

VILLAGE OF NEW GLARUS - VILLAGE BOARD PROCEEDINGS REGULAR MEETING

Village Hall Board Room
319 2nd Street New Glarus, WI

Zoom Meeting Link: <https://us02web.zoom.us/j/89860741900>

7/5/2023

7:00 P.M.

7:00 P.M. Regular Meeting	Page #
1. Call to Order – Please Silence All Cell Phones	
2. Approval of agenda	
3. Public appearances and citizen comments on items not listed on this agenda. [Items will not be debated or acted upon at this meeting but will be referred to the proper staff/committee if action is required.] – <i>Please keep comments to 3 minutes</i>	
4. Approval of Consent Agenda	
A. Approval of Minutes of 6.20.23 Regular Meeting	3
B. Approval of Claims	6
5. New Business	
A. Consideration/Discussion: “Class B” Liquor License Applications (Fat Cat and Rusty Raven)	11
B. Consideration/Discussion: 2024 Capital Financing Plan	23
C. Consideration/Discussion: Utilities Financial Planning Services	30
D. Consideration/Discussion: Resolution 23-23 Compliance Maintenance Annual Report (CMAR) Year 2022	36
6. Parks and Recreation	
7. Public Works and Safety	
8. Personnel and Finance	
9. President’s Report	
10. Adjournment	

Roger Truttman, President

AGENDA POSTED: N.G. Village Hall 6/29/23
 N.G. Post Office 6/29/23
 Bank of New Glarus 6/29/23

Kelsey Jenson, Clerk

PERSONS REQUIRING ADDITIONAL SERVICES TO PARTICIPATE IN A PUBLIC MEETING MAY CONTACT THE VILLAGE CLERK FOR ASSISTANCE AT 527-2510

Village Board Meeting Notes

July 5, 2023

Consent Agenda:

Approval of Minutes of 6/20 Regular Meeting: The minutes are included in the packet for consideration.

Approval of Claims: The claims lists are included in your packet and include: ACH for payroll expenses, June credit card; wire for power - totaling \$203,689.61; payroll vouchers 17338 to 17389 totaling \$45,935.11; and checks 42138 to 42184 totaling \$274,446.19.

New Business:

Consideration/Discussion: "Class B" Liquor License Applications (Fat Cat and Rusty Raven): The Village has one "Class B" liquor license available for local businesses to utilize. "Class B" liquor licenses allow businesses to sell intoxicating liquor for consumption on premises. Village staff advertised the available license and set a deadline for applications. Two applications were received: Fat Cat Coffee Works and Rusty Raven. The Village Board has the authority to determine which business should receive this license.

Consideration/Discussion: 2024 Capital Financing Plan: A staff memo and cost proposal are included in the agenda packet.

Consideration/Discussion: Utilities Financial Planning Services: A staff memo and cost proposal are included in the agenda packet.

Consideration/Discussion: Resolution 23-23 Compliance Maintenance Annual Report (CMAR) Year 2022: Each year, the Village submits a Compliance Maintenance Annual Report (CMAR) to the Wisconsin Department of Natural Resources (DNR) for the wastewater treatment plant. The 2022 CMAR is included in the packet and notes that no operational actions are required at this time. This resolution affirms that statement.

VILLAGE BOARD PROCEEDINGS
VILLAGE OF NEW GLARUS
6/20/2023

REGULAR MEETING-CALL TO ORDER: President Truttman called the regular meeting to order at 7:00 p.m.

PRESENT: Chuck Phillipson, Larry Stuessy, Peggy Kruse, Mike Marty, Gof Thomson and Roger Truttman.

ABSENT: Michael Bell

ALSO PRESENT: Brian Berquist (Town & Country Engineering), Amy Trumble (Library Director), Joe Cockroft (Public Works Director), Lauren Freeman (Village Administrator), Chief Jeff Sturdevant (Police Chief), Kelsey Jenson (Clerk-Treasurer)

APPROVAL OF AGENDA: Motion by Larry Stuessy, second by Peggy Kruse to approve the 6.20.23 agenda. Motion carried (6-0).

PUBLIC APPEARANCES AND CITIZEN COMMENTS: None.

CONSENT AGENDA: Motion by Larry Stuessy for approval of the consent agenda, second by Chuck Phillipson. Motion carried (6-0).

APPROVAL OF MINUTES OF 6.6.23 Regular Meeting

APPROVAL OF CLAIMS: The claims lists were presented to the Board and include: ACH for payroll expenses and health insurance; journal entry for utilities - totaling \$55,348.15; payroll vouchers 17292 to 17337 totaling \$38,918.29; and checks 42078 to 42137 totaling \$77,475.96.

MAY 2023 BUILDING INSPECTION REPORT

MAY 2023 POLICE REPORT

MAY 2023 FINANCIALS

NEW BUSINESS

APPROVAL: Operator Licenses - Kristal Gille, Alyssa Cramer, Nathania Kummer, Greg Kleeman, Barbara Froehlich, Trey Armstrong, Leah Hanson, Keith Kube, Kayla Brick, Tyler Ballweg, Hillary Phillips, Beverly Hoesly, Roger O'Leary, Kayla Ballweg, David Tierman, Jake M Lynch, Hunter J Tierman, Ginger Blum, Joni Keehn, Diane Peters, Kimberly Bigler, McAllister Reynolds, Anastasia Schwenn, Harmony Brooks, Nicole Rivers, John Miller, Alexandra Sayre, Michael Nevil, Jill Stickwell, Kellene Kutz, Tami Reeson, Shannon Jelle, Taylor Clark, Tammy Burnett, Patricia Best, Jolene Butenhoff, Pamela Cox, Kennedy Dreger, Brenna Meier, John Gobeli, Julie O'Connell, Reba Bergmann, Chloe Gwin, Maureen Fugate, Jonathan Cruse & Hallie Weintraub: See motion below.

APPROVAL: Alcohol Beverage Licenses - **Class A Beer:** Blanchardville Coop (Gery Steinmetz) **Class A Beer/Liquor:** Shubh Self Service Inc (Suchinder Singh), Burresons/Roy's Market (Darin Burreson), Casey's (Anthony Hawks) **Class B Beer/Liquor:** Kleeman's Bar & Grill LLC (Gregory Kleeman); Puempel's Olde Tavern (Charles Bigler); Ott Haus (Amber Tierman), Fest Haus (Randy Dreger) Sportsman's Reloaded (Scott Hook), Landaus Restaurant (Mike Nevil), NG Hotel Restaurant (Mike Nevil), Glarner Stube (John Gobeli) Toefflers Pub & Grill (Stephen Longo), Kristi's Restaurant (Kristi Lopez) **Class B Beer:** Rusty Raven LLC (Kristiann Schultz), Dirty Dog Taphaus (Leah Hanson) **Class A Liquor:** Brenda's Blumenladen (Brenda iegenthaler), The Bramble Patch (Sheri Weix), New Rose (Bryenna Reinicke), Chalet Cheese Haus LLC (Michael Hlubek), Lollygag Antiques (Karen Rodeghier) **Class B Beer/C Wine:** Fat Cat Coffee Works LLC (John Miller), Sugar River Pizza Co (Deb Watterson): See motion below.

APPROVAL: Misc. Licenses Expiring 6/30/2023 - Mobile Home Park/Firefly Estates; Pool Table -Tofflers & Kleeman's; Tobacco Retail Lic. - Casey's, Rusty Raven, Sportsman's, & Ott Haus, Blanchardville Coop, Shubh Self Service: Motion by Chuck Phillipson to approve agenda items A, B, & C, second by Larry Stuessy. Motion carried (6-0).

