

**TOWN OF WESTPORT**  
**REGULAR BOARD MEETING**  
Kennedy Administration Building  
Community Meeting Room  
5387 Mary Lake Road  
Town of Westport, Wisconsin

**AGENDA - Monday, July 19, 2021 7:00 p.m.**

1. Call to Order
2. Public Comment On Matters Not On the Agenda
3. Approve Minutes
4. Review/Approve Operator Licenses
5. Driveway/Access/Utility/Road Opening Permits
6. Water Utility/Fire Protection Utility  
Miscellaneous
7. Sewer Utility  
CMAR Annual Report Discussion/Action  
Miscellaneous
8. Engineer Report  
Miscellaneous Ongoing Projects
9. Committee Reports/Items for Action

Personnel Committee	Public Works Committee	Westport/Middleton JZC
Audit Committee	Town Plan Commission	Westport/Waunakee JPC
10. Administrative Matters
11. Miscellaneous Business/Forthcoming Events
12. Pay Current Bills
13. Adjourn

If you need reasonable accommodations to access this meeting, please contact the clerk's office at 849-4372 at least three business days in advance so arrangements can be made to accommodate the request.

**TOWN OF WESTPORT**  
**AUDIT COMMITTEE MEETING**  
Kennedy Administration Building  
Community Meeting Room  
5387 Mary Lake Road  
Town of Westport, Wisconsin

**AGENDA** - Monday, July 19, 2021 6:30 p.m.

This meeting is being noticed as a possible gathering of a quorum of the Westport Town Board due to the possible attendance of Supervisors not appointed to the Committee. Supervisors may discuss items on this agenda, or gather information on these items, but no action will be taken on these items as the Town Board.

1. Call to order
2. Approve minutes
3. Review/approve bills for payment
4. Adjourn

If you need reasonable accommodations to access this meeting, please contact the clerk's office at 849-4372 at least three business days in advance so arrangements can be made to accommodate the request.

## TOWN OF WESTPORT

TOWN BOARD - Monday, June 21, 2021

The regular semi-monthly meeting of the Town Board was called to order at 7:01 p.m. by Chair Grosskopf in the Community Meeting Room of the Bernard J. Kennedy Administration Building/Town Hall. Members Present: Cuccia, Enge, Grosskopf, Sipsma, and Trotter. Members Absent: None. Also Present: Tim Wohlers and Tom Wilson.

There was no Public Comment On Matters Not On the Agenda. The minutes of June 7, 2021 regular meeting were approved as presented on a motion by Sipsma, second Trotter.

Regular Operator Licenses for several applicants as on file with the Clerk and presented were granted subject all state and local requirements on a motion by Sipsma, second Enge.

For Water Utility Miscellaneous Matters, Wilson reported on the status of the water tower rehabilitation project. For a brief Engineer Report, Wilson gave a progress update on the Mary Lake Road project and the Board members indicated agreement with the phasing plan presented.

Ordinance 21-03 {Town Zoning Code Revision, Livestock Facilities [Sections 10-9-1.0624(3) and (4), Town Code]} was adopted as presented and recommended by the Town Plan Commission after a presentation by Wilson and discussion on a motion by Sipsma, second Cuccia.

Grosskopf reported on items before the plan commission/committees. The Audit Committee recommended payment of bills as presented by Wilson after questions were answered.

For Administrative Matters raised, Wilson reported on the Carl F. Statz and Sons property annexation filed for the property to become part of the Waunakee Business Park since it is running out of space; and, Wilson reported staff will be working on an update to the Dane County Natural Hazard Mitigation Plan which allows the opportunity to obtain funding to deal with hazards as they exist or develop.

For Miscellaneous Business or Forthcoming Events raised, Wilson reported that the July 5 meeting regular Board meeting will be cancelled at this point as authorized last time due to the Independence Day Holiday; Wilson discussed additional road work to be done and the Board members indicated agreement to proceed as presented for the three roads that total about \$250,000; Trotter asked about any Mary Lake pond dredging; Sipsma asked about plan commission meetings next month and Cuccia reported that the Sign Design Group will provide a report at the Town Plan Commission; and, Cuccia inquired and Wilson reported on the Waunakee HyVee status with other Board member assistance.

