

**Village of Colfax
Village Board
Regular Meeting Agenda
Monday, June 11, 2018
Colfax Village Hall
7:00 p.m.**

1. Call to Order
2. Roll Call
3. Public Appearances
4. Communications from the Village President
5. Consent Agenda
 - a. Minutes
 - i. Regular Board Meeting Minutes, May 29, 2018
 - b. Training Requests
 - c. Facility Rental
 - d. Licenses
 - April 1, 2018 to September 30, 2018 – Transient Merchant License**
Alvin Lu, China Taste

July 1, 2018-June 30, 2019 Operator's License

Lisa Smestuen	Sophia Amick	Eden Logslett
Evia Gehrman	Elizabeth DeMoe	Taliah Eiseth
Tamara Whinnery	Katelynn Olson	Edith McKee
Jordan Logslett	Noelle Olson	Gayle Hayton
Christopher Larson	Jalene Amick	Summer Hegge
Mary Roehl	Mary Muza	Patrick L'Esperance
Jessica Lorenzen	Michael Buchner	Brenda Kettner
Tammy Briggs	Emily Rubenzer	Tammy Dalhoe
Jeffrey Prince	Suzanne Hagen	Chris Lunn
Jasmine Hanson	Kayla Brown	
Nicholas Kressin	Ally Heidorn	
Jeff Peterson	Makayla Mattson	
Daniel Schneider	Bryana Buchanan	
Nicole Nierenhausen	Caitlyn Flug	
Kim McEldowney	Kristine Ingram	
Caroline Dworak	Mary Durand	
Caleb Korevaar	Allison Tuschl	
Mikki McCutcheon	Joshua Larson	

July 1, 2018-June 30, 2019 Alcohol License

Mike & Mark Nelson/Outhouse Bar-Combination Class "B" Beer and Class "B" Liquor-413 Main Street

Little Slice of Italy-Class "B" Beer and Class "C" Wine-501 Main Street

J & S Sales/Express Mart-Class "A" Beer-616 Main Street

Kyle's Market-Combination –Class "A" Beer and Class "A" Liquor-115 Main Street

Synergy Cooperative- Class "A" Beer-401 E Railroad Avenue

Mom's on Main-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101

The Blind Tiger-Class "B" Beer and Class "B" Liquor-512 Main Street

July 1, 2018-June 30, 2019 Tobacco Retailer License

J & S Sales of Chippewa Falls/Express Mart	616 Main Street
Kyle's Market	115 Main Street
Mike & Mark Nelson/Outhouse Bar	413 Main Street
Synergy Cooperative	401 E. Railroad Avenue
Dollar General	120 Main Street
The Blind Tiger	512 Main Street

6. Consideration Items –
 - a. Vietnam Veterans Memorial Dedication – Tom Prince Memorial Park
 - b. Parks Committee Possible Recommendations
 - i. Cemetery
 - ii. Tom Prince Memorial Park
 - iii. Fairgrounds
 - iv. Any Other Business
 - c. Public Safety Committee Possible Recommendations
 - i. ATV Routes
 - ii. ATV Ordinance
 - iii. Emergency Operation Plan updates for 2018
 - d. Resolution 2018-02 – Compliance Maintenance Annual Report for the Wastewater Treatment Facility
 - e. FFA Alumni Update
7. Review/Approval – Bills – May 29, 2018 – June 10, 2018
8. Committee/Department Reports – (no actions)
 - a. *Library Exemption Letter to the County*
 - b. *Colfax Police Department – May 2018 Report*
 - c. *Building Permits – May 2018*
 - d. *Street Committee Meeting Minutes – May 29, 2018*
 - e. *Board of Review Meeting Minutes – May 31, 2018*
 - f. *Public Safety Committee Meeting Minutes – June 4, 2018*
9. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn Niggemann, Administrator-Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the Friday prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Village Board Meeting – May 29th, 2018

On May 29th, 2018, the Village Board meeting began at 7:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI 54730. Members present: Village President Gary Stene, Trustees M. Burcham, K. Burcham, Jenson, Davis, Wolff, and Halpin. Other Present: Rick Johnson, Police Chief Anderson, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Regular Board Meeting Minutes – May 14, 2018 – A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the minutes from the May 14th, 2018 Regular Board meeting. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff, Davis, Halpin, and Stene. Voting Against: none. Motion carried.

Licenses

Temporary Class "B"/"Class B" Retailer's License – Russell-Toycen Post #131, American Legion – June 21 to June 25, 2018 Fair -A motion was made by Trustee Davis and seconded by Trustee Halpin to approve the Temporary Class "B"/"Class B" Retailer's License for the American Legion for the 2018 fair. Voting For: Trustees Halpin, Davis, Wolff, Jenson, M. Burcham, K. Burcham and Stene. Voting Against: none. Motion carried.

Consideration Items

Consider any possible streets committee Recommendations – The Streets Committee recommended to the Board, that the Village should move forward with three of the street projects right away; Curb & Gutter repairs for Hwy 40/University, High Street patch and the River Street repair with cost estimates of \$30,000, \$4,000 and \$1,500 respectively. A motion was made by Trustee Halpin and seconded by Trustee Wolff to advertise the street project(s) for bids. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Lagoon Streambank update – Niggemann and Bates briefed the Village Board on the meeting regarding the streambank with the engineer, Jon Strand with CBS Squared. A chart for discussion purposes only was provided to explain where things are at. The engineer has switched gears from working on the irrigation project to the streambank project due to the priority level assigned to the streambank. The chart indicates with an "*", items that the engineer will be requesting from the Army Corps of Engineers to be deleted from the cost estimates; topsoil, seeding and the removal of the access road. The Village would prefer to just leave the road as is after the project. The engineer also requested a preliminary cost estimate from a contractor to assist with comparison of the project costs as we get closer to the bidding process. The information will help project how much of the contingency might be considered as part of the project cost and help gain a more firm number on the amount of money the Village will be responsible for.

Wastewater – Septic Receiving Rates consideration – CBS Squared contacted municipalities in search for the fees that are charged when accepting waste from haulers. The Village would only be accepting from haulers that have gotten prior approval from Bates.

A motion was made by Trustee Halpin and seconded by Trustee Davis to allow the Public Works Director to authorize limited waste from haulers with the suggested rates of \$25 per load and \$10 per 1,000 gallons of waste. Voting For: Trustees Halpin, Davis, Wolff, Jenson, M. Burcham, K. Burcham and Stene. Voting Against: none. Motion carried.

Discuss/Review Attorney agreement – A motion was made by Trustee Davis and seconded by Trustee Jenson to approve a one year renewal to July 1, 2019 with Weld Riley, S.C. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Review/Approval – Bills –May 14, 2018 to May 28, 2018 – A motion was made by Trustee Halpin and seconded by Trustee M. Burcham to approve the bills for May 14, 2018 to May 29, 2018. Voting For: Trustees Halpin, Davis, Wolff, Jenson, M. Burcham, K. Burcham and Stene. Voting Against: none. Motion carried.

Closed Session – A motion was made by Trustee Wolff and seconded by Trustee Halpin to convene into closed session pursuant to WI Statutes 19.85(1) (c) considering the employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises at 7:52 p.m. regarding:

- a. Police Patrol Officer – Performance Evaluation

Voting for: Trustees K. Bucham, M. Burcham, Jenson, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Open Session – A motion to convene into open session to take any action resulting from the closed session at 7:52 p.m.

- a. Police Patrol Officer – Performance Evaluation

The Board unanimously voted in favor of a two percent wage increase for Police Patrol Officer, Joshua Shipman.

Adjourn – A motion was made by Trustee Halpin and seconded by Trustee Burcham to adjourn the meeting at 8:05 p.m. Voting For: Trustee Halpin, Davis, Wolff, Jenson, M. Burcham, K. Burcham and Stene. Voting Against: none. Motion carried.

Gary Stene, Village President

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Village of Colfax

Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Gary Stene, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

APPLICATION FOR TRANSIENT MERCHANT

Date: 05-14-18

Name: Alvin Lu

Address: 590 10th Ave Baldwin, WI 54002

Phone: (651)-675-7334

Date of Birth: 02-11-89 Seller's Permit No: _____

Name of Employer: China Taste Description of Merchandise: Chinese Food

Address of Employer: 590 10th Ave Baldwin, WI 54002

Vehicle: Make Toyota Model Tundra Color Grey

Year 2007 License# _____ State of Issuance WI

Dates Business will be conducted: mondays

Method of Delivery: _____

References in the Area (at least 2): Chetek, Cumberland

Last municipality Business Conducted: 10-20-17


Location of area you intend to cover: Colfax - Kyle's Market Parking lot


*** Have you ever been convicted of a felony? Yes _____ No 

This permit is good only for the date approved by the office of the Village Clerk-Treasurer.

APPLICATION FEE: \$10.00 plus
NONREFUNDABLE FEE: \$45.00 Quarterly Fee July / August / Sept.