Consideration/Discussion: Façade Improvement Grant Application for 600 1st St: Motion by Larry Stuessy to approve the Façade Improvement Grant application for 600 1st St., second by Chuck Phillipson. Motion carried (6-0).

Consideration/Discussion: Resolution 23-21 Appointing Authorized Representative to File Applications for Financial Assistance from the State of Wisconsin Environmental Improvement Fund: Motion by Chuck Phillipson to approve R23-21 Appointing Authorized Representative to File Applications for Financial Assistance from the State of Wisconsin, second by Larry Stuessy. Motion carried (6-0).

Consideration/Discussion: Resolution 23-22 Declaration of Official Intent to Reimburse Expenditures for the Safe Drinking Water Loan Program (SDWLP) Project: Motion by Peggy Kruse to approve R23-22 Declaration of Official Intent to Reimburse Expenditures for the Safe Drinking Water Loan Program (SDWLP) Project, second by Larry Stuessy. Motion carried (6-0).

Consideration/Discussion: Agreement Between the Village of New Glarus and Town & Country Engineering Inc. for Professional Services: Motion by Larry Stuessy to approve agreement between the Village of New Glarus and Town & Country Engineering Inc. for professional services, second by Peggy Kruse. Motion carried (6-0).

Consideration/Discussion: Resolution 23-20 Setting 2023-2027 Resource Recovery Fee: Motion by Gof Thomson to approve R23-20 Setting 2023-2027 Resource Recovery Fee, second by Larry Stuessy. Motion carried (6-0).

Consideration/Discussion: Village Hall Office Closure on Friday, August 11, 2023 from 12:00 PM to 2:00 PM for Summer Employee Gathering: Motion by Peggy Kruse to approve Village

Hall Office closure on Friday, August 11, 2023 from 12:00 PM to 2:00 PM for Summer Employee Gathering, second by Larry Stuessy. Motion carried (6-0).

Consideration/Discussion: Agreement to Offer Village Employees Liberty National Life Insurance Policies: Motion by Chuck Phillipson to table this agenda item for 30 days until the August 1, 2023 meeting, second by Larry Stuessy. Motion carried (6-0).

PARKS AND RECREATION

Consideration/Discussion: Village Park Portable Restroom: Motion by Michael Marty to approve renting a portable restroom for Village Park, second by Larry Stuessy. Motion carried (6-0).

PUBLIC WORKS AND SAFETY: Public Works Director Joe Cockroft updated the Board on the DNR requirements for the burn and compost pits.

PERSONNEL AND FINANCE: None.

PRESIDENT'S REPORT: None.

ADJOURN: Being no further business, President Truttmann adjourned the meeting at 7:51 p.m.

– Kelsey Jenson,
Clerk-Treasurer

For more details on agenda items, please visit newglarusvillage.com to view the meeting agenda packet. A recording of the meeting is also available on the Village of New Glarus YouTube Channel.

Report Criteria:

Report type: Summary

Check Issue Date = 07/06/2023

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Amount
07/23	07/06/2023	42138	6183	ALL-STAR SPORTS LEAGUE	600.00
07/23	07/06/2023	42139	1050	ALPINE AUTO ELECTRIC	147.98
07/23	07/06/2023	42140	1155	BADGER SPORTING GOODS	72.00
07/23	07/06/2023	42141	1165	BAKER & TAYLOR BOOKS	288.87
07/23	07/06/2023	42142	6249	BEAL, LINDSAY	50.00
07/23	07/06/2023	42143	4210	BJOIN LIMESTONE INC	141.33
07/23	07/06/2023	42144	5440	BOARDMAN & CLARK	595.00
07/23	07/06/2023	42145	6215	BOLDTRONICS, INC.	636.00
07/23	07/06/2023	42146	1275	BORDER STATES ELECTRIC SUP	1,048.88
07/23	07/06/2023	42147	4935	C.D. SMITH CONSTRUCTION INC.	104,025.00
07/23	07/06/2023	42148	6246	CAPITOL LAWN SPRINKLER, INC.	931.74
07/23	07/06/2023	42149	4422	CLIFTON LARSON ALLEN LLP	20,685.00
07/23	07/06/2023	42150	1590	DELTA DENTAL	1,577.78
07/23	07/06/2023	42151	6251	FINK, JESSIE	50.00
07/23	07/06/2023	42152	1760	FIRST SUPPLY GROUP	1,954.40
07/23	07/06/2023	42153	4001	FP MAILING SOLUTIONS	5,177.67
07/23	07/06/2023	42154	6233	FREEMAN, LAUREN	213.57
07/23	07/06/2023	42155	5731	GREEN COUNTY EMERGENCY MANA	6.00
07/23	07/06/2023	42156	1925	GREEN CTY HIGHWAY DEPT	1,072.10
07/23	07/06/2023	42157	1930	GREEN CTY WASTE MGMT	3,385.93
07/23	07/06/2023	42158	1980	HACH COMPANY	90.77
07/23	07/06/2023	42159	6213	HART, COREY	50.00
07/23	07/06/2023	42160	4216	HI-LINE UTILITY SUPPLY CO LLC	560.09
07/23	07/06/2023	42161	6247	HOELSCHER, KATHLEEN	50.00
07/23	07/06/2023	42162	5827	INFOSEND INC	553.63
07/23	07/06/2023	42163	6250	KERSTEN, STACIE	50.00
07/23	07/06/2023	42164	2480	MEUW	475.00
07/23	07/06/2023	42165	5338	MICHELS, RYAN	50.00
07/23	07/06/2023	42166	2500	MIDWEST POOL SUPPLY	1,408.39
07/23	07/06/2023	42167	2515	MIDWEST TAPE LLC	163.93
07/23	07/06/2023	42168	5945	MOEN, SUE	102.69
07/23	07/06/2023	42169	5607	MSA PROFESSIONAL SERVICES INC	240.00
07/23	07/06/2023	42170	5554	MUELLER, KRISTIE	50.00
07/23	07/06/2023	42171	6168	ODP BUSINESS SOLUTIONS LLC	201.26
07/23	07/06/2023	42172	2970	QUILL CORPORATION	253.38
07/23	07/06/2023	42173	3130	SCHWAAB INC	27.50
07/23	07/06/2023	42174	4507	SIMPLY SWIMMING	376.95
07/23	07/06/2023	42175	2490	SLOAN IMPLEMENT	35,484.01
07/23	07/06/2023	42176	3250	STRAND ASSOCIATES INC	60,252.12
07/23	07/06/2023	42177	3255	STREICHER'S	95.98
07/23	07/06/2023	42178	3335	TDS TELECOM	117.97
07/23	07/06/2023	42179	5963	TOP PACK DEFENSE LLC	666.07
07/23	07/06/2023	42180	3420	TOWN & COUNTRY ENG INC	29,656.20
07/23	07/06/2023	42181	3440	TRUGREEN PROCESSING CENTER	178.70
07/23	07/06/2023	42182	5927	UNIFORM DEN EAST INC	549.40
07/23	07/06/2023	42183	6248	WIRE, DAWN	50.00
07/23	07/06/2023	42184	4909	WISCONSIN COPY & BUSINESS EQUI	32.90

M = Manual Check, V = Void Check

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Amount
Grand Totals:					<u>274,446.19</u>

Report Criteria:

Report type: Summary

Check.Check Issue Date = 07/06/2023

Report Criteria:

