

Compliance Maintenance Annual Report

Kronenwetter Sewage Collection System

Last Updated: Reporting For:
6/9/2025 2024

Financial Management

1. Provider of Financial Information		
Name:	<input type="text" value="John Jacobs"/>	
Telephone:	<input type="text" value="7155745794"/>	(XXX) XXX-XXXX
E-Mail Address (optional):	<input type="text" value="jjacobs@kronenwetter.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) <input type="checkbox"/>		
○ No (40 points)		
If No, please explain:		
<input type="text"/>		
2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?		
Year:	<input type="text" value="2024"/>	0
● 0-2 years ago (0 points) <input type="checkbox"/>		
○ 3 or more years ago (20 points) <input type="checkbox"/>		
○ N/A (private facility)		
2.3 Did you have a special account (e.g., CWWP 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)		
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:	<input type="text" value="2024"/>	
● 1-2 years ago (0 points) <input type="checkbox"/>		
○ 3 or more years ago (20 points) <input type="checkbox"/>		
○ N/A		
If N/A, please explain:		
<input type="text"/>		
3.2 Equipment Replacement Fund Activity		
3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input type="text" value="601,278.00"/>
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input type="text" value="0.00"/>
3.2.3 Adjusted January 1st Beginning Balance	\$	<input type="text" value="601,278.00"/>
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input type="text" value="\$ 280,052.00"/>

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)

- \$ 241,003.09

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 640,326.91

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.

Lift Station upgrades

3.3 What amount should be in your Replacement Fund? \$ 281,783.08

0

Please note: 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 SectionInstructions link under Info header 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.

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
1	Lift Station Upgrades	\$300,000	2025
2	Lift Station Upgrades	\$300,000	2025
3	Lift Station Upgrades	\$310,000	2026
4	Eliminate Lift Station #3 and upgrade gravity sewer	\$600,000	2026
5	Lift Station Upgrades	\$330,000	2027

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations: 11

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	12,096	
February	13,585	
March	14,200	
April	14,258	
May	18,547	
June	13,254	
July	11,478	
August	14,257	
September	12,547	
October	13,206	
November	9,254	
December	12,984	
Total	159,666	0
Average	13,306	0

6.1.2 Comments:

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 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

☒ No

☐ Yes

Year:

By Whom:

Describe and Comment:

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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?	
Nothing Planned	

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

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Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program

1.1 Do you have a CMOM program that is being implemented?

- ☒ Yes
- ☐ 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
- ☐ No (30 points)
- ☐ 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:

Did you accomplish them?

- ☒ Yes
- ☐ No

If No, explain:

☒ Organization [NR 210.23 (4) (b)] ☐ ☐

Does this chapter of your CMOM include:

- ☒ Organizational structure and positions (eg. organizational chart and position descriptions)
- ☒ Internal and external lines of communication responsibilities
- ☒ Person(s) responsible for reporting overflow events to the department and the public

☒ Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

https://library.municode.com/wi/kronenwetter,_marathon_co/codes/code_of_ordinances?nodeId=PTIIGELE_CH

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY)

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:
- ☒ Equipment and replacement part inventories
 - ☒ Up-to-date sewer system map
 - ☒ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation

