

RESOLUTION R-19-09

A RESOLUTION ACKNOWLEDGING REVIEW OF CITY OF MENASHA 2008 COMPLIANCE MAINTENANCE ANNUAL REPORT UNDER WISCONSIN ADMINISTRATIVE CODE NR 208

Introduced by Ald. Hendricks

WHEREAS, it is a requirement under a Wisconsin Pollutant Discharge Elimination System (WPDES) permit issued by the Wisconsin Department of Natural Resources to file Compliance Maintenance Annual Report (CMAR) for its wastewater collection system under Wisconsin Administrative Code NR 208; and

WHEREAS, it is necessary to acknowledge that the governing body has reviewed the Compliance Maintenance Annual Report (CMAR); and

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;

NOW, THEREFORE BE IT RESOLVED by the Mayor and the Common Council of the City of Menasha concurring, that in response to the "F" grade for the Collection section of the 2008 CMAR, the City of Menasha acknowledges actions are necessary to minimize future sanitary sewer overflows and will abide by the terms of the December 22, 2008 Compliance Agreement executed between the Department of Natural Resources and the City of Menasha to address the violations to WPDES Permit WI-0047341-04.

Passed and approved this ____ day of July, 2009.

Donald J. Merkes, Mayor

ATTEST: _____
Deborah A. Galeazzi, City Clerk

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

Last Updated:
7/2/2009

Reporting Year: 2008

Financial Management

| Questions | Points | | | | | | |
|--|---------------------------|----------------|------------|----------------|---------------------------|---------------------------|--|
| 1. Person Providing This Financial Information | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Name:</td> <td>Thomas Stoffel</td> </tr> <tr> <td>Telephone:</td> <td>(920) 967-3631</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td>tstoffel@ci.menasha.wi.us</td> </tr> </table> | Name: | Thomas Stoffel | Telephone: | (920) 967-3631 | E-Mail Address(optional): | tstoffel@ci.menasha.wi.us | |
| Name: | Thomas Stoffel | | | | | | |
| Telephone: | (920) 967-3631 | | | | | | |
| E-Mail Address(optional): | tstoffel@ci.menasha.wi.us | | | | | | |
| 2. Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ? | 0 | | | | | | |
| <p> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | |
| 3. When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2007 | 0 | | | | | | |
| <p> <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) </p> | | | | | | | |
| 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 | | | | | | |
| <p> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </p> | | | | | | | |
| 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: 2008 | 0 | | | | | | |
| <p> <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: </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | |
| 5.2 What amount is in your Replacement Fund? | | | | | | | |
| Equipment Replacement Fund Activity | | | | | | | |
| 5.2.1 Ending Balance Reported on Last Year's CMAR: | \$30,000.00 | | | | | | |
| 5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) | + \$0.00 | | | | | | |
| 5.2.3 Adjusted January 1st Beginning Balance | \$30,000.00 | | | | | | |

COMPLIANCE MAINTENANCE ANNUAL REPORT

| | | |
|------------------------------------|-----------------------------------|-----------------------------|
| Facility Name: Menasha City | Last Updated: 7/2/2009 | Reporting Year: 2008 |
|------------------------------------|-----------------------------------|-----------------------------|

Financial Management (Continued)

| | 5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$10,000.00 5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*). - \$0.00 5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$40,000.00 | | | | | | | |
|---------------------|---|-------------------------------|---------------------|----------------|-------------------------------|--|--|--|
| | (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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | |
| | 5.3 What amount <u>should</u> be in your replacement fund? \$40,000.00 (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)? <input checked="" type="radio"/> Yes <input type="radio"/> No Explain: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | |
| 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? <input type="radio"/> Yes (If yes, please provide major project information, if not already listed below) <input checked="" type="radio"/> No <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Project Description</th> <th style="width: 15%;">Estimated Cost</th> <th style="width: 25%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table> | | Project Description | Estimated Cost | Approximate Construction Year | | | |
| Project Description | Estimated Cost | Approximate Construction Year | | | | | | |
| | | | | | | | | |
| 7. | Financial Management General Comments: | | | | | | | |
| | <div style="border: 1px solid black; padding: 5px;"> The City has a CWFP recommendation of annual \$10,000 deposits to our replacement fund. These payments started in 2005 and reflect funds necessary to replace, or make major repairs to, our lift stations in the system. </div> | | | | | | | |