Check.Check Issue Date = 07/06/2023

<u>GL Invoice Acct</u>	<u>Amt</u>
Total 10:	65,909.89
Total 21:	120.00
Total 22:	125.23
Total 25:	1,003.04
Total 30:	51.05
Total 40:	155,909.24
Total 45:	2,926.24
Total 50:	35,905.79
Total 60:	9,109.78
Total 70:	3,385.93

Grand Totals:

274,446.19

VILLAGE OF NEW GLARUS-CLAIMS PRESENTED -

7/5/2023

CHECK #	PAYEE	DIST.	AMOUNT
ACH	941 Tax	PP# 13	13,869.19
ACH	WI Withholding	PP# 13	2,230.00
ACH	Great-West Retirement	deferred comp-pre tax	701.00
ACH	Great-West Retirement	deferred comp-post tax	150.00
ACH	WRS June Retmittance	Retirement	20,168.42
WIRE	WPPI	power	146,992.56
ACH	EBC	flex/COBRA plan/dependant care	767.90
ACH	US Bank	credit card	18,810.54
	Sub-total		203,689.61

Payroll - paid 6/30/2023

17338	Kelsey Jenson	Clerk	1,791.18
17339	Deanna Young	Deputy Clerk	1,467.13
17340	Lauren Freeman	Administrator	2,174.77
17341	Mark Binger	PD	928.30
17342	Chanse Kaczmariski	PD	325.46
17343	Alex Brey	PD	1,677.89
17344	Hunter Krohn	PD	2,152.22
17345	Brian Bennett	PD	776.71
17346	Jeff Sturdevant	PD	2,961.61
17347	Molly Hultine	PD	401.55
17348	Ann Lahey	PD	600.65
17349	Joe Cockroft	PW	2,203.89
17350	Charles Loeffelholz	PW	1,560.06
17351	James (Sammy) Nelson	PW	852.42
17352	Kenneth Wolfe	PW	1,001.73
17353	Aaron Funseth	Water Treatment Plant	1,958.65
17354	Owen Palmer	PW	517.52
17355	Jason Borth	Utility	2,333.97
17356	William Kosmeder	Utility	3,379.02
17357	Kevin Funseth	Utility	2,692.60
17358	Beth Heller	Utility	1,282.79
17359	Erica Loeffelholtz	Library	1,077.15
17360	Peggy Hammerly	Library	106.12
17361	Brooke Mathews	Library	1,077.61
17362	Alayna Lewis	Library	114.30
17363	Amy Trumble	Library	1,308.03
17364	Julie Hawkins	Library	490.16
17365	Amalia Morrison	Library	48.98
17366	Grady Johnson	Pool	408.76
17367	Megan Buol	Pool	1,083.45
17368	Mary Statz	Chalet	199.84
17369	Kari Morrison	Pool	109.10
17370	Kayla Zimmerman	Pool	286.70
17371	Eli Zimmerman	Pool	155.84
17372	Stephanie Zweifel	Pool	42.75
17373	Lindsey Schadewalt	Pool	321.74
17374	Sydney O' Flanagan	Pool	98.70

17375	Riley O' Flanagan	Pool	436.25
17376	Emery Johnson	Pool	602.04
17377	Keatan Zimmerman	Pool	119.37
17378	Ellie Eichelkraut	Pool	543.92
17379	Camryn Arnett	Pool	808.53
17380	Nathan Heil	Pool	580.37
17381	Delaney Lynch	Pool	324.85
17382	Breckyn Thompson	Pool	500.73
17383	Clem Meter Brooks	Pool	634.92
17384	Simon Zimmerman	Pool	243.58
17385	Dunnell Kendrick	Pool	38.79
17386	Delaney Hoeper	Pool	630.06
17387	Carter Nemergut	Pool	502.35
	Payroll Subtotal		45,935.11

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FOR CLERKS ONLY	
Municipality	
License Period	

Form AT-106

Original Alcohol Beverage License Application

License(s) Requested

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class C" Wine \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (Cider Only) \$ 0
- "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$ 250 ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Fat Cat Coffee Works

2. Trade Name or DBA
Fat Cat Coffee Works

3. Premises Address
606 Railroad St

4. County **Green** 5. Municipality **New Glarus** 6. Aldermanic District

7. Mailing Address (if different from premises address)
PO Box 473 New Glarus WI 53574

8. FEIN **20-8637642** 9. Wisconsin Seller's Permit Number **456-0003195545-02**

10. Premises Phone **608-527-3346** 11. Premises Email **fatcatcoffee@tds.net**

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.
The entire building and exterior patios, walkways and lawns. The building interior contains the plat map addresses of 602, 604, 606(main entrance) and 608 railroad st., New Glarus. All areas are used either for storage or guest seating/access. Sales, service and therefore consumption are scheduled to take place in all areas.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... Yes No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... Yes No
 If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 2007	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company		FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name Miller		Agent's First Name John	Phone 608-358-9501

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Miller	Anne	Owner/Member	608-770-1222
<i>MS</i> Miller	John	owner/member	608-770-1222

Part E: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>John Miller</i>		Date <i>6/15/2023</i>	
Name (Last, First, M.I.) Miller, John			
Title Owner, Member, Agent		Email fatcatcoffee@tds.net	Phone 608-358-9501

Part F: For Clerk Use Only

Date application was filed with clerk <i>6/20/23</i>	Date reported to governing body <i>VB 7/5/23</i>	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>		

Tab through, use mouse, spacebar or Enter to check applicable boxes.

Save

Print

Clear

FOR CLERKS ONLY
 Municipality *V of New Glarus*
 License Period *7/1/23-6/30/23*

Form
AT-106

Original Alcohol Beverage License Application

License(s) Requested

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class C" Wine \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (Cider Only) \$ 0
- "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Rusty Raven LLC

2. Trade Name or DBA
Rusty Raven

3. Premises Address
500 1st St New Glarus WI 53574

4. County **Green** 5. Municipality **New Glarus** 6. Aldermanic District

7. Mailing Address (if different from premises address)
PO Box 1018 New Glarus WI 53574

8. FEIN **82-0930494** 9. Wisconsin Seller's Permit Number **456-1029354950-02**

10. Premises Phone **608-636-2023** 11. Premises Email **rustyravenng@gmail.com**

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.
The premises for the license includes the first floor store and back room of the building located at the business address.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate Yes No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
 If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 03/24/2017	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company		FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name Schultz		Agent's First Name Kristiann	Phone 608-501-7998

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Hovland	Jonathan	Owner/Operator	608-636-4585
Schultz	Kristiann	Owner/Director	608-501-7998
Van Hove	Tammy	Owner/Director	507-259-4327

Part E: Attestation

Who must sign this application?
 sole proprietor one general partner of a partnership one corporate officer one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 		Date 6/16/2023	
Name (Last, First, M.I.) Hovland Jonathan T			
Title Owner/Operator		Email rustyravenng@gmail.com	Phone 608-636-4585

Part F: For Clerk Use Only

Date application was filed with clerk 6/16/2023	Date reported to governing body VB 7/5/23	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk 		

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

Save

Print

Clear

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of New Glarus County of Green
 City

The undersigned duly authorized officer/member/manager of Rusty Raven LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Rusty Raven
(Trade Name)

located at 500 1st St New Glarus WI 53574

appoints Jonathan Hovland
(Name of Appointed Agent)
N6693 West Point Rd Monticello WI 53570
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 12 years