Current bills were paid as presented by Wilson and recommended by the Audit Committee after questions were answered on a motion by Sipsma, second Enge.

Motion to adjourn by Enge, second Trotter. The meeting adjourned at 7:30 p.m.

Thomas G. Wilson  
Attorney/Administrator/Clerk-Treasurer

AGENDA ITEM #4:

Review/Approve Operator Licenses

## OPERATOR LICENSE APPLICATION

New X Renewal \_\_\_\_\_ Employed by Nautigal  
Regular X (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)  
Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date 7/9/21, To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

Answer the following questions fully and completely:

Name of Applicant Miranda Schneider  
Address 322 N. Wisconsin Ave City, State, Zip Neuscode WI 53573  
Date of Birth 8.13.1996 Age 24 Phone # 608.739.2327

Have you registered for an approved responsible beverage server training course? yes (attach registration)

Have you completed an approved responsible beverage server training course? yes (attach certificate)

Have you been licensed before? yes Municipality Richland Date of most recent license 2019 or 2020

Have you been convicted of violating any law of Dane Co, the State of WI or of the United States? Yes <sup>OK</sup> <sub>R</sub>

Date of such conviction Dec. 11 2020 Name of Court Richland County

Nature of offense 1st DWI

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? No

State of Wisconsin, ss.  
Dane County.

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Miranda R Schneider  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_

Rev 04/20

# OPERATOR LICENSE APPLICATION

New ☒ Renewal ☐ Employed by Kwik Trip

Regular ☒ (\$10.00) Provisional ☐ (\$10.00) Temp ☐ (\$5.00)

Lic #                      Lic #                      Lic #                     

Date 6/23/2021 To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20      , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

## Answer the following questions fully and completely:

Name of Applicant Larson Reed  
Address 10 Knutson Dr City, State, Zip Madison, WI, 53704

Date of Birth 01/19/92 Age 29 Phone # 503-963-6918

Have you registered for an approved responsible beverage server training course? Yes (attach registration)

Have you completed an approved responsible beverage server training course? Yes (attach certificate)

Have you been licensed before? NO Municipality                      Date of most recent license                     

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO

Date of such conviction                      Name of Court                     

Nature of offense                     

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? NO

State of Wisconsin, ss.  
Dane County.

Larson Reed, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Larson Reed  
Signature of Applicant

Subscribed and sworn to before me this        day of       , 2021

Notary Public  
My commission expires

# OPERATOR LICENSE APPLICATION

New X Renewal \_\_\_\_\_ Employed by Kwik Trip, Inc.

Regular X (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date 6/18/21 To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

Answer the following questions fully and completely:

Name of Applicant Alexandra Hill

Address 285 Kearney Way City, State, Zip Waukegan, WI 53597

Date of Birth 11/25/2000 Age 20 Phone # (608) 239-5717

Have you registered for an approved responsible beverage server training course? \_\_\_\_\_ (attach registration)

Have you completed an approved responsible beverage server training course? yes (attach certificate)

Have you been licensed before? no Municipality \_\_\_\_\_ Date of most recent license \_\_\_\_\_

Have you been convicted of violating any law of Dane Co, the State of WI or of the United States? no

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? no

State of Wisconsin, ss.  
Dane County.

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Alexandra Hill  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public  
My commission expires \_\_\_\_\_

Rev 04/20



## OPERATOR LICENSE APPLICATION

New \_\_\_\_\_

Renewal ☒

Employed by

Bishops Bay  
Country Club

Regular \_\_\_\_\_ (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date \_\_\_\_\_, To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

### Answer the following questions fully and completely:

Name of Applicant Allison Dentice

Address 434 W Mifflin St. City, State, Zip Madison, WI 53703

Date of Birth 02-15-1999 Age 22 Phone # 262-224-6312

Have you registered for an approved responsible beverage server training course? \_\_\_\_\_ (attach registration)

Have you completed an approved responsible beverage server training course? Yes (attach certificate)

Have you been licensed before? Yes Municipality \_\_\_\_\_ Date of most recent license \_\_\_\_\_

Have you been convicted of violating any law of Dane Co, the State of WI or of the United States? Yes

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense Speeding ticket (2017)

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? NO

State of Wisconsin, ss.  
Dane County.

