of pipe crossings evalu	iated or maintai	ned		
_	onal comments about your sanitary sewer collection:		rieu		
rease include addicte	mai comments about your sameary sewer conection.	system below.			
Performance Indicate	ors				
3.1 Provide the followi	ng collection system and flow information for the par Total actual amount of precipitation last year in inche				
33.15	Annual average precipitation (for your location)				
48.24	Miles of sanitary sewer				
5	Number of lift stations				
0	Number of lift station failures				
0	Number of sewer pipe failures				
0	Number of basement backup occurrences				
0	Number of complaints				
.48	Average daily flow in MGD (if available)				
.54	Peak monthly flow in MGD (if available)				
	Peak hourly flow in MGD (if available)				
3.2 Performance ratios	for the past year: Lift station failures (failures/year)				
	Sewer pipe failures (pipe failures/sewer mile/yr)				
	Sanitary sewer overflows (number/sewer mile/yr)				
0.00	Basement backups (number/sewer mile)				
	Complaints (number/sewer mile)				
	Peaking factor ratio (Peak Monthly:Annual Daily Avg	)			
	Peaking factor ratio (Peak Hourly:Annual Daily Avg)	,			
	, , , , , , , , , , , , , , , , , , , ,				
4. Overflows					
LIST OF SANITARY S	SEWER (SSO) AND TREATMENT FACILITY (TFO) OVE	RFLOWS REPOR	TED **		
Date	Location		stimated Volume		
	None reported	•			
** If there were any SS on this section until cor	SOs or TFOs that are not listed above, please contacted.	t the DNR and s	top work		
5. Infiltration / Inflow ( 5.1 Was infiltration/inf o Yes • No	I/I) low (I/I) significant in your community last year?				
If Yes, please describ	e:				
E 2 Has infiltration/infl	ow and regultant high flows affected performance as	croated problem	ms in		
	ow and resultant high flows affected performance or lift stations, or treatment plant at any time in the particle.		1115 111		

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•	No			
Ιf	Yes, please describe:			

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

Total I/I continues to be reduced by repairing manholes, checking sewer cleanouts, and eliminating sump pump discharge contributions.

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

Monitoring pumping records to check for spikes potentially tied to I/I. Ensuring that new construction is built to our standard specifications. Collection mains, manholes, and laterals are inspected, televised, or repaired as required.

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

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#### **Grading Summary**

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS	
Financial	А	4	1	4	
Collection	А	4	3	12	
TOTALS 4 16					
GRADE POINT AVERAGE (GPA) = 4.00					

#### Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)

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Resolution or Owner's Statement	
Name of Governing Body or Owner:	
Date of Resolution or Action Taken:	
Resolution Number:	
Date of Submittal:	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER SECTIONS (Optional for grade A or B. Required for grade C, Financial Management: Grade = A	
Collection Systems: Grade = A (Regardless of grade, response required for Collection Systems if	SSOs were reported)
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. = 4.00	