Place of residence last year N6693 West Point Rd Monticello WI 53570

For: Rusty Raven LLC
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Jonathan Hovland, hereby accept this appointment as agent for the
(Print / Type Agent's Name)
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 6-16-2023 Agent's age 49
(Signature of Agent) (Date)
N6693 West Point Rd Monticello WI 53570 Date of birth 5/31/74
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Alcohol Beverage License Application Supplemental Questionnaire

For license period beginning 07 01 2023 and ending 06 30 2024
M M D D Y Y Y Y M M D D Y Y Y Y

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, and AT-200. One form must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agents of a corporation or nonprofit organization
- member/mangers and agents of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information		
1. Registered Entity Name Rusty Raven LLC		
2. Trade Name or DBA Rusty Raven		
3. Entity Type (check one)		
<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	

Part B: Individual Information			
1. Name (Last, First, M.I.) Hovland, Jonathan T			
2. Relationship to Registered Entity (Title/Member) Owner/Operator		3. Email jonthovland@msn.com	4. Phone 608-636-4585
5. Home Address N6693 West Point Rd			
6. City Monticello	7. State WI	8. Zip Code 53570	9. Date of Birth 05/31/1974
10. Drivers License/State ID Number h145-4387-4191-05		11. Drivers License/State ID State of Issuance WI	

Part C: Address History	
Named individual must list in chronological order their last two residence addresses.	
Previous Address 1 n6693 West Point Rd	
Previous City, State, Zip Monticello, WI 53570	Dates (MM/YYYY - MM/YYYY) 01/2018-current
Previous Address 2 562 Spencer Dr	
Previous City, State, Zip Evansville WI 53536	Dates (MM/YYYY - MM/YYYY) 05/2013 - 01/2018

Part D: Employment History	
Named individual must list in chronological order their last two employers.	
Employer's Name Rusty Raven LLC	
Employer's Address 500 1st St New Glarus WI	Dates Employed (MM/YYYY - MM/YYYY) 04/21-current
Employer's Name Brenda's Blumenladen	
Employer's Address 17 6th Ave, New Glarus, WI 53574	Dates Employed (MM/YYYY - MM/YYYY) 04/18 -04/21

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes to question 1, please list details of each conviction here:	
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date na
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to question 2, describe nature and status of pending charges using the space below.	

Part F: Questions		
1. Are you a Wisconsin resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
10	10	5
3. Have you resided as an adult in states other than Wisconsin? If yes, please list them in the space below. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Minnesota		
4. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewery, brewpub, winery, distillery)? If yes, please explain using the space below <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature
Jon Hovland
Jon Hovland (Jun 15, 2023 12:46 CDT)

Date
Jun 15, 2023

**Alcohol Beverage License Application
Supplemental Questionnaire**

Date
06/15/2023

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information			
1. Registered Entity Name (or individual name if sole proprietor) Rusty Raven LLC			
2. Trade Name or DBA Rusty Raven			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information			
1. Name (Last, First, M.I.) Schultz, Kristiann J			
2. Relationship to Registered Entity (Title) Owner/CFO	3. Email kjschultz99@gmail.com	4. Phone 608-501-7998	
5. Home Address 1655 Lake Kegonsa Rd			
6. City Stoughton	7. State WI	8. Zip Code 53589	9. Date of Birth 12/26/65
10. Drivers License/State ID Number S536-2875-7149-04		11. Drivers License/State ID State of Issuance WI	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Nauti Norske	
Employer's Address 324 Water St Stoughton WI 53589	Dates Employed (MM/YYYY - MM/YYYY) 08/2018-03/2020
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated Serving a Minor - City of Stoughton WI	Trial Date 10/15/18
Penalty Imposed Fine	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

Minnesota

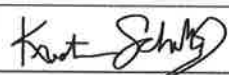
2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
12	1

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 06/15/23
--	-------------------------

Tab through, use mouse, spacebar or
Enter to check applicable boxes.

Date
06/15/23

Form
AT-103

**Alcohol Beverage License Application
Supplemental Questionnaire**

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information			
1. Registered Entity Name (or individual name if sole proprietor) Rusty Raven LLC			
2. Trade Name or DBA Rusty Raven			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization


Part B: Individual Information			
1. Name (Last, First, M.I.) Van Hove, Tammy			
2. Relationship to Registered Entity (Title) Owner/Director		3. Email trungevhd@gmail.com	4. Phone 507-259-4327
5. Home Address 2108 Elk Run Dr SE			
6. City Pine Island	7. State MN	8. Zip Code 55963	9. Date of Birth 11/20/61
10. Drivers License/State ID Number D304-001-011-507		11. Drivers License/State ID State of Issuance D304-001-011-507 MN	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 51503 315th Ave	
Previous City, State, Zip Elgin MN 55932	Dates (MM/YYYY - MM/YYYY) 01/1986-05/2023
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name IBM	
Employer's Address HWY 52 & 37th Street Rochester MN 55901	Dates Employed (MM/YYYY - MM/YYYY) 06/1984-06/2021
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MN		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 0	Months 0
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature  <small>Tammy Van Hove (Jun 15, 2023 19:48 EDT)</small>	Date 06/15/23

VILLAGE OF NEW GLARUS



ADMINISTRATION DEPARTMENT

MEMORANDUM

To: Village Board
From: Lauren Freeman, Village Administrator
Date: July 5, 2023
Re: Cost Proposals for 2024 Capital Financing Plan & Utilities Financial Planning Services

2024 Capital Financing Plan:

Background:

Ehlers Public Finance Advisors currently serves as the Village's Municipal Advisor. Last year, Ehlers worked with Village staff and Board to develop a capital financing plan as part of the 2023 budget process. This service was beneficial for the Village because it provided analysis on how much borrowing the Village could take on for 2023 capital projects as well as future year projects. The cost for these services were incorporated into the 2023 borrowing.

This year, Village staff would like to work with Ehlers again to complete a 2024 capital financing plan, which would update the debt calculations based on the actual amount borrowed this year, plus update the plan based on new project information that Village staff are gathering for proposed capital projects. The cost proposal for that service is \$250/hour up to \$3,500. The cost for this service would be included in 2024 borrowing.

Scope of Work:

Ehlers would develop a capital planning model based on the Village's proposed 5-year Capital Improvement Plan (CIP) and prepare a debt service schedule that forecasts debt limit capacity utilization and the project impact of future debt obligations. The full scope of work is detailed in the Ehlers cost proposal, which is included in the agenda packet.

Total Cost: \$250/hour up to \$3,500

Utilities Financial Planning Services:

Background:

Staff also reached out to Ehlers to get a cost proposal for utilities financial planning services, which is a long-range cash flow analysis for the water, sewer, and electric utilities. This financial analysis would provide the Village staff with a useful financial overview of the utilities as well as aid in

the development of the utility portion of the 5-year Capital Improvement Plan (CIP). It is important to note that the 2024 capital financing plan work does not include utilities in the analysis because it is focused on general obligation debt and its impact on the tax levy.

Scope of Work:

- Phase 1 – review audits, debt service, budgets, and other detailed financial information for the water, sewer, and electric utilities
- Phase 2 – prepare a separate detailed cash flow analysis for all three utilities
- Phase 3 – provide a report and presentation to the Village Board and staff

The full scope of work is detailed in the Ehlers cost proposal, which is included in the agenda packet.

Total Cost: \$8,000 (\$2,667 per utility)

Recommendation:

Staff recommend approving both cost proposals from Ehlers.