RECEIPT # _____


Applicant's Signature

Police Chief Notification: 

Village of Colfax

Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Gary Stene, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

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NONREFUNDABLE FEE: \$45.00 Quarterly Fee April / May / June

RECEIPT # _____


Applicant's Signature

Police Chief Notification:  _____

VIETNAM VETERANS MEMORIAL DEDICATION

PLAN FOR THE TOM PRINCE BALL FIELDS

History:

1983: Mike Hanson, Village Board President

-Village Board approved the dedication of the village ball fields to recognize the Vietnam Veterans due to the inhospitable treatment they received after serving their country.

Goals:

-Design: A sign; monument stone with inscription; granite bench identifying the dedication of the ball fields to the Vietnam Veterans.

-Wood

-Metal

-Granite

-Concrete slab

-School machines: CNC Plasma; CNC Wood Router

-Vietnam War symbolic items: Vietnam Service Medal, Huey (UH-1), M16,
All branches of service

-Proposed Location: Near Hwy 170 to the west side of the driveway entrance to Tom Prince Fields. Location would need to be approved by Village Board.

-Fundraising: for Construction of the site and memorial materials.

-Colfax Free Fair

-Music in the Park

-Founder's Day

-Public Library: To promote idea

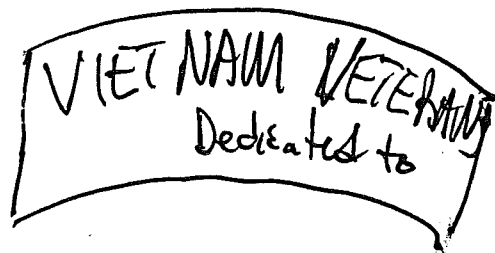
-Red Cedar Pullers

-American Legion Post 131

-Amvets

Dedication:

- Proposed Date: Aug. 29 or 30? Weekdays? Students involved.
- American Legion Post 131; Amvets; VFW and other Veteran groups.
- Color Guard
- MS/HS Bands
- Student Body
- Vietnam Veterans from Colfax and the area.
- State Representatives: Rep. Rob Sommerfield; Terry Moulton;
Ron Kind (US Congress)
- Military





This monument for Vietnam helicopter crews who were killed in the war will be dedicated at Arlington National Cemetery on April 18.

BOB HESSELBEIN PHOTO

The association raised \$12,000 to pay for the design, construction,

March 3, 1983
Colfax Messenger

Headline:

Trustees dedicate Colfax park to Vietnam veterans

Colfax's softball field on STH 170 was officially named Colfax Area Recreational Park and was dedicated to the veterans of the Vietnam War at the February 28 meeting of the Colfax Village Board.

Mike Hansen, village president, suggested that the park be dedicated to the Vietnam veterans because he said they were the most forgotten and unthanked American soldiers.

Funded jointly by the village and by matching funds from the Department of Natural Resources through an ORAP Program, the park was recently approved by Jake VanderVoort of the DNR, who said the goals set in the grant request had been achieved.

4008
 Vol. 19, Page 118

N00°00'30"E 69.29'

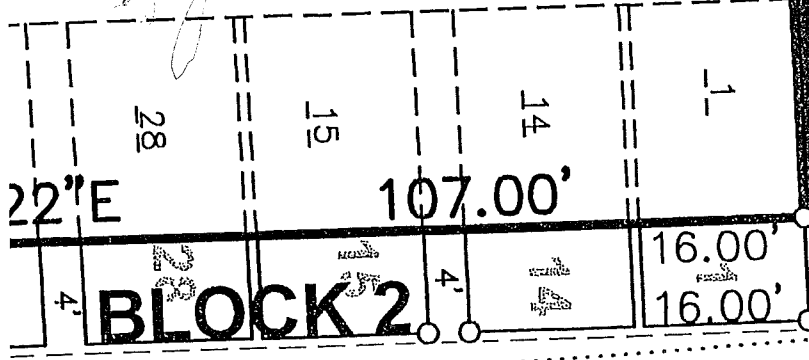
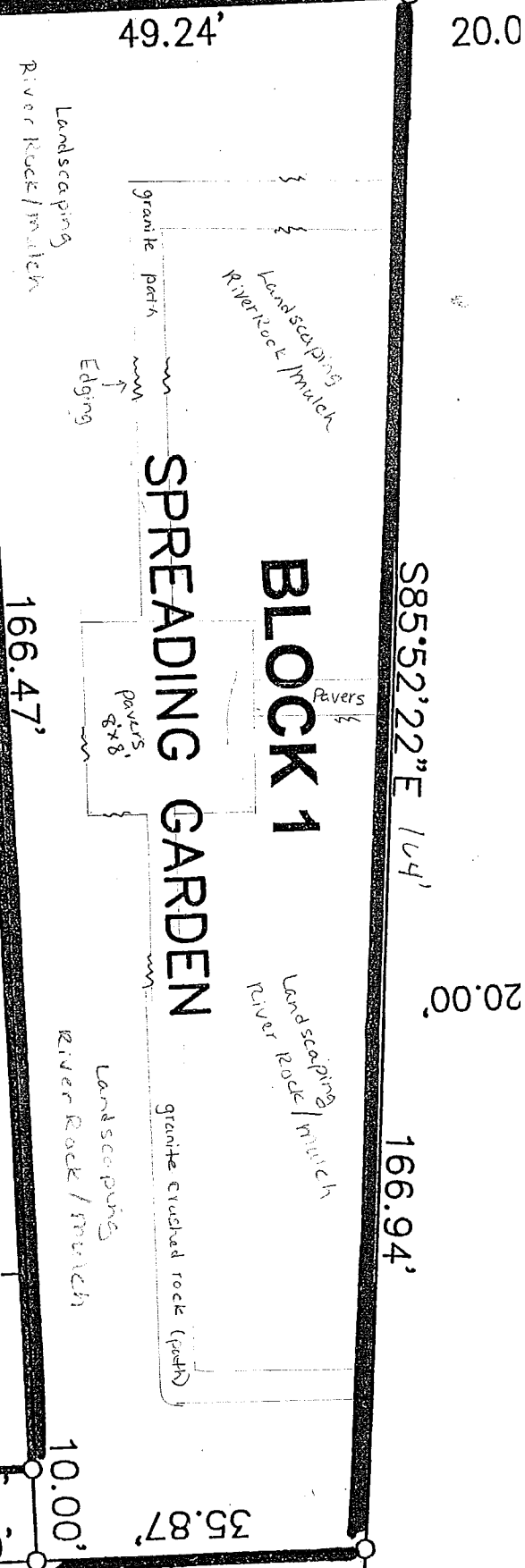
S89°31'36"W

- Fabric
- Edging - 900 ft
- Rock or mulch - 6280 ft² (1.5"/y)
- Pavers - 320 ft² (Menardo)
- Crush Rock - 600 ft²

BLOCK 1

SPREADING GARDEN

BLOCK 1



BLOCK 2

S00°05'22"W

S85°52'22"E 164'

20.00'

166.94'

20.0

Stone Services

Start with landscape pavers.

Replace landscape paver with engraved pavers.

Usually customers wait until they get 10 or so. Then send in the request for engraving.

Clay stone (American Materials)

4" x 8" - \$30 each

Granite Stone hold up the best.

4" x 8" - \$65 each

8" x 8" - \$80 each

16" x 8" - \$110 each

16" x 10" - \$240 each

24" x 24" - \$300 each

Concrete does not hold up very long at all.

Other costs for the project

Edging – Place around the exterior, along the path and around the paver stone area. Approximately 780 feet. 13 rolls of 60 ft. edging \$22.00 = \$330

Fabric – 20 year fabric, 20 rolls of 100 ft. x 4 ft. wide. – Regular price \$400/ Sale price \$260

Landscaping: Preferred is River Rock – Need approximately 6280 ft. squared @ \$39/yd. = \$1,110

Less preferred is Mulch – Natural color – possibly free from Woods Run but needs to be maintained every year.