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

Last Updated:
7/1/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems

| | Questions | Points |
|----|---|--------|
| 1. | Do you have a Capacity, Management, Operation & Maintenance(CMOM) requirement in your WPDES permit? | |
| | <input type="radio"/> Yes <input checked="" 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.: | |
| | <input type="checkbox"/> Goals: Describe the specific goals you have for your collection system: <input type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <input type="checkbox"/> Ownership and governing body description <input type="checkbox"/> Organizational chart <input type="checkbox"/> Personnel and position descriptions <input type="checkbox"/> Internal communication procedures <input 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): <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY 11/01/2004 <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 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? <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: | |

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

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7/1/2009

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Sanitary Sewer Collection Systems (Continued)

| | | |
|--|---|--|
| | <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 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 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 checked="" type="checkbox"/> Areas with bottlenecks or constrictions <input type="checkbox"/> Areas with chronic basement backups or SSO's <input type="checkbox"/> Areas with excess debris, solids or grease accumulation <input type="checkbox"/> Areas with heavy root growth <input type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input type="checkbox"/> Sewers with severe defects that affect flow capacity <input type="checkbox"/> Adequacy of capacity for new connections <input type="checkbox"/> Lift station capacity and/or pumping problems <p><input 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 type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input checked="" type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input type="checkbox"/> Lift Station Evaluation Report <input checked="" type="checkbox"/> Others: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>We continued with Phase 3 (of 4) of our citywide SSES program to identify I/I sources and sewer system defects.</p> </div> | |
|--|---|--|

| | | |
|----|---|--|
| 4. | Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained: | |
|----|---|--|

| | | |
|-----------------|----|------------------|
| Cleaning | 75 | % of system/year |
| Root Removal | 5 | % of system/year |
| Flow Monitoring | 2 | % of system/year |
| Smoke Testing | 0 | % of system/year |

COMPLIANCE MAINTENANCE ANNUAL REPORT

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Sanitary Sewer Collection Systems (Continued)

| | | |
|---|--|--------------------------|
| Sewer Line Televising | <input style="width: 50px;" type="text" value="8"/> | % of system/year |
| Manhole Inspections | <input style="width: 50px;" type="text" value="10"/> | % of system/year |
| Lift Station O&M | <input style="width: 50px;" type="text" value="1"/> | # per L.S./year |
| Manhole Rehabilitation | <input style="width: 50px;" type="text" value="5"/> | % of manholes rehabed |
| Mainline Rehabilitation | <input style="width: 50px;" type="text" value="4"/> | % of sewer lines rehabed |
| Private Sewer Inspections | <input style="width: 50px;" type="text" value="10"/> | % of system/year |
| Private Sewer I/I Removal | <input style="width: 50px;" type="text" value="5"/> | % of private services |
| Please include additional comments about your sanitary sewer collection system below: | | |
| <input style="width: 100%; height: 100%;" type="text"/> | | |

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

| | |
|---|--|
| <input style="width: 80px;" type="text" value="33.05"/> | Total Actual Amount of Precipitation Last Year |
| <input style="width: 80px;" type="text" value="31"/> | Annual Average Precipitation (for your location) |
| <input style="width: 80px;" type="text" value="54.3"/> | Miles of Sanitary Sewer |
| <input style="width: 80px;" type="text" value="4"/> | Number of Lift Stations |
| <input style="width: 80px;" type="text" value="0"/> | Number of Lift Station Failure |
| <input style="width: 80px;" type="text" value="0"/> | Number of Sewer Pipe Failures |
| <input style="width: 80px;" type="text" value="0"/> | Number of Basement Backup Occurrences |
| <input style="width: 80px;" type="text" value="0"/> | Number of Complaints |
| <input style="width: 80px;" type="text" value="3.08"/> | Average Daily Flow in MGD |