June 20, 2023

Lauren Freeman, MPA, Village Administrator
Village of New Glarus, Wisconsin
319 2nd St
PO Box 399
New Glarus, WI 53574

Re: Written Municipal Advisor Client Disclosure with the Village of New Glarus (“Client”) for 2024 Capital Financing Plan (“Project”) Pursuant to MSRB Rule G-42)

Dear Lauren:

As a registered Municipal Advisor, we are required by Municipal Securities Rulemaking Board (MSRB) Rules to provide you with certain written information and disclosures prior to, upon or promptly, after the establishment of a municipal advisory relationship as defined in Securities and Exchange Act Rule 15Ba1-1. To establish our engagement as your Municipal Advisor, we must inform you that:

1. When providing advice, we are required to act in a fiduciary capacity, which includes a duty of loyalty and a duty of care. This means we are required to act solely in your best interest.
2. We have an obligation to fully and fairly disclose to you in writing all material actual or potential conflicts of interest that might impair our ability to render unbiased and competent advice to you. We are providing these and other required disclosures in **Appendix A** attached hereto.

As your Municipal Advisor, Ehlers shall provide this advice and service at such fees, as described within **Appendix B** attached hereto.

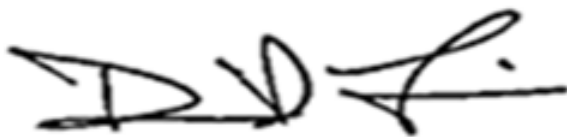
This documentation and all appendices hereto shall be effective as of its date unless otherwise terminated by either party upon 30 days written notice to the other party.

During the term of our municipal advisory relationship, this writing might be amended or supplemented to reflect any material change or additions.

We look forward to working with you on this Project.

Sincerely,

Ehlers & Associates

A handwritten signature in black ink, appearing to read 'D. Ferris', is written over a horizontal line.

David Ferris, CPA
Senior Municipal Advisor

¹ This document is intended to satisfy the requirements of MSRB Rule G-42(b) and Rule G-42(c).

Appendix A

DISCLOSURE OF CONFLICTS OF INTEREST/OTHER REQUIRED INFORMATION

Actual/Potential Material Conflicts of Interest

Ehlers has no known actual or potential material conflicts of interest that might impair its ability either to render unbiased and competent advice or to fulfill its fiduciary duty to Client.

Other Engagements or Relationships Impairing Ability to Provide Advice

Ehlers is not aware of any other engagement or relationship Ehlers has that might impair Ehlers' ability to either render unbiased and competent advice to or to fulfill its fiduciary duty to Client.

Affiliated Entities

Ehlers offers related services through two affiliates of Ehlers, Bond Trust Service Corporation (BTSC) and Ehlers Investment Partners (EIP). BTSC provides paying agent services while Ehlers Investment Partners (EIP) provides investment related services and bidding agent service. Ehlers and these affiliates do not share fees. If either service is needed in conjunction with an Ehlers municipal advisory engagement, Client will be asked whether or not they wish to retain either affiliate to provide service. If BTSC or EIP are retained to provide service, a separate agreement with that affiliate will be provided for Client's consideration and approval.

Solicitors/Payments Made to Obtain/Retain Client Business

Ehlers does not use solicitors to secure municipal engagements; nor does it make direct or indirect payments to obtain or retain Client business.

Payments from Third Parties

Ehlers does not receive any direct or indirect payments from third parties to enlist Ehlers recommendation to the Client of its services, any municipal securities transaction or any financial product.

Payments/Fee-splitting Arrangements

Ehlers does not share fees with any other parties and any provider of investments or services to the Client. However, within a joint proposal with other professional service providers, Ehlers could be the contracting party or be a subcontractor to the contracting party resulting in a fee splitting arrangement. In such cases, the fee due Ehlers will be identified in a Municipal Advisor writing and no other fees will be paid to Ehlers from any of the other participating professionals in the joint proposal.

Municipal Advisor Registration

Ehlers is registered with the Securities and Exchange Commission (SEC) and Municipal Securities Rulemaking Board (MSRB).

Material Legal or Disciplinary Events

Neither Ehlers nor any of its officers or municipal advisors have been involved in any legal or disciplinary events reported on Form MA or MA-I nor are there any other material legal or disciplinary events to be reported. Ehlers' application for permanent registration as a Municipal Advisor with the (SEC) was granted on July 28, 2014 and contained the information prescribed under Section 15B(a)(2) of the Securities and Exchange Act of 1934 and rules thereunder. It did not list any information on legal or disciplinary disclosures.

Client may access Ehlers' most recent Form MA and each most recent Form MA-I by searching the Securities and Exchange Commission's EDGAR system (currently available at <http://www.sec.gov/edgar/searchedgar/companysearch.html>) and searching under either our Company Name (Ehlers & Associates, Inc.) or by using the currently available "Fast Search" function and entering our CIK number (0001604197).

Ehlers has not made any material changes to Form MA or Form MA-I since that date.

Conflicts Arising from Compensation Contingent on the Size or Closing of Any Transaction

The forms of compensation for municipal advisors vary according to the nature of the engagement and requirements of the client. Compensation contingent on the size of the transaction presents a conflict of interest because the advisor may have an incentive to advise the client to increase the size of the securities issue for the purpose of increasing the advisor's compensation. Compensation contingent on the closing of the transaction presents a conflict because the advisor may have an incentive to recommend unnecessary financings or recommend financings that are disadvantageous to the client. If the transaction is to be delayed or fail to close, an advisor may have an incentive to discourage a full consideration of such facts and circumstances, or to discourage consideration of alternatives that may result in the cancellation of the financing or other transaction.

Any form of compensation due a Municipal Advisor will likely present specific conflict of interests with the Client. If a Client is concerned about the conflict arising from Municipal Advisor compensation contingent on size and/or closing of their transaction, Ehlers is willing to discuss and provide another form of Municipal Advisor compensation. The Client must notify Ehlers in writing of this request within 10 days of receipt of this Municipal Advisor writing.

MSRB Contact Information

The website address of the MSRB is www.msrb.org. Posted on the MSRB website is a municipal advisory client brochure that describes the protections that may be provided by MSRB rules and how to file a complaint with the financial regulatory authorities.

Appendix B

Scope of Service

Client has requested that Ehlers to assist with Capital Financing Planning for Village's Five - Year Capital Improvement Plan (CIP) ("Project"). Ehlers proposes and agrees to provide the following scope of services:

Confirm Planning Objectives

- Prior to commencing the work, we will review our approach with Client staff to ensure that we have a full understanding of the Client's objectives, any particular areas of concern or focus, and desired process outcomes. If necessary, we can modify our Scope of Services to meet specific Client needs.

Gather Required Information

- To complete our work, we will need to gather certain information which may include: prior year audits and budgets (generally five years); current year budget; capital improvement plans; existing debt service schedules and allocations; and policies pertaining to fund balance, debt management; post-issuance compliance and financial management. Ehlers may already have this information.

Prepare Financial Model

- Based on the Client's objectives and the information available, we will prepare a Client-specific financial planning model that includes:
 - Capital Planning Model. Using Client's capital improvement plan, we will prepare one or more models identifying funding sources for identified projects. Tax levy and debt proceeds will be evaluated as funding sources.
- Debt Model. We will prepare a current debt service schedule including projected debt abatement sources and tax levy requirements. To the extent that debt financing is required for capital improvement projects, the projected impact of that financing will be modeled. The model will also forecast debt limit capacity utilization and the projected impact of future debt obligations on selected debt profile indicators (for General Obligation debt), including the impact of the Project on debt service tax levy and tax rate.
- If necessary, we will attend a workshop session which will assist the Village with reviewing the current CIP and the impact that it has on the Village's debt profile. As part of this review, we will adjust the model to fit with Village goals and policies. As necessary, we will assist the Village with determining policies that will help guide the Village annually as part of the CIP approval process.