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<div><div><div><input checked="" type="checkbox"/> A description of routine operation and maintenance activities (see question 2 below)</div><div><input checked="" type="checkbox"/> Capacity assessment program</div><div><input type="checkbox"/> Basement back assessment and correction</div><div><input checked="" type="checkbox"/> Regular O&M training</div><div><input checked="" type="checkbox"/> Design and Performance Provisions [NR 210.23 (4) (e)]<input type="checkbox"/><input type="checkbox"/><div>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?<div><input checked="" type="checkbox"/> State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements</div><div><input checked="" type="checkbox"/> Construction, Inspection, and Testing</div><div><input type="checkbox"/> Others:<div></div></div></div></div></div><div><div><input checked="" type="checkbox"/> Overflow Emergency Response Plan [NR 210.23 (4) (f)]<input type="checkbox"/><input type="checkbox"/><div>Does your emergency response capability include:<div><input checked="" type="checkbox"/> Responsible personnel communication procedures</div><div><input checked="" type="checkbox"/> Response order, timing and clean-up</div><div><input checked="" type="checkbox"/> Public notification protocols</div><div><input checked="" type="checkbox"/> Training</div><div><input checked="" type="checkbox"/> Emergency operation protocols and implementation procedures</div></div></div><div><input checked="" type="checkbox"/> Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]<input type="checkbox"/><input type="checkbox"/><div><input type="checkbox"/> Special Studies Last Year (check only those that apply):<div><input type="checkbox"/> Infiltration/Inflow (I/I) Analysis</div><div><input type="checkbox"/> Sewer System Evaluation Survey (SSES)</div><div><input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP)</div><div><input type="checkbox"/> Lift Station Evaluation Report</div><div><input type="checkbox"/> Others:<div></div></div></div></div></div></div> <div><div>2. Operation and Maintenance</div><div>2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.</div><table><tr><td>Cleaning</td><td><div>20</div></td><td>% of system/year</td></tr><tr><td>Root removal</td><td><div>0</div></td><td>% of system/year</td></tr><tr><td>Flow monitoring</td><td><div>100</div></td><td>% of system/year</td></tr><tr><td>Smoke testing</td><td><div>0</div></td><td>% of system/year</td></tr><tr><td>Sewer line televising</td><td><div>10</div></td><td>% of system/year</td></tr><tr><td>Manhole inspections</td><td><div>5</div></td><td>% of system/year</td></tr><tr><td>Lift station O&M</td><td><div>5</div></td><td># per L.S./year</td></tr><tr><td>Manhole rehabilitation</td><td><div>0</div></td><td>% of manholes rehabbed</td></tr><tr><td>Mainline rehabilitation</td><td><div>0</div></td><td>% of sewer lines rehabbed</td></tr><tr><td>Private sewer inspections</td><td><div>0</div></td><td>% of system/year</td></tr><tr><td>Private sewer I/I removal</td><td><div>0</div></td><td>% of private services</td></tr></table></div>	Cleaning	<div>20</div>	% of system/year	Root removal	<div>0</div>	% of system/year	Flow monitoring	<div>100</div>	% of system/year	Smoke testing	<div>0</div>	% of system/year	Sewer line televising	<div>10</div>	% of system/year	Manhole inspections	<div>5</div>	% of system/year	Lift station O&M	<div>5</div>	# per L.S./year	Manhole rehabilitation	<div>0</div>	% of manholes rehabbed	Mainline rehabilitation	<div>0</div>	% of sewer lines rehabbed	Private sewer inspections	<div>0</div>	% of system/year	Private sewer I/I removal	<div>0</div>	% of private services	0
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River or water crossings % of pipe crossings evaluated or maintained

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

3. Performance Indicators

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

<input type="text" value="34.9"/>	Total actual amount of precipitation last year in inches
<input type="text" value="32.97"/>	Annual average precipitation (for your location)
<input type="text" value="59.8"/>	Miles of sanitary sewer
<input type="text" value="11"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<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=".93"/>	Average daily flow in MGD (if available)
<input type="text" value="16.3"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="17.5"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **

Date	Location	Cause	Estimated Volume
None reported			

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

5. Infiltration / Inflow (I/I)

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

☐ Yes

☒ No

If Yes, please describe:

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:

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<div></div> <div>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</div> <div>None</div> <div>5.4 What is being done to address infiltration/inflow in your collection system?</div> <div>Nothing at this time</div>	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	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:	<input type="text"/>
Date of Resolution or Action Taken:	<input type="text"/>
Resolution Number:	<input type="text"/>
Date of Submittal:	<input type="text"/>

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):
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 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