Allison Dentice, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Allison Dentice  
Signature of Applicant

Subscribed and sworn to before me this 22<sup>nd</sup> day of June, 2021

Daniel M Anderson  
Notary Public

My commission expires January 29, 2025

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# OPERATOR LICENSE APPLICATION

New ☐

Renewal ☒

Employed by

Bishops Bay Country Club

Regular ☐ (\$10.00) Provisional ☐ (\$10.00) Temp ☐ (\$5.00)

Lic #

Lic #

Lic #

Date 06/04/2021 To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

## Answer the following questions fully and completely:

Name of Applicant

Carly Borchert

Address

315 W Doty St Apt 2 City, State, Zip Madison, WI 53703

Date of Birth

3/5/97

Age

24

Phone #

608-320-6809

Have you registered for an approved responsible beverage server training course? yes (attach registration)

Have you completed an approved responsible beverage server training course? yes (attach certificate)

Have you been licensed before? yes Municipality Madison Date of most recent license \_\_\_\_\_

Have you been convicted of violating any law of Dane Co, the State of WI or of the United States? No

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? No

State of Wisconsin, ss.  
Dane County.

Carly Borchert

, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Carly Borchert  
Signature of Applicant

Subscribed and sworn to before me this 3 day of June, 2021

Daniel M. Anderson  
Notary Public

My commission expires January 29, 2025



# OPERATOR LICENSE APPLICATION

New \_\_\_\_\_ Renewal X Employed by The Nau-Ti-Gal

Regular X (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date 6/21/22, To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

Answer the following questions fully and completely:

Name of Applicant Martina James

Address 801 N Madison City, State, Zip Waunakee, WI 53597

Date of Birth 11/23/970 Age 50 Phone # 608-800-1309

Have you registered for an approved responsible beverage server training course? \_\_\_\_\_ (attach registration)

Have you completed an approved responsible beverage server training course? yes (attach certificate)

Have you been licensed before? yes Municipality \_\_\_\_\_ Date of most recent license 2019

Have you been convicted of violating any law of Dane Co, the State of WI or of the United States? no

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? no

State of Wisconsin, „  
Dane County.

Martina James, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Martina James  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public  
My commission expires \_\_\_\_\_

Rev 04 20

# OPERATOR LICENSE APPLICATION

New \_\_\_\_\_ Renewal \_\_\_\_\_ Employed by Murphy

Regular \_\_\_\_\_ (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date \_\_\_\_\_, To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

## Answer the following questions fully and completely:

Name of Applicant Abbe Cavadini

Address 5324 Westport Rd City, State, Zip Madison, WI 53704

Date of Birth 12/10/61 Age 19 Phone # 608 519 6772

Have you registered for an approved responsible beverage server training course? \_\_\_\_\_ (attach registration)

Have you completed an approved responsible beverage server training course? \_\_\_\_\_ (attach certificate)

Have you been licensed before? YES Municipality Jackson County Date of most recent license 01/24/11

Have you been convicted of violating any law of Dane Co, the State of WI or of the United States? NO

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? NO

State of Wisconsin, ss  
Dane County.

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Abbe Cavadini  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_

Rev 04/20



# OPERATOR LICENSE APPLICATION

New \_\_\_\_\_ Renewal ☒ Employed by Kwik Trip, Inc.

Regular \_\_\_\_\_ (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date 4/18/21, To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

## Answer the following questions fully and completely:

Name of Applicant Dana Johnston

Address 2225 Wymena Ave #7 City, State, Zip SUN PRAIRIE

Date of Birth 8/24/68 Age 52 Phone # 763-464-5491

Have you registered for an approved responsible beverage server training course? \_\_\_\_\_ (attach registration)

Have you completed an approved responsible beverage server training course? YES (attach certificate)

Have you been licensed before? YES Municipality De Forest Date of most recent license 2019

Have you been convicted of violating any law of Dane Co, the State of WI or of the United States? NO

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? NO

State of Wisconsin, ss.  
Dane County.