Scope of Service Limitations

Notwithstanding the Scope of Service listed above, Ehlers' engagement related to the Project is expressly limited as follows:

- Scope does not include serving as Municipal Advisor on a debt issuance for capital projects.

Compensation

In return for the services set forth in the “Scope of Service,” Client agrees to compensate Ehlers hourly at a rate of \$250 not to exceed \$3,500.

Payment for Services

For all compensation due to Ehlers, Ehlers will invoice Client for the amount due at the completion of the work. Our fees include our normal travel, printing, computer services, and mail/delivery charges. The invoice is due and payable upon receipt by the Client.

Hourly Charges

For any service directed by Client and not covered by this, or another applicable Appendix, Client will be charged on an hourly basis. Prior to charging Client, Ehlers will first advise Client of the anticipated charges and receive authorization to proceed. Unless another basis for compensation is agreed to by Client and Ehlers as a modification to this Appendix, Ehlers will bill Client at an hourly rate that is dependent upon the task/staff required to meet Client request at no less than \$125.00/hour and not to exceed \$295.00/hour. If the service requested by Client constitutes a new project, such as a debt issuance, Ehlers will provide a separate scope of service and fees for that project.

Signed

Title

Date

May 10, 2023

Lauren Freeman, MPA, Village Administrator
Village of New Glarus, Wisconsin
319 2nd St
PO Box 399
New Glarus, WI 53574

**Re: Written Municipal Advisor Client Disclosure with the Village of New Glarus (“Client”) for
2023 Water, Sewer and Electric Utilities Long Range Cash Flow Analysis (“Project”
Pursuant to MSRB Rule G-42)**

Dear Lauren:

As a registered Municipal Advisor, we are required by Municipal Securities Rulemaking Board (MSRB) Rules to provide you with certain written information and disclosures prior to, upon or promptly, after the establishment of a municipal advisory relationship as defined in Securities and Exchange Act Rule 15Ba1-1. To establish our engagement as your Municipal Advisor, we must inform you that:

1. When providing advice, we are required to act in a fiduciary capacity, which includes a duty of loyalty and a duty of care. This means we are required to act solely in your best interest.
2. We have an obligation to fully and fairly disclose to you in writing all material actual or potential conflicts of interest that might impair our ability to render unbiased and competent advice to you. We are providing these and other required disclosures in **Appendix A** attached hereto.

As your Municipal Advisor, Ehlers shall provide this advice and service at such fees, as described within **Appendix B** attached hereto.

This documentation and all appendices hereto shall be effective as of its date unless otherwise terminated by either party upon 30 days written notice to the other party.

During the term of our municipal advisory relationship, this writing might be amended or supplemented to reflect any material change or additions.

We look forward to working with you on this Project.

Sincerely,

Ehlers & Associates

A handwritten signature in blue ink that reads 'Jon Cameron'.

Jon Cameron
Senior Municipal Advisor/Vice President

¹ This document is intended to satisfy the requirements of MSRB Rule G-42(b) and Rule G-42(c).

Appendix A

DISCLOSURE OF CONFLICTS OF INTEREST/OTHER REQUIRED INFORMATION

Actual/Potential Material Conflicts of Interest

Ehlers has no known actual or potential material conflicts of interest that might impair its ability either to render unbiased and competent advice or to fulfill its fiduciary duty to Client.

Other Engagements or Relationships Impairing Ability to Provide Advice

Ehlers is not aware of any other engagement or relationship Ehlers has that might impair Ehlers' ability to either render unbiased and competent advice to or to fulfill its fiduciary duty to Client.

Affiliated Entities

Ehlers offers related services through two affiliates of Ehlers, Bond Trust Service Corporation (BTSC) and Ehlers Investment Partners (EIP). BTSC provides paying agent services while Ehlers Investment Partners (EIP) provides investment related services and bidding agent service. Ehlers and these affiliates do not share fees. If either service is needed in conjunction with an Ehlers municipal advisory engagement, Client will be asked whether or not they wish to retain either affiliate to provide service. If BTSC or EIP are retained to provide service, a separate agreement with that affiliate will be provided for Client's consideration and approval.

Solicitors/Payments Made to Obtain/Retain Client Business

Ehlers does not use solicitors to secure municipal engagements; nor does it make direct or indirect payments to obtain or retain Client business.

Payments from Third Parties

Ehlers does not receive any direct or indirect payments from third parties to enlist Ehlers recommendation to the Client of its services, any municipal securities transaction or any financial product.

Payments/Fee-splitting Arrangements

Ehlers does not share fees with any other parties and any provider of investments or services to the Client. However, within a joint proposal with other professional service providers, Ehlers could be the contracting party or be a subcontractor to the contracting party resulting in a fee splitting arrangement. In such cases, the fee due Ehlers will be identified in a Municipal Advisor writing and no other fees will be paid to Ehlers from any of the other participating professionals in the joint proposal.

Municipal Advisor Registration

Ehlers is registered with the Securities and Exchange Commission (SEC) and Municipal Securities Rulemaking Board (MSRB).

Material Legal or Disciplinary Events

Neither Ehlers nor any of its officers or municipal advisors have been involved in any legal or disciplinary events reported on Form MA or MA-I nor are there any other material legal or disciplinary events to be reported. Ehlers' application for permanent registration as a Municipal Advisor with the (SEC) was granted on July 28, 2014 and contained the information prescribed under Section 15B(a)(2) of the Securities and Exchange Act of 1934 and rules thereunder. It did not list any information on legal or disciplinary disclosures.

Client may access Ehlers' most recent Form MA and each most recent Form MA-I by searching the Securities and Exchange Commission's EDGAR system (currently available at <http://www.sec.gov/edgar/searchedgar/companysearch.html>) and searching under either our Company Name (Ehlers & Associates, Inc.) or by using the currently available "Fast Search" function and entering our CIK number (0001604197).

Ehlers has not made any material changes to Form MA or Form MA-I since that date.

Conflicts Arising from Compensation Contingent on the Size or Closing of Any Transaction

The forms of compensation for municipal advisors vary according to the nature of the engagement and requirements of the client. Compensation contingent on the size of the transaction presents a conflict of interest because the advisor may have an incentive to advise the client to increase the size of the securities issue for the purpose of increasing the advisor's compensation. Compensation contingent on the closing of the transaction presents a conflict because the advisor may have an incentive to recommend unnecessary financings or recommend financings that are disadvantageous to the client. If the transaction is to be delayed or fail to close, an advisor may have an incentive to discourage a full consideration of such facts and circumstances, or to discourage consideration of alternatives that may result in the cancellation of the financing or other transaction.

Any form of compensation due a Municipal Advisor will likely present specific conflict of interests with the Client. If a Client is concerned about the conflict arising from Municipal Advisor compensation contingent on size and/or closing of their transaction, Ehlers is willing to discuss and provide another form of Municipal Advisor compensation. The Client must notify Ehlers in writing of this request within 10 days of receipt of this Municipal Advisor writing.

MSRB Contact Information

The website address of the MSRB is www.msrb.org. Posted on the MSRB website is a municipal advisory client brochure that describes the protections that may be provided by MSRB rules and how to file a complaint with the financial regulatory authorities.