\$28/yard for colored mulch or natural (Elk Mound)

Crushed Rock for the Walking Path: Blue Granite color approximately 600 square feet = \$ _____

Landscaping Blocks: Approximately 320 square feet for the short walking patch form walkers and an 8' x 8' area in the middle. \$ _____

#2



Replace snow fence

Fence Co., Inc.
 HAYWORTH FENCE CO., INC. 720 N HILLCREST PARKWAY
 ALTOONA, WI 54720 715-832-0300
 hayworthfences.com hayworthfence@yahoo.com

PROPOSAL/CONTRACT

Page 1 of 1
08/28/2017

Customer Information:

COLFAX BALL FIELDS
 CONFERENCE MEMORIAL PARK
 COLFAX, WI
 JEFFPRINCE89@GMAIL.COM

Job Information:

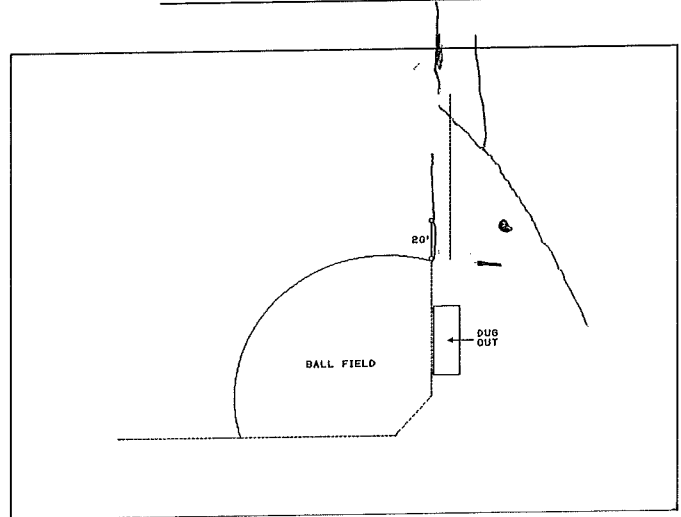
Notes:

INSTALL 20' OF 4' HIGH SILVER GALVANIZED
 CHAIN LINK FENCE AS DIAGRAM SHOWS

INCLUDES:
 2" LINE POSTS
 2.5" TERMINAL POSTS

MATERIALS: \$425
 LABOR: \$225

*ADD \$500 SERVICE FEE IF WORK IS NOT
 COMPLETED WITH OTHER WORK BID AT THIS
 LOCATION



HAYWORTH FENCE CO., INC. agrees to guarantee above fence to be free from defects in materials and workmanship for one year.

HAYWORTH FENCE CO., INC. shall advise the customer as to local zoning regulations but responsibility for complying with said regulations and obtaining any required permits shall rest with the customer. HAYWORTH FENCE CO., INC. will assist the customer, upon request, in determining where the fence is to be erected, but under no circumstance does HAYWORTH FENCE CO., INC. assume any responsibility concerning property lines or in any way guarantee their accuracy. If property pins cannot be located it is recommended that the customer have the property surveyed.

HAYWORTH FENCE CO., INC. will assume the responsibility for having underground public utilities located and marked. However, HAYWORTH FENCE CO., INC. assumes no responsibility for unmarked sprinkler lines, or any other unmarked buried lines or objects. The customer will assume all liability for any damage caused by directing HAYWORTH FENCE CO., INC. to dig in the immediate vicinity of known utilities.

The final billing will be based on the actual footage of fencing built and the work performed. Partial billing for materials delivered to the job

site and work completed may be sent at weekly intervals. Adjustments for material used on this job and adjustments for labor will be charged or credited at the currently established rates. Additional charges for any extra work not covered in this contract that was requested by the customer will also be added. The full amount of this contract along with any additional charges will become payable upon completion of all work whether or not it has been invoiced.

A finance charge of 1 1/2% per month (or a minimum of \$1.00), which is an annual percentage rate of 18%, shall be applied to accounts that are not paid within 10 days after completion of any work invoiced. All materials will remain the property of HAYWORTH FENCE CO., INC. until all invoices pertaining to this job are paid in full. The customer agrees to pay all interest and any costs incurred in the collection of this debt.

Approved & Accepted for Customer:

Contract Amount: \$ 650.00

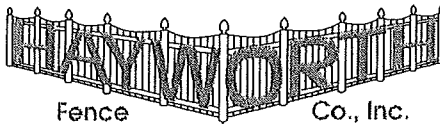
Down Payment: \$ _____

Balance Due: \$ _____

Customer Date

Accepted for HAYWORTH FENCE CO., INC.:

Salesperson Date



Fence Co., Inc.
 HAYWORTH FENCE CO., INC. 720 N HILLCREST PARKWAY
 ALTOONA, WI 54720 715-832-0300
 hayworthfences.com hayworthfence@yahoo.com

PROPOSAL/CONTRACT

Customer Information:

COLFAX BALL FIELDS
 CONFERENCE MEMORIAL PARK
 COLFAX, WI
 JEFFPRINCE89@GMAIL.COM

Job Information:

Notes:

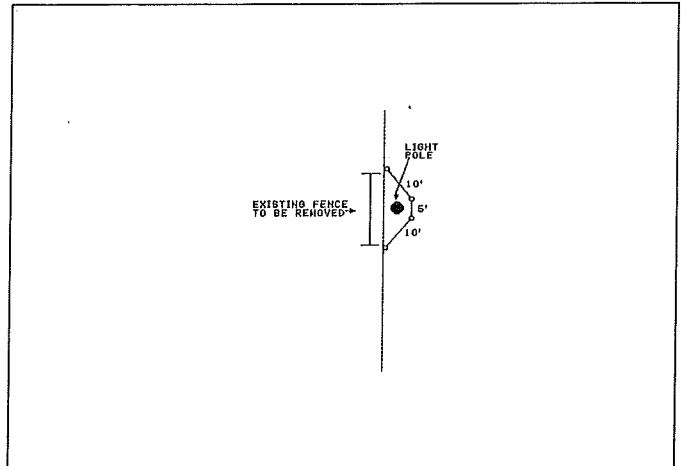
INSTALL 25' OF 7' HIGH SILVER GALVANIZED CHAIN LINK FENCE AS DIAGRAM SHOWS

INCLUDES:
 2.5" LINE POSTS
 3" TERMINAL POSTS

REMOVE 10' OF EXISTING 7' HIGH CHAIN LINK BEHIND LIGHT POLE.

REMOVAL AND DISPOSAL: \$100
 MATERIALS: \$1,240
 LABOR: \$510

*ADD \$500 SERVICE FEE IF WORK IS NOT COMPLETED WITH OTHER WORK BID AT THIS LOCATION



HAYWORTH FENCE CO., INC. agrees to guarantee above fence to be free from defects in materials and workmanship for one year.

HAYWORTH FENCE CO., INC. shall advise the customer as to local zoning regulations but responsibility for complying with said regulations and obtaining any required permits shall rest with the customer. HAYWORTH FENCE CO., INC. will assist the customer, upon request, in determining where the fence is to be erected, but under no circumstance does HAYWORTH FENCE CO., INC. assume any responsibility concerning property lines or in any way guarantee their accuracy. If property pins cannot be located it is recommended that the customer have the property surveyed.

HAYWORTH FENCE CO., INC. will assume the responsibility for having underground public utilities located and marked. However, HAYWORTH FENCE CO., INC. assumes no responsibility for unmarked sprinkler lines, or any other unmarked buried lines or objects. The customer will assume all liability for any damage caused by directing HAYWORTH FENCE CO., INC. to dig in the immediate vicinity of known utilities.

The final billing will be based on the actual footage of fencing built and the work performed. Partial billing for materials delivered to the job

site and work completed may be sent at weekly intervals. Adjustments for material used on this job and adjustments for labor will be charged or credited at the currently established rates. Additional charges for any extra work not covered in this contract that was requested by the customer will also be added. The full amount of this contract along with any additional charges will become payable upon completion of all work whether or not it has been invoiced.

A finance charge of 1 1/2% per month (or a minimum of \$1.00), which is an annual percentage rate of 18%, shall be applied to accounts that are not paid within 10 days after completion of any work invoiced. All materials will remain the property of HAYWORTH FENCE CO., INC. until all invoices pertaining to this job are paid in full. The customer agrees to pay all interest and any costs incurred in the collection of this debt.

Approved & Accepted for Customer:

 Customer Date

Accepted for HAYWORTH FENCE CO., INC.:

 Salesperson Date

Contract Amount: \$ 1850.00

Down Payment: \$ _____

Balance Due: \$ _____



Fence Co., Inc.
 HAYWORTH FENCE CO., INC. 720 N HILLCREST PARKWAY
 ALTOONA, WI 54720 715-832-0300
 hayworthfences.com hayworthfence@yahoo.com

PROPOSAL/CONTRACT

Page 1
08/28/2017

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 CONFERENCE MEMORIAL PARK
 COLFAX, WI
 JEFFPRINCE89@GMAIL.COM

Job Information:

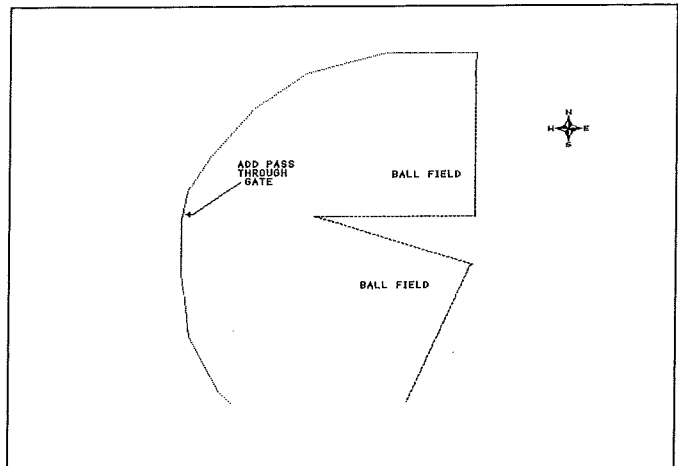
Notes:

ADD IN A PASS THROUGH GATE TO EXISTING 7' HIGH CHAIN LINK FENCE
 *HAYWORTH WILL PROVIDE 2 - 3" TERMINAL POSTS W/ FITTINGS