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

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Sanitary Sewer Collection Systems (Continued)

| | | |
|------|--|--|
| 6.20 | Peak Monthly Flow in MGD(if available) | |
| | Peak Hourly Flow in MGD(if available) | |

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

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Sanitary Sewer Collection Systems (Continued)

| NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE) | | | | | 80 |
|---|---|--|---------------------|-----------------------|----|
| | Date | Location | Cause | Estimated Volume (MG) | |
| 1. | 04/11/2008 12:30:00 AM to 04/11/2008 8:00:00 PM | Ninth Street at Elmwood Drive Lift Station | Rain, Rain Snowmelt | 0.138 | |
| 2. | 04/10/2008 10:00:00 PM to 04/11/2008 10:30:00 PM | Manhole at Park Street and Keyes Street | Rain, Rain Snowmelt | 0.31 | |
| 3. | 04/11/2008 2:45:00 AM to 04/11/2008 8:00:00 PM | Manhole at Seventh Street and Ida Street | Rain, Rain Snowmelt | 0.428 | |
| 4. | 04/11/2008 1:00:00 AM to 04/11/2008 10:00:00 PM | Manhole at Fifth Street and London Street | Rain, Rain Snowmelt | 0.205 | |
| 5. | 06/12/2008 8:00:00 PM to 06/13/2008 2:30:00 PM | Park Street and Keyes Street Manhole | Rain | 0.355 | |
| 6. | 06/12/2008 8:30:00 PM to 06/13/2008 2:00:00 PM | Seventh Street and Ida Street Manhole | Rain | 0.79 | |
| 7. | 06/12/2008 9:30:00 PM to 06/13/2008 3:30:00 AM | Ninth Street and Elmwood Street Lift Station | Rain | 0.07 | |
| 8. | 06/12/2008 9:00:00 PM to 06/13/2008 11:00:00 AM | Fifth Street and London Street Manhole | Rain | 0.495 | |
| <p>Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; height: 20px; width: 600px; margin-left: 20px;"></div> | | | | | |
| <p>PERFORMANCE INDICATORS</p> <p> <input style="width: 50px;" type="text" value="0.00"/> Lift Station Failures(failures/ps/year) </p> <p> <input style="width: 50px;" type="text" value="0.00"/> Sewer Pipe Failures(pipe failures/sewer mile/yr) </p> <p> <input style="width: 50px;" type="text" value="0.15"/> Sanitary Sewer Overflows (number/sewer mile/yr) </p> <p> <input style="width: 50px;" type="text" value="0.00"/> Basement Backups(number/sewer mile) </p> | | | | | |

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

Last Updated:
7/1/2009

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Sanitary Sewer Collection Systems (Continued)

| | | | |
|----|--|--|--|
| | 0.00 | Complaints (number/sewer mile) | |
| | 2.0 | 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? | | |
| | <p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Due to the age of our system, I/I continues to be significant, but the City has continued its sewer improvement program to correct cost effective defects identified in our SSES and we also continued our home inspection program which identifies, and orders corrections to, cross connected private foundation drains. </div> | | |
| 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? | | |
| | <p style="margin-left: 20px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> We had two separate SSO occurrences last year which are attributable to the wet weather flows. </div> | | |
| 8. | Explain any infiltration/inflow(I/I) changes this year from previous years? | | |
| | <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> PFR has increased from previous year which is likely attributable to the two occasions of very heavy rainfall, one accompanied by rapid snow melt. </div> | | |
| 9. | What is being done to address infiltration/inflow in your collection system? | | |
| | <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> We continued with the implementation of Phase 3 (of 4) of the citywide SSES program. We also completed Phase 3 sewer improvements which included manhole rehabilitation, main line sewer replacement, CIPP of main line sewer, grouting sewer main lines, and eliminating private foundation cross connections. In addition, we are implementing the terms of our WisDNR Compliance Agreement to address the sewer bypass occurrences in 2008. </div> | | |