Appendix B

Utilities Financial Planning Services

Scope of Service

Client has requested that Ehlers conduct utilities consulting services for its water, sanitary sewer and electric utilities. (“Project”). Ehlers proposes and agrees to provide the following scope of services in three separate phases:

Phase I – Information Review

- Request and review the following (we may have this information on file):
 - Audits for each utility for the past four years.
 - Detailed actual revenues and expenses for each of the utilities for the past three years, to the extent they are available.
 - Most recent available Budgets for all utilities
 - Detailed debt service schedules for all outstanding debt for each utility.
 - Capital improvement plans for each utility.
 - Current cash balances of the utilities both Restricted and Unrestricted.
- Review budget for all three utilities:
 - Historical revenues by revenue type for the past four years
 - Historical expenses by line item for the past four years to as detailed a level as possible based upon existing utility financial records.
 - Actual utility debt service payments

Phase II – Long Range Cash Flow Analysis for each Utility

- Prepare separate detailed cash flow analysis for all three utilities with the following:
 - Actual (for the past four years) and budgeted revenues and expenses for each utility based upon the work completed in Phase I above.
 - Development of annual operating expenses for the utilities using an assumed rate of inflation based on historical expenses and discussions with staff.
 - Actual annual debt service expenses for existing utility debt.
 - Planned capital improvement expenses for each utility.
 - The development of preliminary financing plans for planned capital improvement expenses including the use of cash vs. debt financing for each utility.
 - The planned debt service for each utility’s upgrades recommended in taking into consideration available and minimum recommended

reserves, existing debt and existing revenue bond covenants if applicable.

- Project revenues and identify projected user rate increases to meet all financial obligations of each utility in future years.
- Use benchmarking analysis to put forth a plan for fiscal sustainability. Using key metrics established by rating agencies, creditors, underwriters, and the PSC, create a plan that focuses on self-sustaining rates.
- Provide Village staff with draft analysis to discuss and review the analysis.

Phase III – Presentation and Report

- Be available for one (1) meeting with the Village Board or other designated governing body to present the cash flow analysis for each utility.
- Provide final report Village to staff.

Compensation

In return for the services set forth in the “Scope of Service,” Client agrees to compensate Ehlers, as follows:

Service	Water	Electric	Sewer	Total
Phase I & II - Cash Flow Preparation	\$2,500	\$2,500	\$2,500	\$7,500
Phase III – Presentation				\$500
Total				\$8,000

Payment for Services

For all compensation due to Ehlers, Ehlers will invoice Client for the amount due at the completion of the work. Our fees include our normal travel, printing, computer services, and mail/delivery charges. The invoice is due and payable upon receipt by the Client.

Hourly Charges

For any service directed by Client and not covered by this, or another applicable Appendix, Client will be charged on an hourly basis. Current hourly rates are:

Senior Municipal Advisor	\$250-300/hour
Municipal Advisor	\$225-250/hour
Financial Specialist	\$200/hour
Senior Financial Analyst	\$200-230/hour
Financial Analyst	\$195-215/hour
Clerical Support	\$100/hour

Client Engagement

The above Proposal is hereby accepted by the Village of New Glarus, Wisconsin,

by its authorized officer this day of , 2023.

Signature:

Title:

VILLAGE OF NEW GLARUS
RESOLUTION R23-23
CMAR REPORT YEAR 2022
COMPLIANCE MAINTENANCE ANNUAL REPORT (CMAR) RESOLUTION

RESOLVED that the Village of New Glarus informs the Wisconsin Department of Natural Resources that the following actions were taken by the New Glarus Village Board.

1. The Village Board has reviewed the 2022 Compliance Maintenance Annual Grading Summary, which is attached to this resolution; and
2. Per the Compliance Maintenance Annual Grading Summary, the Village Board acknowledges that no operational actions are required at this time.

Passed by unanimous vote of the Village Board on the 5th day of July, 2023.

DATE: 7/5/2023
ADOPTED: 7/5/2023

Roger Truttmann, President

Kelsey A. Jenson, Clerk

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:

6/26/2023

2022

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.2946	x	390	x	8.34	=	958
February	0.2986	x	330	x	8.34	=	821
March	0.3640	x	262	x	8.34	=	796
April	0.3885	x	288	x	8.34	=	934
May	0.4556	x	312	x	8.34	=	1,186
June	0.4802	x	333	x	8.34	=	1,335
July	0.4806	x	179	x	8.34	=	719
August	0.4614	x	295	x	8.34	=	1,134
September	0.4812	x	289	x	8.34	=	1,159
October	0.4432	x	225	x	8.34	=	831
November	0.4587	x	222	x	8.34	=	849
December	0.4948	x	282	x	8.34	=	1,164

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.609	x	90	=	0.5481
		x	100	=	.609
Design BOD, lbs/day	1723	x	90	=	1550.7
		x	100	=	1723

2.2 Verify the number of times the flow and BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					0

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:

6/26/2023

2022

3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

- Yes

Enter last calibration date (MM/DD/YYYY)

2022-05-25

- No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

- Yes

- No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

- Yes

- No

If Yes, please explain:

5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

Septic Tanks Holding Tanks Grease Traps

- Yes

- Yes

- Yes

- No

- No

- No

5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.

Septic Tanks

- Yes

gallons

- No

Holding Tanks

- Yes

gallons

- No

Grease Traps

- Yes

gallons

- No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

- Yes

- No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
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<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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Total Points Generated	
Score (100 - Total Points Generated)	
Section Grade	

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:

6/26/2023

2022

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	26	23.4	0	1	0	0
February	26	23.4	1	1	0	0
March	26	23.4	1	1	0	0
April	26	23.4	1	1	0	0
May	17	15.3	1	1	0	0
June	17	15.3	2	1	0	0
July	17	15.3	1	1	0	0
August	17	15.3	1	1	0	0
September	17	15.3	0	1	0	0
October	17	15.3	0	1	0	0
November	26	23.4	1	1	0	0
December	26	23.4	2	1	0	0

* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
Total number of points			0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

Yes

Enter last calibration date (MM/DD/YYYY)

2022-05-25

No

If No, please explain:

3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

Yes

No

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
6/26/2023 2022

<p>If Yes, please explain: <input type="text"/></p> <p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If Yes, please explain: <input type="text"/></p> <p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable: <input type="text"/></p>
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Total Points Generated	
Score (100 - Total Points Generated)	
Section Grade	

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
6/26/2023 2022

Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	17	15.3	2	1	0	0
February	17	15.3	2	1	0	0
March	17	15.3	2	1	0	0
April	17	15.3	3	1	0	0
May	26	23.4	3	1	0	0
June	26	23.4	4	1	0	0
July	26	23.4	3	1	0	0
August	26	23.4	3	1	0	0
September	26	23.4	2	1	0	0
October	26	23.4	2	1	0	0
November	17	15.3	3	1	0	0
December	17	15.3	3	1	0	0

* Equals limit if limit is <= 10

Months of Discharge/yr	12		
Points per each exceedance with 12 months of discharge:		7	3
Exceedances		0	0
Points		0	0
Total Number of Points			

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

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

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
6/26/2023 2022

Effluent Quality and Plant Performance (Ammonia - NH3)

1. Effluent Ammonia Results

1.1 Verify the following monthly and weekly average effluent values, exceedances and points for ammonia

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	8.3		.199	0					
February	8.6		.068	0					
March	11		.032	0					
April	12		0	0					
May	9.3		.015	0					
June	9.3		0	0					
July	13		.008	0					
August	9.3		.005	0					
September	9.3		.008	0					
October	6.7		0	0					
November	9.4		.813	0					
December	8.6		.609	0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
Total Number of Points									0

0

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points.