MATERIALS: \$350
 LABOR: \$200

*SEE CUSTOMER FOR OPEINING WIDTH

*ADD \$500 SERVICE FEE IF WORK IS NOT COMPLETED WITH OTHER WORK BID AT THIS LOCATION



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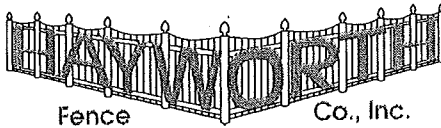
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Approved & Accepted for Customer:

Contract Amount: \$ 550.00
 Down Payment: \$ _____
 Balance Due: \$ _____

_____	_____
Customer	Date
Accepted for HAYWORTH FENCE CO., INC.:	
_____	_____
Salesperson	Date



Fence Co., Inc.
 HAYWORTH FENCE CO., INC. 720 N HILLCREST PARKWAY
 ALTOONA, WI 54720 715-832-0300
 hayworthfences.com hayworthfence@yahoo.com

PROPOSAL/CONTRACT

Page 1 of 1
 6/1/2018

Customer Information:

CITY OF COLFAX
 COLFAX, WI
 CLERKTREASURER@VILLAGEOFCOLFAXWI.ORG

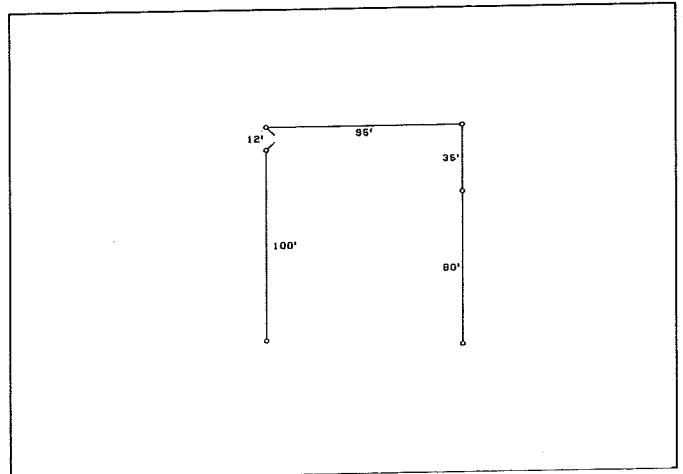
Job Information:

Notes:

INSTALL 322' OF 6' HIGH CHAIN LINK FENCE
 AROUND BEER GARDEN AS DIAGRAM SHOWS

- INCLUDES:
 1 - 12' DOUBLE SWING GATE
 2" LINE POSTS
 2.5" TERMINAL POSTS

SILVER: \$6,580
 BLACK: \$7,570



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 Customer Date

Accepted for HAYWORTH FENCE CO., INC.:

 Salesperson Date

Contract Amount: \$ _____
 Down Payment: \$ _____
 Balance Due: \$ _____

PROPOSAL



Commercial & Residential
Chain Link Horse Fence
Cedar PVC

PAGE NUMBER: 1 OF 1 PAGES
 DATE: 11MAY18

REITHER FENCE CO.
 E9891 740TH AVE.
 ELK MOUND, WI 54739
 Phone/Fax: (715) 879-5522
rfence.com

Customer hereby assumes full responsibility for the location of the line upon which said fence materials are to be installed. Reither Fence Co. will be responsible for notifying **Diggers Hotline 1-800-242-8511**. Customer is responsible for private lines not marked by Diggers Hotline such as electric, LP gas and sprinklers are the customer's responsibility to locate. Customer agrees to remove existing old fences and shrubs and dispose of spoils unless otherwise specified. More or less material other than the amount contracted will be debited or credited at current rates. Reither Fence Co. reserves the right to make additional charges to the customer in the event of unusual ground conditions such as rock formation impede the installation. Such additional charges shall be based on actual additional labor required to complete installation under the circumstances. Customer is responsible for building permits if necessary. As required by the Wisconsin construction lien law, builder hereby notifies owner that persons or companies furnishing labor or materials for the construction on owner's land may have lien rights on owner's land and buildings if not paid. Those entitled to lien rights, in addition to the undersigned builder, are those who contract directly with the owner or those who give the owner notice within 60 days after they first furnish labor or materials for the construction. Accordingly, owner probably will receive notices from those who furnish labor or materials for the construction, and should give a company of each notice received to the mortgage lender, if any. Builder agrees to cooperate with the owner and the owner's lender, if any, to see that all potential lien claimants are duly paid.

PROPOSAL SUBMITTED TO:

Village of Colfax
Project Location:
Colfax Fairground
Contact: Randy Bates
Email: colfaxdpw@colfaxdpw.com

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

Installation of 322' of 6' high 9 gauge Barb/knuckle chain link fence with one 13' walk gate.

Terminal Posts: 3" x 10' SS40 Pipe
Line Posts: 2 3/8" x 10' DQ40 Pipe
Top Rail: 1 5/8" DW40 pipe
Gate Frame: 1 7/8" SS20 welded frame
Bulldog Hinges on DS Gate
Drive Construction

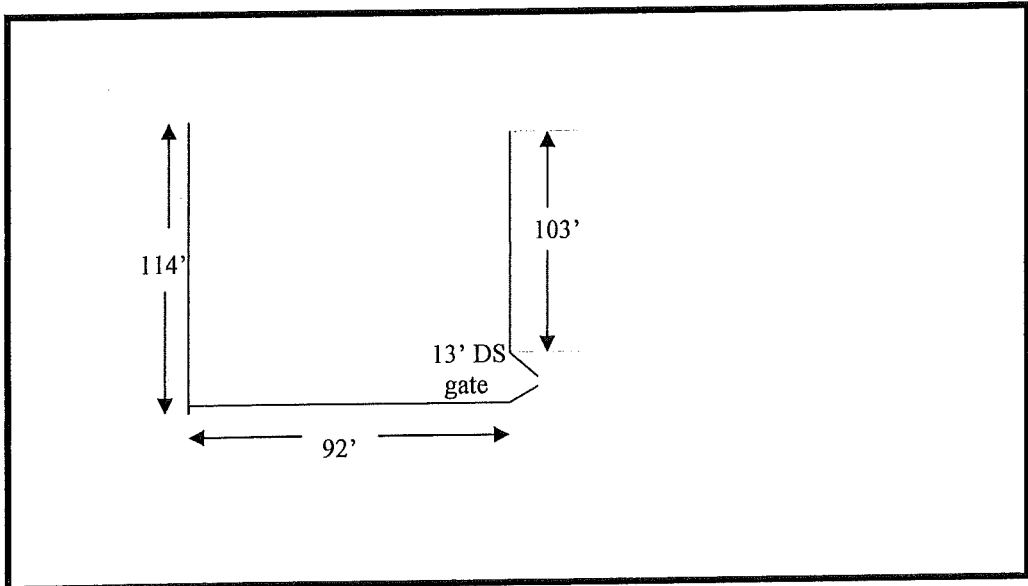
ACCEPTANCE OF PROPOSAL

Approved and Accepted by Customer:

Customer _____ Date _____

X

DIAGRAM OF PROJECT
 (Not to Scale)



We hereby propose to furnish labor and materials for the amount of:

\$ 8,000.00

Down Payment Required:

Authorized Signature

Reither Fence Co.

Public Safety Committee Meeting
June 4, 2018
5:15 p.m.

The Village of Colfax Public Safety Committee met on June 4, 2018 at 5:16 p.m. at the Colfax Rescue Squad building. Members present were Trustees Jenson and Chair K. Burcham. Excused: Village President Stene. Also present were Rescue Director Knutson, Police Chief Anderson, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Review the ATV/UTV trail route possibilities – The committee reviewed the State Statutes regarding speed limits on State Highways and looked at the route possibilities for the County to consider during their planning process. The committee is concerned about safety and misconduct on the Village roadways; however, they are not opposed to allowing usage of dedicated streets and/or routes to assist in completing trail connections.

A motion was made by Trustee Jenson and seconded by Trustee Burcham to make a recommendation to the Board to notify Eldora Deraad, Trail Coordinator for Dunn County, that the Village of Colfax would consider an ATV/UTV route coming into the Village from County Road M to Railroad Avenue traveling west to the intersection of Railroad Avenue and Main Street/Highway 40 and then exit using Railroad Avenue traveling east back to County Road M. Voting For: Trustee Jenson and Burcham. Voting Against: none. Motion carried.

Review the Emergency Operations Plan Revisions – The committee reviewed changes that were suggested by the Rescue Squad Director Knutson. The following updates were made:

- Emergency contact phone list- Dunn County Emergency Management – added Steven Findlay and Marie Marty and Gilenbach’s cell phone number.
- Hospital names updated
- Added Urgent Care, Colfax Schools and Elk Mound School contact phone numbers.
- Updated the Village Board members.
- Notifications- included the details on how the outdoor warning siren operates; Code Red information and Media section.
- The Public Information Officer and alternates are listed by title and explanations of points to be considered when making a public comment.