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_

Rev 04/20

AGENDA ITEM #7:

Sewer Utility

CMAR Annual Report Discussion/Action

**TOWN OF WESTPORT**

**RESOLUTION NO. 21-\_\_**

**A RESOLUTION BY THE TOWN OF WESTPORT BOARD OF SUPERVISORS  
TO APPROVE THE TOWN OF WESTPORT SEWER UTILITY DISTRICT  
2020 COMPLIANCE MAINTENANCE ANNUAL REPORT (CMAR)  
IN THE TOWN OF WESTPORT**

BE IT RESOLVED by the Town Board of Supervisors of the Town of Westport, that the 2020 Compliance Maintenance Annual Report (CMAR) is accepted and approved as attached.

The above and foregoing Resolution was duly adopted by the Town Board of Supervisors of the Town of Westport, Dane County, Wisconsin at a regular meeting held on 19<sup>th</sup> day of July, 2021 by a vote of \_\_\_\_ ayes, \_\_\_\_ nays, \_\_\_\_ abstaining, and \_\_\_\_ not voting (absent).

APPROVED:

By: \_\_\_\_\_  
Dean A. Grosskopf, Town Board Chair

Attest: \_\_\_\_\_  
Thomas G. Wilson,  
Attorney/Administrator/Clerk-Treasurer

Approved: \_\_\_\_\_  
Posted: \_\_\_\_\_

# Compliance Maintenance Annual Report

Westport Sewer Utility District

Last Updated: Reporting For:  
7/7/2021 2020

## Financial Management

### 1. Provider of Financial Information

Name:

Robert Anderson

Telephone:

6088494372

(XXX) XXX-XXXX

E-Mail Address  
(optional):

banderson@townofwestport.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:

2020

0

- 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., CWFPP 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:

2020

- 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

\$ 319,655.38

3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)

\$ 0.00

#### 3.2.3 Adjusted January 1st Beginning Balance

\$ 319,655.38

3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)

+

\$ 2,641.39



# Compliance Maintenance Annual Report

Westport Sewer Utility District

Last Updated: Reporting For:  
7/7/2021 2020

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

\$ 322,296.77

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? \$ 290,000.00

0

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 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	Sewer line extension on as needed basis to accomodate new construction etc...	10000	2021
2	upgrade 1 lift station per year with new pumps and controls	100000	2021

## 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: 12

# Compliance Maintenance Annual Report

Westport Sewer Utility District

Last Updated: Reporting For:  
7/7/2021 2020

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	10,889	
February	11,290	
March	10,575	
April	13,747	
May	9,568	
June	8,945	
July	7,105	
August	7,802	
September	6,918	
October	6,771	
November	8,516	
December	7,179	
Total	109,305	0
Average	9,109	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:

# Compliance Maintenance Annual Report

Westport Sewer Utility District

Last Updated: Reporting For:

7/7/2021

2020

## 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?

--

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Westport Sewer Utility District

Last Updated: Reporting For:

7/7/2021

2020

## 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?

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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- ☒ A description of routine operation and maintenance activities (see question 2 below)
- ☒ Capacity assessment program
- ☐ Basement back assessment and correction
- ☒ Regular O&M training
- ☒ Design and Performance Provisions [NR 210.23 (4) (e)] ☐ ☐
- 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?
- ☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- ☒ Construction, Inspection, and Testing
- ☐ Others:

- ☒ Overflow Emergency Response Plan [NR 210.23 (4) (f)] ☐ ☐
- Does your emergency response capability include:
- ☒ Responsible personnel communication procedures
- ☐ Response order, timing and clean-up
- ☐ Public notification protocols
- ☐ Training
- ☒ Emergency operation protocols and implementation procedures
- ☒ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)] ☐ ☐
- ☐ Special Studies Last Year (check only those that apply):
- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Management 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	<input type="text" value="5"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="70"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="2"/>	% of system/year
Manhole inspections	<input type="text" value="10"/>	% of system/year
Lift station O&M	<input type="text" value="52"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0"/>	% of private services

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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="38.91"/>	Total actual amount of precipitation last year in inches
<input type="text" value="32.95"/>	Annual average precipitation (for your location)
<input type="text" value="60"/>	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=".6"/>	Average daily flow in MGD (if available)
<input type="text"/>	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="0.0"/>	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> <p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div>None</div> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div>checking mains and manholes for leaks</div>	
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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>



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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
<b>TOTALS</b>			<b>4</b>	<b>16</b>
<b>GRADE POINT AVERAGE (GPA) = 4.00</b>				

### 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:

Town of Westport

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

### 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**