1.2 If any violations occurred, what action was taken to regain compliance?

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

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
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Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

1.1 Verify the following monthly average effluent values, exceedances, and points for Phosphorus

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1.4	0.408	1	0
February	1.4	0.140	1	0
March	1.4	0.501	1	0
April	1.4	0.786	1	0
May	1.4	1.182	1	0
June	1.4	0.739	1	0
July	1.4	0.199	1	0
August	1.4	0.165	1	0
September	1.4	0.171	1	0
October	1.4	0.280	1	0
November	1.4	0.535	1	0
December	1.4	0.385	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				0

0

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

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

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:

6/26/2023

2022

Biosolids Quality and Management

1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- Land applied under your permit
- Publicly Distributed Exceptional Quality Biosolids
- Hauled to another permitted facility
- Landfilled
- Incinerated
- Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

384.2 acres

2.1.2 How many acres did you use?

23.2 acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

Yes (30 points)

No

2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

Yes

No (10 points)

N/A

0

3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

Outfall No. 002 - SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75										5.13				0	0
Cadmium		39	85										<.73				0	0
Copper		1500	4300										865				0	0
Lead		300	840										8.61				0	0
Mercury		17	57										.13				0	0
Molybdenum	60		75										2.93			0		0
Nickel	336		420										14.4			0		0
Selenium	80		100										1.6			0		0
Zinc		2800	7500										164				0	0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

Exceedence Points

0 (0 Points)

45

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
6/26/2023 **2022**

1-2 (10 Points)
 > 2 (15 Points)
 3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)
 Yes
 No (10 points)
 N/A - Did not exceed limits or no HQ limit applies (0 points)
 N/A - Did not land apply biosolids until limit was met (0 points)
 3.1.3 Number of times any of the metals exceeded the ceiling limits = 0
 Exceedence Points
 0 (0 Points)
 1 (10 Points)
 > 1 (15 Points)
 3.1.4 Were biosolids land applied which exceeded the ceiling limit?
 Yes (20 Points)
 No (0 Points)
 3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?

0

4. Pathogen Control (per outfall):
 4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Outfall Number:	002
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2022 - 12/31/2022
Density:	498,617
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	
Process Description:	

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.
 4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?
 Yes (40 Points)
 No
 If yes, what action was taken?

0

5. Vector Attraction Reduction (per outfall):
 5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
6/26/2023 2022

Outfall Number:	002		0
Method Date:	12/31/2022		
Option Used To Satisfy Requirement:	Injection when land apply		
Requirement Met:	Yes		
Land Applied:	Yes		
Limit (if applicable):			
Results (if applicable):			
<p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> >= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> < 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

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

Compliance Maintenance Annual Report

New Glarus Wastewater Treatment Facility

Last Updated: Reporting For:
6/26/2023 2022

Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input checked="" type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; padding: 5px;"><p>Our past operator Mike Brace left in May of 2022. The plant was over seen by our engineering firm (Strand and Associates). The plant was managed day to day by the public works director, Joe Cockcroft. This continued until September 26th, 2022 when our new operator Aaron Funseth started. He is continuing to work on his advance license at this time. He currently has 4 sewer subclass license. He is referring issues/questions to the above engineering firm as well as other local sewer plant operators.</p></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes (Continue with question 2) <input type="checkbox"/><input type="radio"/> No (40 points) <input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><input checked="" type="radio"/> Paper file system<input type="radio"/> Computer system<input type="radio"/> Both paper and computer system<input type="radio"/> No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><input type="radio"/> Excellent<input type="radio"/> Very good<input checked="" type="radio"/> Good	

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- Fair
- Poor

Describe your rating:

Equipment is starting to hit its scheduled life span. Plans for replacement are being worked on for future budgets.

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

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Operator Certification and Education

1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

- Yes (0 points)
- No (20 points)

Name:

MICHAEL S BRACE

Certification No:

33735

0

2. Certification Requirements

2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?

Sub Class	SubClass Description	WWTP	OIC		
		Advanced	OIT	Basic	Advanced
A1	Suspended Growth Processes	X			X
A2	Attached Growth Processes				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory				X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	X	NA	NA

0

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)

- Yes (0 points)
- No (20 points)

3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- One or more additional certified operators on staff
- An arrangement with another certified operator
- An arrangement with another community with a certified operator
- An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- A consultant to serve as your certified operator
- None of the above (20 points)

If "None of the above" is selected, please explain:

0

4. Continuing Education Credits

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?

50

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OIT and Basic Certification: ● Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. Advanced Certification: ○ Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year.	
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Total Points Generated	
Score (100 - Total Points Generated)	
Section Grade	

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Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Beth Heller"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-527-2913"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="ngutilies@newglarusvillage.com"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2022"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWF required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0												
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2022"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 100%;" type="text" value="881,779.06"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: center;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="881,779.06"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="54,441.76"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 100%;" type="text" value="881,779.06"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="881,779.06"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 100%;" type="text" value="54,441.76"/>	
3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 100%;" type="text" value="881,779.06"/>											
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>											
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="881,779.06"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 100%;" type="text" value="54,441.76"/>											

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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

\$ 936,220.82

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?

\$ 926,334.06

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	Capital improvement to address phosphorus limits	\$5,000,000	2024

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:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	51,648	882
February	43,968	1,122
March	51,848	1,015
April	46,080	862
May	48,768	377
June	39,744	23
July	38,016	7
August	42,432	7
September	39,168	31
October	38,976	318
November	42,432	732
December	43,392	1,138
Total	526,472	6,514
Average	43,873	543

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?

7. Treatment Facility

7.1 Energy Usage

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

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	51,648	9.13	5,657	29.70	1,739	882
February	43,968	8.36	5,259	22.99	1,912	1,122
March	51,848	11.28	4,596	24.68	2,101	1,015
April	46,080	11.66	3,952	28.02	1,645	862
May	48,768	14.12	3,454	36.77	1,326	377
June	39,744	14.41	2,758	40.05	992	23
July	38,016	14.90	2,551	22.29	1,706	7
August	42,432	14.30	2,967	35.15	1,207	7
September	39,168	14.44	2,712	34.77	1,126	31
October	38,976	13.74	2,837	25.76	1,513	318
November	42,432	13.76	3,084	25.47	1,666	732
December	43,392	15.34	2,829	36.08	1,203	1,138
Total	526,472	155.44		361.73		6,514
Average	43,873	12.95	3,555	30.14	1,511	543

7.1.2 Comments:

7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

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7.2.2 Comments:

7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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Score (100 - Total Points Generated)	
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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:

Better cleaning/maintenance of the collection system

Did you accomplish them?

- Yes
- No

If No, explain:

Public Works was down to one worker for almost 4 months, from May to late August 2022.

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?

Sewer Utility Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2011-05-26

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="7.5"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="0"/>	% of system/year
Manhole inspections	<input type="text" value="0"/>	% of system/year
Lift station O&M	<input type="text" value="0"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% 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.

- Total actual amount of precipitation last year in inches
- Annual average precipitation (for your location)
- Miles of sanitary sewer
- Number of lift stations
- Number of lift station failures
- Number of sewer pipe failures
- Number of basement backup occurrences
- Number of complaints
- Average daily flow in MGD (if available)
- 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)
- 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 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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<input type="text"/>
5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:
<input type="text"/>
5.4 What is being done to address infiltration/inflow in your collection system?
We will continue to clean, maintain, and inspect our collection system

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