A motion was made by Trustee Jenson to recommend approval of the changes to the Emergency Operations Plan. Voting For: Trustees Jenson and K. Burcham. Voting Against: none. Motion carried.

Adjournment –A motion was made by Trustee Jenson and seconded by Burcham to adjourn the Public Safety Committee meeting at 6:08 p.m. All members present voted yes. Meeting adjourned.

Keith Burcham, Chairperson

Resolution 2018-02
Wastewater Compliance Maintenance

BE IT RESOLVED, that the Village of Colfax Board of Trustees informs the State of Wisconsin Department of Natural Resources that it has reviewed the Colfax Wastewater Treatment Facility 2017 Compliance Maintenance Annual Report, which is attached to this resolution.

Adopted this 11th day of June, 2018.

Gary Stene, President

Attest: _____
Lynn M. Niggemann
Administrator-Clerk-Treasurer

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/8/2018

2017

Influent Flow and Loading

1. Monthly Average Flows and (C)BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average (C)BOD Concentration mg/L	x	8.34	=	Influent Monthly Average (C)BOD Loading, lbs/day
January	0.0613	x	714	x	8.34	=	365
February	0.0628	x	272	x	8.34	=	142
March	0.0623	x	440	x	8.34	=	229
April	0.0583	x	317	x	8.34	=	154
May	0.0649	x	247	x	8.34	=	134
June	0.0669	x	178	x	8.34	=	99
July	0.0676	x	209	x	8.34	=	118
August	0.0622	x	244	x	8.34	=	127
September	0.0633	x	207	x	8.34	=	109
October	0.0609	x	270	x	8.34	=	137
November	0.0647	x	246	x	8.34	=	133
December	0.0672	x	311	x	8.34	=	174

2. Maximum Monthly Design Flow and Design (C)BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.105	x	90	=	0.0945
		x	100	=	.105
Design (C)BOD, lbs/day	292	x	90	=	262.8
		x	100	=	292

2.2 Verify the number of times the flow and (C)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 (C)BOD was greater than 90% of design	Number of times (C)BOD was greater than 100% of design
January	1	0	0	1	1
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	1	1
Points		0	0	3	2
Total Number of Points					5

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

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3. Flow Meter

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

Yes

Enter last calibration date (MM/DD/YYYY)

2017-04-24

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

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/8/2018 **2017**

<p><input type="radio"/> Yes <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	5
Score (100 - Total Points Generated)	95
Section Grade	A

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

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2017

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	30	27				
February	30	27				
March	30	27				
April	30	27				
May	30	27	6	1	0	0
June	30	27	9	1	0	0
July	30	27	8	1	0	0
August	30	27	7	1	0	0
September	30	27	8	1	0	0
October	30	27	9	1	0	0
November	30	27	4	1	0	0
December	30	27				

* Equals limit if limit is <= 10

Months of discharge/yr	7		
Points per each exceedance with 7 months of discharge		12	5
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?

NONE

2. Flow Meter Calibration

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

Yes Enter last calibration date (MM/DD/YYYY)

2017-04-24

No

If No, please explain:

3. Treatment Problems

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

NONE

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

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

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If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

Yes

No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

Yes

No

N/A

Please explain unless not applicable:

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/8/2018

2017

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	30	27				
February	30	27				
March	30	27				
April	30	27				
May	30	27	16	1	0	0
June	30	27	10	1	0	0
July	30	27	19	1	0	0
August	30	27	23	1	0	0
September	30	27	22	1	0	0
October	30	27	10	1	0	0
November	30	27	7	1	0	0
December	30	27				

* Equals limit if limit is <= 10

Months of Discharge/yr	7		
Points per each exceedance with 7 months of discharge:	12	5	
Exceedances	0	0	
Points	0	0	
Total Number of Points		0	

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?

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

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Colfax Wastewater Treatment Facility

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2017

Ponds And Lagoon Leakage

1. Pond Lining

1.1 What material was used to line your ponds?

30 MIL PVC

2. Flow Measurements

2.1 Did you measure influent flow to your wastewater ponds or lagoons?

- Yes (0 points)
- No (40 points) (Go to question 6)

2.1.1 Method of influent flow measurement:

ROSEMOUNT MAG METER

2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?

- Yes (0 points)
- No (40 points) (Go to question 6)
- No Discharge (0 points)

2.2.1 Method of effluent flow measurement:

ISCO 4220 WITH A 60 DEGREE V- NOTCH WEIR

3. Total Flow Volumes

3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.

Total Monthly Influent Volume		Total Monthly Effluent Volume
1.9008	JANUARY	0
1.7583	FEBRUARY	0
1.9328	MARCH	0
1.7487	APRIL	0
2.0112	MAY	.847
2.0062	JUNE	1.7336
2.0953	JULY	.9489
1.9281	AUGUST	1.2014
1.899	SEPTEMBER	1.7349
1.8891	OCTOBER	6.7132
1.9416	NOVEMBER	2.529
2.0838	DECEMBER	0
23.1949	YEARLY TOTAL	15.7080

3.2 From the Yearly Total influent and effluent volumes above, total effluent is divided by total influent and converted to a percent of volume loss.

$$\frac{\text{Total effluent, MG} \Rightarrow 15.7080}{\text{Total influent, MG} \Rightarrow 23.1949} = 0.677 \quad \leq \text{effl / infl ratio}$$

Conversion to a percent of volume loss:
 $(1 - \text{effl/infl ratio}) * 100 = 32.3 \quad \% \text{ of influent lost and not discharged with effluent}$

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4. Surface Area

4.1 What was the total wastewater surface area of the ponds/lagoons at operating level (do not include seepage cells)?

21 Acres

5. Leakage Rate Estimation

5.1 Total influent volume (in MG) minus total effluent volume (in MG) plus or minus the change in pond/lagoon storage (in MG) is the net wastewater loss. The net loss divided by 0.000365 equals the estimated leakage amount in gpd.

Total Annual Influent (MG)	23.1949	
Total Annual Effluent (MG)	15.7080	
Estimated Net Loss (MG)	7.4869	
Estimated Leakage Amount (gpd)		20512

If you have a *Department approved* method for determining a change in storage volume, enter the storage change last year in MG below.

o Storage Increase: Enter amount in MG ->

● Storage Decrease: Enter amount in MG ->

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpad): The CMAR Estimated Leakage Rate in gpad is the leakage amount in gpd (from part 5.1) divided by the total pond surface area (from question 4).

Leakage Amount (gpd)		Acres		CMAR Estimated Leakage Rate
20512	divided by	21	=	977

6. On Site Leakage Testing

6.1 Did you conduct an on-site, field water balance/leakage test on your ponds or lagoons that was approved by the Department and is still valid?

o Yes Year

● No

If yes, what was the field Test Calculated Leakage Rate for your ponds/lagoons?

gpad

NOTE: if 6.1 is answered Yes, the value entered above in gpad will be used in 7.1 to compute points generated.

6.2 Leakage Rate Comments:

7. Estimated Leakage Rate and Points

7.1 The CMAR Estimated Leakage Rate (from 5) is used to determine the points generated in the table below.

If an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 5.2) is used to determine the points earned from the table below

gpad	points
0 - 1,000	0
1,001 - 2,000	10
2,001 - 4,000	20
4,001 - 7,000	30
> 7,000	40

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Based on the leakage rate in gpad, the points earned are:	0
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Colfax Wastewater Treatment Facility

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Biosolids Quality and Management

<p>1. Biosolids Use/Disposal</p> <p>1.1 How did you use or dispose of your biosolids? (Check all that apply)</p> <p><input type="checkbox"/> Land applied under your permit</p> <p><input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids</p> <p><input type="checkbox"/> Hauled to another permitted facility</p> <p><input type="checkbox"/> Landfilled</p> <p><input type="checkbox"/> Incinerated</p> <p><input checked="" type="checkbox"/> Other</p> <p>NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.</p> <p>1.1.1 If you checked Other, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>STABILIZATION PONDS WHICH HAVE NOT HAD SLUDGE REMOVED SINCE THEY WERE CONSTRUCTED.</p> </div>	0
<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; margin-top: 5px;"></div>	0
<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; margin-top: 5px;"></div>	

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/8/2018

2017

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 checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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; width: 100%;"></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="radio"/> No (40 points) <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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 checked="" type="radio"/> Excellent<input type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor <p>Describe your rating:</p>	

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/8/2018

2017

WE KEEP GRASS AT MANAGEABLE LEVELS, REMOVE ANY CATTAILS THAT START GROWING IMMEDIATELY, REMOVE RODENTS AND EXERCISE VALVES REGULARLY.

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/8/2018

2017

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:

RAND L BATES

Certification No:

35661

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		
		Basic	OIT	Basic	Advanced
A1	Suspended Growth Processes				
A2	Attached Growth Processes				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural	X		X	
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation				
C	Biological Solids/Sludges				
P	Total Phosphorus				
N	Total Nitrogen				
D	Disinfection				
L	Laboratory				
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	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, N and A5 not required in 2016; subclass SS is basic level only.)