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

Last Updated:
7/1/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

Last Updated:
7/1/2009

Reporting Year: 2008

Sanitary Sewer Collection Systems (Continued)

| | |
|--------------------------------------|----|
| Total Points Generated | 80 |
| Score (100 - Total Points Generated) | 20 |
| Section Grade | F |

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Menasha City

Last Updated:

Reporting Year: 2008

WPDES No.0047341

| GRADING SUMMARY | | | | |
|-------------------------------|--------------|--------------|-------------------|----------------|
| SECTION | LETTER GRADE | GRADE POINTS | WEIGHTING FACTORS | SECTION POINTS |
| Financial Management | A | 4.0 | 1 | 4 |
| Collection Systems | F | 0.0 | 3 | 0 |
| TOTALS | | | 4 | 4 |
| GRADE POINT AVERAGE(GPA)=1.00 | | 1.00 | | |

Notes:

A = Voluntary Range

B = Voluntary Range

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor
Matthew J. Frank, Secretary
Ronald W. Kazmierczak, Regional Director

Northeast Region Headquarters
2984 Shawano Ave.
Green Bay, Wisconsin 54313
Telephone 920-662-5100
FAX 920-662-5413
TTY Access via relay - 711

December 22, 2008

Mark Radtke, Director of Public Works
City of Menasha
140 Main Street
Menasha, Wisconsin 54212

Casetrack # 2008-NEEE-059
WPDES Permit: WI-0047341-04
Winnebago County

Subject: **Compliance Agreement**

Dear Mr. Radtke:

Thank you for timely executing the compliance agreement between the Department of Natural Resources (Department) and the City of Menasha (Menasha). Enclosed for Menasha's reference is the finalized compliance agreement. Please ensure adherence to the timelines agreed upon during our negotiations. If changes are needed, contact me in advance of the timeline for a timely resolution to the issue.

If you have technical questions regarding your wastewater system, please contact Wastewater Engineer Mr. Jim Savinski at (920) 424-4013. If you have questions regarding this letter, please contact me at (920) 662-5163.

Sincerely,

Anne M. Van Grinsven
Environmental Enforcement Specialist - Leadworker

Enc - Compliance Agreement

Cc: J. Savinski - Oshkosh
M. Hoefler - LC/8
T. Gilbert - WT/3

COMPLIANCE AGREEMENT BY
THE DEPARTMENT OF NATURAL RESOURCES
AND
THE CITY OF MENASHA
OF APPLICABLE REGULATIONS AND
ACTIONS REQUIRED TO RETURN TO COMPLIANCE

Mark Radtke, Director of Public Works
City of Menasha
140 Main Street
Menasha, Wisconsin 54212

City of Menasha / Winnebago County
WPDES Permit WI-0047341-04
CT # 08-NEEE-059

The following is an agreement between the Department of Natural Resources (DNR) and the City of Menasha (Menasha) regarding permit requirements that apply and the actions that Menasha is required to undertake in response to unscheduled sanitary sewer overflows. Menasha is the owner/operator of a sanitary collection system.

Signing of this agreement does not excuse past violations by Menasha nor preclude the Department from taking enforcement action for any past violations.

APPLICABLE PERMIT REQUIREMENTS

1. Menasha's wastewater collection system operates under the authority of WPDES Permit WI-0047341-04, effective March 1, 2006 (Permit).
2. Section 2.1 of the Permit prohibits Menasha from unscheduled sanitary sewer overflows with limited exceptions.
3. Section 2.2 of the Permit requires Menasha to verbally notify the Department within 24 hours of initiation of the sanitary sewer overflow and in writing within 5 days of the conclusion of the sanitary sewer overflow of the items outlined in the Permit.
4. For the occurrences outlined in the September 25, 2008 Notice of Violation, Menasha did not meet any of the sanitary sewer overflow exceptions outlined in the Permit.