- 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

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Colfax Wastewater Treatment Facility

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4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates? 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	0
Score (100 - Total Points Generated)	100
Section Grade	A

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/8/2018

2017

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="LYNN NIGGEMANN"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="(715) 962-3311"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 250px;" type="text" value="clerktreasurer@villageofcolfaxwi.org"/></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><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> 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?</p> <p>Year: <input style="width: 80px;" type="text" value="2017"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> 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?</p> <p>Year: <input style="width: 80px;" type="text" value="2017"/></p> <p><input checked="" type="radio"/> 1-2 years ago (0 points)</p> <p><input type="radio"/> 3 or more years ago (20 points)</p> <p><input type="radio"/> 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%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 100%;" type="text" value="26,905.37"/></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;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="107.62"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="27,012.99"/></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;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 100%;" type="text" value="26,905.37"/>	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="107.62"/>	3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="27,012.99"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="0.00"/>	
3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 100%;" type="text" value="26,905.37"/>														
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="107.62"/>														
3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="27,012.99"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="0.00"/>														

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

\$ 0.00

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

\$ 27,012.99

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? \$ 27,012.99

0

Please note: If you had a CWF 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	THE VILLAGE IS RESEARCHING THE POSSIBILITY OF SPRAY IRRIGATION ON NEIGHBORING FARM FIELDS VERSUS DISCHARGING INTO THE RED CEDAR RIVER. WE ARE AT THIS TIME WORKING WITH AN ENGINEER ALONG WITH THE DNR AND THE LANDOWNER TO DETERMINE THE FEASIBILITY OF THE PROJECT. WE ARE ALSO CURRENTLY WORKING WITH THE ARMY CORP OF ENGINEERS ON THE STREAM BANK WASHOUT THAT OCCURED WITH HEAVY RAINS IN 2010. WE ARE NOT SURE OF THE TOTAL COST OF THIS PROJECT YET.		

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	2,264	
February	2,433	
March	2,325	
April	2,210	
May	1,973	
June	1,653	
July	1,762	
August	1,657	
September	1,668	
October	2,088	
November	4,674	
December	2,130	
Total	26,837	0
Average	2,236	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

6.2.2 Comments:

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

No

Yes

Year:

By Whom:

Describe and Comment:

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6.4 Future Energy Related Equipment

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

none

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	0	1.90		11.32		
February	0	1.76		3.98		
March	0	1.93		7.10		
April	1	1.75	1	4.62	0	
May	12	2.01	6	4.15	3	
June	73	2.01	36	2.97	25	
July	81	2.10	39	3.66	22	
August	91	1.93	47	3.94	23	
September	118	1.90	62	3.27	36	
October	116	1.89	61	4.25	27	
November	81	1.94	42	3.99	20	
December	0	2.08		5.39		
Total	573	23.20		58.64		0
Average	72	1.93	37	4.89	22	0

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?

WE ARE CURRENTLY GETTING NUMBERS FOR A NEW EMERGENCY GENERATOR AT OUR LIFT STATION.

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

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Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Did you accomplish them?

- Yes
- No

If No, explain:

Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

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

Legal Authority [NR 210.23 (4) (c)]

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

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

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
 - New sewer and building sewer design, construction, installation, testing and inspection
 - Rehabilitated sewer and lift station installation, testing and inspection
 - Sewage flows satellite system and large private users are monitored and controlled, as necessary
 - Fat, oil and grease control
 - Enforcement procedures for sewer use non-compliance
- Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

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

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A description of routine operation and maintenance activities (see question 2 below)

Capacity assessment program

Basement back assessment and correction

Regular O&M training

Design and Performance Provisions [NR 210.23 (4) (e)]

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements

Construction, Inspection, and Testing

Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]

Does your emergency response capability include:

Responsible personnel communication procedures

Response order, timing and clean-up

Public notification protocols

Training

Emergency operation protocols and implementation procedures

Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]

Special Studies Last Year (check only those that apply):

Infiltration/Inflow (I/I) Analysis

Sewer System Evaluation Survey (SSES)

Sewer Evaluation and Capacity Management Plan (SECAP)

Lift Station Evaluation Report

Others:

0

2. Operation and Maintenance

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

Cleaning	<input type="text" value="100"/>	% of system/year
Root removal	<input type="text" value="100"/>	% of system/year
Flow monitoring	<input type="text" value="100"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value=".5"/>	% of system/year
Manhole inspections	<input type="text" value="100"/>	% 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.

<input type="text" value="35.5"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.5"/>	Annual average precipitation (for your location)
<input type="text" value="7.8"/>	Miles of sanitary sewer
<input type="text" value="1"/>	Number of lift stations
<input type="text" value="1"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="2"/>	Number of basement backup occurrences
<input type="text" value="2"/>	Number of complaints
<input type="text"/>	Average daily flow in MGD (if available)
<input type="text"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="1.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.26"/>	Basement backups (number/sewer mile)
<input type="text" value="0.26"/>	Complaints (number/sewer mile)
<input type="text"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

Date	Location	Cause	Estimated Volume (MG)
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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6/8/2018 **2017**

<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <p>THERE WAS NO NOTICEABLE DIFFERENCE FROM LAST YEAR.</p> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <p>WE HAVE LOOKED INTO THE NEW MANHOLE COVERS THAT HELP PROTECT THE SYSTEM FROM INFILTRATION.</p>

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

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Last Updated: Reporting For:

6/8/2018

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Grading Summary

WPDES No: 0023663

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Ponds	A	4	7	28
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			36	144
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

Date of Resolution or
Action Taken:

Resolution Number:

Date of Submittal:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Ponds: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 4.00

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 5/29/2018 From Account:
Thru: 6/10/2018 Thru Account:

Check Nbr	Check Date	Payee	Amount
UHS	5/31/2018	UHS PREMIUM BILLING	1,029.26
XCEL	5/31/2018	XCEL ENERGY	4,850.50
74751	5/31/2018	24-7 TELCOM	24.95
74752	5/31/2018	AIR COMMUNICATIONS OF WI	2,810.00
74753	5/31/2018	ASPEN MILLS	46.93
74754	5/31/2018	BOBCAT PRO	500.00
74755	5/31/2018	BOUND TREE MEDICAL, LLC	1,733.29
74756	5/31/2018	BREMER BANK	19,680.00
74757	5/31/2018	CARLEON A. FRIDAY MEMORIAL LIBRARY	18.00
74758	5/31/2018	CENTURY LINK	105.88
74759	5/31/2018	CHIPPEWA VALLEY DOOR COMPANY LLC	1,893.00
74760	5/31/2018	CHIPPEWA VALLEY TECH COLLEGE	1,200.00
74761	5/31/2018	CITY OF EAU CLAIRE FIRE & RESC	320.98
74762	5/31/2018	COLFAX COMMUNITY FIRE DEPT	5,804.89
74763	5/31/2018	DUNN CO HIGHWAY DEPT	872.42
74764	5/31/2018	DUNN COUNTY CLERK	2.11
74765	5/31/2018	DUNN COUNTY RECYCLING	4,807.05
74766	5/31/2018	DUNN COUNTY SOLID WASTE DIVISION	5,844.59
74767	5/31/2018	GREEN OASIS-EAU CLAIRE	510.00
74768	5/31/2018	HENRY SCHEIN	1,209.70
74769	5/31/2018	HUEBSCH	141.86
74770	5/31/2018	HYDROCORP	496.00
74771	5/31/2018	INTERSTATE AUTOMOTIVE	732.48
74772	5/31/2018	JIM ANDERSON	15.00
74773	5/31/2018	MEDICARE PART B	540.08
74774	5/31/2018	MENARDS-EAU CLAIRE	48.39
74775	5/31/2018	MYRON CORP.	16.99
74776	5/31/2018	PURCHASE POWER	520.99
74777	5/31/2018	WAL MART COMMUNITY/GECRB	46.49
74778	5/31/2018	WELD RILEY	1,134.32
74779	5/31/2018	WISCONSIN ACADEMY	30.00
74780	5/31/2018	WISCONSIN DNR-ENVIRONMENTAL FEES	816.38
AFLAC	5/29/2018	AFLAC	631.53

6/08/2018 8:20 AM

Reprint Check Register - Quick Report - ALL

Page: 2
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 5/29/2018 From Account:
Thru: 6/10/2018 Thru Account:

Check Nbr	Check Date	Payee	Amount
EFTPS	5/31/2018	EFTPS-FEDERAL-SS-MEDICARE	6,130.74
WIDOR	5/31/2018	WI DEPARTMENT OF REVENUE	2,213.86
WIETF	6/05/2018	WI DEPT OF EMPLOYEE TRUST FUNDS	6,482.47
WIETF	6/07/2018	WI DEPT OF EMPLOYEE TRUST FUNDS	10,332.73
WIDCOMP	5/31/2018	WISCONSIN DEFERRED COMPENSATION	255.00
		Grand Total	83,848.86

Village of Colfax

P.O. Box 417 - Colfax, Wisconsin 54730
Phone 715-962-3311
Fax 715-962-2221

Gary Stene, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

NOTICE OF EXEMPTION FROM COUNTY TAX FOR LIBRARY SERVICES FOR THE YEAR OF 2019

Wisconsin Statute 43.64(2) allows municipalities and townships to exempt themselves from the county library tax for Indianhead Federated Library System. The level of local funding is the justification for exemption.

NOTE TO VILLAGE CLERK-TREASURER: This form must be submitted to your County Clerk before the County Board of Supervisors sets the 2018 levy. Failure to do so will disqualify your municipality for exemption. Please note that it is your responsibility to file for exemption, not your librarian's.

Library: Colfax Public Library

Librarian: Lisa Bragg-Hurlburt

Municipality: Village of Colfax

Village Administrator-Clerk-Treasurer: Lynn M. Niggemann

Amount appropriated by your municipality for this fiscal year 2017 for Colfax Public Library operating expenses:
\$54,791

Amount appropriated by your municipality for the fiscal year 2018 for the Colfax Public Library operating expenses:
\$54,708

Lisa Bragg-Hurlburt
Library Director Signature

Lynn M. Niggemann
Village Administrator-Clerk-Treasurer Signature

6/5/2018

06/05/2018

Date Signed

Date Signed

Please Note: Should there be any change from the appropriation Listed for 2018, the Indianhead Federated Library System office must be notified in writing as soon as possible.

WILLIAM J. ANDERSON
CHIEF OF POLICE

PHONE (715) 962-3136
FAX (715) 962-4357

COLFAX POLICE DEPARTMENT

PO BOX 417, 613 MAIN ST.

COLFAX, WI 54730

MAY 2018 MONTHLY POLICE REPORT

CALLS FOR SERVICE: 74

TRAFFIC STOPS: 12

- ASSIST OTHER AGENCY: 5
 - OVERDOSE
 - MISSING CHILD
 - DOMESTIC
 - RETRIEVE STATEMENTS
 - SEXUAL ASSAULT

- DEATH: 1
 - SUBJECT WITH NUMEROUS HEALTH ISSUES

- AMBULANCE ASSIST: 4

- CIVIL: 5
 - CHILD CUSTODY
 - LANDLORD / TENNANT DISPUTE
 - EVICTIONS x 2
 - LIVING ARRANGEMENTS ISSUE

- TRAFFIC ACCIDENT: 2
 - PARKING LOT- HIGH SCHOOL
 - HIT AND RUN

- THEFT: 2
 - GAS
 - AMERICAN FLAG

- SUSPICION: 6
 - MALE THROWING BEER
 - JUVENILES NEAR PARK
 - OPEN CONTAINER
 - ACTIVITY AT VACANT APARTMENT
 - SUSPICIOUS PHONE CALLS x 2

- DAMAGE TO PROPERTY: 3
 - DAMAGE TO BICYCLE
 - GRAFFITI
 - DAMAGE TO ITEMS IN RESIDENCE

- WARRANT: 3
 - PROBATION WARRANTS x 3

- ESCORT: 1
 - TRACTORS

- ASSIST CITIZEN: 2
 - NEEDED TO TALK / COUNSELING
 - AREA WATCH WHEN LEAVING WORK

- INFORMATION: 4
 - ACTIVITY OF SUSPICIOUS CAR
 - DRUG ACTIVITY
 - NEIGHBORS NOT GETTING ALONG
 - FAMILY ISSUES AT HOUSEHOLD

- ANIMAL COMPLAINT: 5
 - DOG AT LARGE x 5

- TRAFFIC COMPLAINT: 2
 - OIL SPILL
 - TREE IN ROAD

- JUVENILE: 6
 - DISORDERLY CONDUCT
 - UNSUPERVISED TODDLER
 - CHILD LEFT HOME ALONE
 - OUT OF CONTROL 7 YEAR OLD
 - INTOXICATED JUVENILE
 - DRUGS

- BURNING COMPLAINT: 1

- WELFARE CHECK: 1
 - CONCERN FOR ELDERLY FEMALE

- LOST / FOUND: 1
 - FOUND RING

- ALARM: 2
 - BUSINESS ALARM

- 911 MISDIAL: 6

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. <div style="font-size: 1.5em; text-align: center;">2018-1</div> Parcel No.
---	--	---

PERMIT REQUESTED " Constr. " HVAC " Electric " Plumbing " Erosion Control Other:			
Owner's Name <i>Sarah Feele</i>		Mailing Address <i>PO Box 311 Colfax, WI 54730</i>	
Contractor's Name: "Con "Elec "HVAC " Plbg		Mailing Address	
Contractor's Name: "Con "Elec "HVAC " Plbg		Mailing Address	
Contractor's Name: "Con "Elec "HVAC " Plbg		Mailing Address	
Contractor's Name: "Con "Elec "HVAC " Plbg		Mailing Address	

PROJECT LOCATION	Lot area <i>132 x 132</i> Sq. ft.	_____ 1/4, _____ 1/4, of Section _____, T _____, N, R _____ E (or) W		
Building Address <i>1610 E. Rainier St Colfax</i>	Subdivision Name <i>JD Simon's 3rd Add.</i>	Lot No. <i>1+2</i>	Block No. <i>30</i>	
Zoning District(s) <i>R-1</i>	Zoning Permit No.	Setbacks:	Front <i>25</i> ft.	Rear <i>3</i> ft. Left <i>3</i> ft. Right <i>3</i> ft.

1. PROJECT "New" "Alteration" "Addition" "Other:" "Repair" "Raze" "Move"	3. OCCUPANCY "Single Family" "Two Family" "Garage" "Other:"	6. ELECTRICAL Entrance Panel Amps: <i>NA</i> "Underground" "Overhead"	9. HVAC EQUIPMENT "Forced Air Furnace" "Radiant Basebd/ Panel" "Heat Pump" "Boiler" "Central Air Cond." "Other:"	12. ENERGY SOURCE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Blec</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Space Htg _____ Water Htg _____ "Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity." 13. HEAT LOSS <i>NA</i> BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet, "Total Building Heating Load" on WIScheck report)	Fuel	Nat Gas	LP	Oil	Blec	Solid	Solar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Blec	Solid	Solar												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2. AREA INVOLVED Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Purch Deck <i>10x20</i> Sq Ft.	4. CONST. TYPE "Site-Built" "Mfd: "WI UDC" "U.S. HUD"	7. FOUNDATION "Concrete" "Masonry" "Treated Wood" "Other:"	10. SEWER "Municipal" "Sanitary Permit No. <i>NA</i> "	11. WATER "Municipal Utility" "Private On-Site Well"	14. EST. BUILDING COST \$ <i>3000 - \$4000</i>													

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE *Sarah Feele* **DATE SIGNED** *23 Apr 2018*

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. " See attached for conditions of approval.

- Remove existing porch + replace with new.
- New driveway
- New siding

	Municipality Number of Dwelling Location <i>1 7 1 1 1</i>
--	--

FEES: Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>10.00</i>	PERMIT(S) ISSUED "Construction" "HVAC" "Electrical" "Plumbing" "Erosion Control"	PERMIT ISSUED BY: Name <i>[Signature]</i> Date <i>5-2-18</i> Tel. _____ Cert No. _____
---	--	--

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. <div style="font-size: 1.5em; font-weight: bold;">2018-02</div> Parcel No.
--	--	--

PERMIT REQUESTED				<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control Other: _____			
Owner's Name <i>Mary Larson</i>		Mailing Address <i>1728 Lindenhead Dr, Madison, WI</i>		Tel. <i>715-225-9721</i>			
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX#	
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX#	
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX#	
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX#	

PROJECT LOCATION	Lot area	Sq. ft.	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W				
Building Address <i>707 University</i>		Subdivision Name		Lot No.		Block No.	
Zoning District(s)		Zoning Permit No.		Setbacks:		Front	
				Rear		Left	
				ft.		ft.	
				ft.		ft.	

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																									
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input checked="" type="checkbox"/> Other: <i>Driveway Add.</i>	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.			
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																							
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																									
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfld: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <input type="checkbox"/> Other:	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____	BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																									
	5. STORIES	8. USE	11. WATER	14. EST. BUILDING COST																									
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ <i>1200.00</i>																									

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE *Mary Larson* **DATE SIGNED** *5-10-2018*

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

Adding Driveway Turnaround

	Municipality Number of Dwelling Location <div style="text-align: center; font-size: 1.2em;">1 7 1 1 1</div>
--	--

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>10.00</i>	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	Name <i>George Entzminger</i> Date <i>5-10-18</i> Tel. <i>715-962-4402</i> Cert No. _____

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. 2018-03 Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Mark Toyceen</i>	Mailing Address <i>609 Iverson Road, Colfax, WI 54730</i>		Tel. <i>715-962-2164</i>
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX#

PROJECT LOCATION Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address: *609 Iverson Road* Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <i>Fence</i>	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																			
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																					
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____ 11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet, "Total Building Heating Load" on WIScheck report) 14. EST. BUILDING COST \$ <i>2000.00</i>																					

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE *M. Toyceen* **DATE SIGNED** *5-10-18*

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

New Fence

Municipality Number of Dwelling Location
1 7 1 1 1

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>10.00</i>	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	Name <i>George Entzminger</i> Date <i>5-10-18</i> Tel. <i>715-962-4402</i> Cert No. _____



2921 Ingalls Road
Menomonie, WI 54751

Mobile: 715-556-0066
FAX: 715-231-2447
www.weberinspections.com
inspector@weberinspections.com

Activity Report

Village of Colfax

May

Date	Customer	Service	Pass/Fail	Project
<input type="checkbox"/> 5/15/2018	Jaenke	Permit Issued		Addition
<input type="checkbox"/> 5/16/2018	Swartz	Permit Issued		Addition
<input type="checkbox"/> 5/18/2018	Digre	Footing	Passed	

Weber Inspections

2921 Ingalls Road, Menomonie, WI 54751 715-556-0066

Building Permit

Village of Colfax

Date 5/16/18

Issued to: Ron Swartz

Address: 207 Main St. , Colfax, Wis. 54730

Project: 18' x20' addition / basement. Bathroom & bedroom.