AGREEMENT

Menasha acknowledges that the actions listed below are necessary in order to eliminate sanitary sewer overflows in the future and to comply with the Permit, and accordingly agrees to do the following with regard to Menasha's sewage collection system (note – the Phase numbers refer to the designated areas in Menasha's ongoing SSES and sewer evaluation program):

1. Notify the Department both verbally and in writing of any sanitary sewer overflows as required by the Permit.
2. For each report identified below and required to be submitted, Menasha shall identify the necessary corrective actions and the timeline by which they will be completed.

3. Phase 1 evaluations -

- a. Menasha shall evaluate the Ninth Street Sewage Lift Station near Ninth Street and Elmwood Drive to determine the lift station's capacity to pump the peak wastewater flow from the Phase 1 area. Menasha shall complete this work by no later than December 31, 2008. After completion of the evaluation, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than January 15, 2009. The lift station and sewage force main improvements that are needed, based on the evaluation, will be completed within 15 months of the DNR approval of the evaluation.
- b. Menasha shall meter the flow entering into the lift station. After completion of the metering project, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than April 30, 2009.
- c. Menasha shall conduct residential sump pump and foundation drain inspections to determine compliance with Menasha's rules. After completion of the residential sump pump inspections, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than May 31, 2009.

4. Phase 2 evaluations -

- a. Menasha shall evaluate the contribution of wastewater received from Waverly and determine if that amount is excessive. After completion of the Waverly evaluation, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than March 31, 2009.
- b. Menasha shall evaluate the hydraulic capacity of the major trunk and interceptor sewers that serve the Phase 1 and Phase 2 areas. The hydraulic evaluation will include a review of the impact of the surcharge of the manhole at Fifth Street and London Street and on the bypassing at Seventh Street and Ida Street. After completion of the hydraulic evaluation, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than March 15, 2009. The collection system improvements that are needed will be completed within 18 months of the DNR approval of the evaluation.
- c. Menasha shall evaluate the sewer system to determine if there are any cross connections between the Phase 2 area and Phase 3 area that would have caused bypassing at the two bypass locations in the Phase 2 area. After completion of the sewer system evaluation, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than January 15, 2009.

5. Phase 4 evaluations –

- a. Menasha shall conduct home inspections in and around Keyes and Park Streets to determine sump pump and foundation drain connections. After completion of these home inspections, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than June 30, 2009.
- b. Menasha shall conduct inspections of sanitary manholes in order to determine the impact of infiltration from the manholes on the bypassing events at the Keyes Street and Park Street manhole. Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than March 31, 2009. The manhole rehabilitation work that is needed, based on the inspection program, will be completed by June 30, 2010.
- c. Menasha shall televise the sewer lines that are necessary in order to determine their potential impact to bypassing events at the Keyes and Park Streets manhole. After completion of the televising project, Menasha shall submit a summary of its findings to Jim Savinski, 625 E County Road Y, Suite 700, Oshkosh, WI 54901, by no later than July 15, 2010. The sewer rehabilitation work that is needed, based on the sewer televising program, will be completed by September 30, 2011.

FOR:

City of Menasha



Mark Radtke, Director of Public Works

12-9-08

Date

FOR:

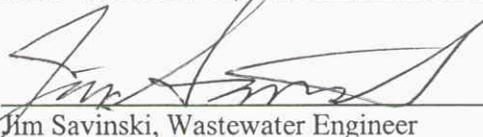
THE DEPARTMENT OF NATURAL RESOURCES



Anne Van Grinsven, Environmental Enforcement Specialist

12/22/08

Date



Jim Savinski, Wastewater Engineer

12/18/08

Date

Cc: Tom Gilbert – WT/3