Permits Issued:

Inspections Needed:

Yes

No

	Cost
Construction	\$125.00
HVAC	\$15.00
Electrical	\$8.00
Plumbing	\$25.00
Erosion Control	
Total	\$ 173.00

Paid

Phase	Rough	Final
Footing	X	
Foundation		
Basement Drain Tiles		
Construction	X	X
Plumbing	X	X
Heat/Vent/AC	X	
Electrical	X	X
Insulation	X	
Occupancy		

Weber Inspections

2921 Ingalls Road, Menomonie, WI 54751 715-556-0066

Building Permit

Village of Colfax

Date 5/15/18

Issued to: Vicki Jaenke

Address: 118 Park Dr. Lot # 234 , Colfax, Wis. 54730

Project: 16' x 34' Covered deck & car port.

Permits Issued:

Inspections Needed:

Yes

No

	Cost
Construction	\$75.00
HVAC	
Electrical	
Plumbing	
Erosion Control	
Total	\$ 75.00

Chg.

Phase	Rough	Final
Footing	X	
Foundation		
Basement Drain Tiles		
Construction		X
Plumbing		
Heat/Vent/AC		
Electrical		
Insulation		
Occupancy		

Street Committee Meeting

May 29, 2018

5:30 p.m.

The Village of Colfax Street Committee met on May 29, 2019 5:30 p.m., at the Village Hall. Members present were Chair Davis, Trustees Jenson, M. Burcham and Halpin. Also present were Director of Public Works Bates, LeAnn Ralph with the Messenger and Administrator-Clerk-Treasurer Niggemann.

Chip Sealing Street Cost Estimates – An estimate was provided for the streets that are in need of chip sealing; Willow, Elm, Bremer, Park, 5th, 4th, 3rd, Roosevelt, Pine, 1st, Evergreen, Ash and Birch; \$10,000. The Streets committee would like Rand to rank the streets and bring individual street costs back before the committee.

Curb & Gutter Costs –Hwy 40/University – An estimate was provided of approximately \$30,000 to repair the curb & gutters between the Hwy 40 Bridge and Birch Street. Bates explain that this is a high priority because the continue wear and tear from the rain has caused some areas to wash down to the base.

High Street Patch- The patch on High Street was due to a street opening request for some residential work for a water or sewer break. The cost repair is approximately \$4,000.

Roosevelt Street – Roosevelt will be discussed at a future meeting due to time limitation.

Cedar Street- Legion Dr. to Third Ave. – The committee revisited the options that have been considered in the past for comparison reason. The committee also mentioned the possibility of considering some landscaping at 401 Cedar Street to direct the water away from the home. Some committee members would prefer that the new road does not get removed and replaced for a cost greater than the repair in 2017 of \$22,390. There was also discussion to watch the property for a year and make a decision then. The committee will discuss in more detail at a later meeting.

River Street – Repair due to an underground break, estimated cost \$1,500.

Railroad Avenue – Bates had some estimates prepared for Railroad Avenue by section. The section by the funeral home - \$35,000, Cenex - \$21,000 and Railroad Museum - \$11,000.

A motion was made by Trustee Jenson and seconded by Trustee M. Burcham to recommend to the Board to move forward with the High Street Patch, River Street Patch and Curb & Gutter project on Hwy 40/University.

Adjourn: A motion was made by Trustee Davis and seconded by Trustee Jenson to adjourn Streets Committee meeting at 6:50 p.m. A voice vote was taken with all members voting yes. Motion carried.

Carey Davis, Trustee

Board of Review – May 31, 2018

The May 31, 2018 Village of Colfax Board of Review meeting was held at 5:30 p.m. in the Village Hall. Present: Trustees Halpin, Davis, Jenson, M. Burcham, K. Burcham and Administrator-Clerk-Treasurer Niggemann. Also present: Assessor, Barb Zempel. Excused: Village President Stene and Trustee Wolff.

Administrator-Clerk-Treasurer Niggemann called the meeting to order.

Confirmation of Board of Review and Open Meeting notices – Niggemann explained that the Open Book notice and the Notice of Board of Review had been advertised in the Messenger, posted in front of the Clerk's office, on the front door of the Clerk's office, outside the Village Hall, at the Post Office, at the laundromat and online at the Village of Colfax website, www.villageofcolfaxwi.org on May 2, 2018.

Election of Chair – A Motion was made by Trustee Halpin and seconded by Trustee Davis to nominate Trustee M. Burcham as the Chair of the Board of Review. Trustee M. Burcham accepted. All members voted yes. Motion carried.

Election of Vice Chair – A motion was made by Trustee Halpin and seconded Trustee Davis to nominate Trustee Jenson as Vice Chair of the Board of Review. Trustee M. Burcham accepted. All members voted yes. Motion carried.

Trustee M. Burcham assumed the Chair position.

Mandatory Training Requirements – M. Burcham announced that Trustee Davis and Administrator-Clerk-Treasurer Niggemann completed training in 2018.

Swear in the Assessor – Barb Zempel read and signed the oath of office. The reading was witnessed by all members present.

Assessor's Affidavit – Barb Zempel read the assessor's affidavit aloud.

The Board of Review remained in session, but turned off the recorder while awaiting any citizens to appear.

M. Burcham announced at 7:29 p.m. that no citizens have appeared.

At 7:30 p.m. a motion was made by Trustee Halpin and seconded by Trustee Jenson to adjourn the Board of Review. All voted yes. Meeting adjourned.

Trustee Margaret Burcham, Chair

Attest: Lynn M. Niggemann
Administrator-Clerk-Treasurer

Public Safety Committee Meeting
June 4, 2018
5:15 p.m.

The Village of Colfax Public Safety Committee met on June 4, 2018 at 5:16 p.m. at the Colfax Rescue Squad building. Members present were Trustees Jenson and Chair K. Burcham. Excused: Village President Stene. Also present were Rescue Director Knutson, Police Chief Anderson, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Review the ATV/UTV trail route possibilities – The committee reviewed the State Statutes regarding speed limits on State Highways and looked at the route possibilities for the County to consider during their planning process. The committee is concerned about safety and misconduct on the Village roadways; however, they are not opposed to allowing usage of dedicated streets and/or routes to assist in completing trail connections.

A motion was made by Trustee Jenson and seconded by Trustee Burcham to make a recommendation to the Board to notify Eldora Deraad, Trail Coordinator for Dunn County, that the Village of Colfax would consider an ATV/UTV route coming into the Village from County Road M to Railroad Avenue traveling west to the intersection of Railroad Avenue and Main Street/Highway 40 and then exit using Railroad Avenue traveling east back to County Road M. Voting For: Trustee Jenson and Burcham. Voting Against: none. Motion carried.

Review the Emergency Operations Plan Revisions – The committee reviewed changes that were suggested by the Rescue Squad Director Knutson. The following updates were made:

- Emergency contact phone list- Dunn County Emergency Management – added Steven Findlay and Marie Marty and Gilenbach’s cell phone number.
- Hospital names updated
- Added Urgent Care, Colfax Schools and Elk Mound School contact phone numbers.
- Updated the Village Board members.
- Notifications- included the details on how the outdoor warning siren operates; Code Red information and Media section.
- The Public Information Officer and alternates are listed by title and explanations of points to be considered when making a public comment.

A motion was made by Trustee Jenson to recommend approval of the changes to the Emergency Operations Plan. Voting For: Trustees Jenson and K. Burcham. Voting Against: none. Motion carried.

Adjournment –A motion was made by Trustee Jenson and seconded by Burcham to adjourn the Public Safety Committee meeting at 6:08 p.m. All members present voted yes. Meeting adjourned.

Keith Burcham, Chairperson

**Administrator-Clerk-Treasurer
May 25, 2018 meeting**

CIT – Scheduled to be here June 13th and June 15th to complete the server project.

Softball Schedule – Adult League nights are Mondays, Wednesdays and Thursdays. The first tournament scheduled is June 15 and 16, 2018.

Fairgrounds Bathrooms – Thank you **Carey Davis** for donating your time to paint the bathrooms at the fairgrounds. The building looks awesome!

