

**Village of Colfax
Village Board Meeting Agenda
Monday, June 24, 2019 @ 7 p.m.
Village Hall
613 Main Street, Colfax, WI 54730**

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
5. Communications from the Village President
6. Consent Agenda
 - a. Minutes
 - i. Regular Board Meeting Minutes – June 10th, 2019
 - b. Training Request- none
 - c. Facility Rental - none
 - d. Licenses

July 1, 2019-June 30, 2020 Operator's License

Jessica Checkalski	Shanna Sundstrom	Mary Durand
Thomas Dunbar	Michael Buchner	Renee Tuschl (New)
Gary Stene	Bryana Buchanan	

July 1, 2019-June 30, 2020 Alcohol License

Little Slice of Italy-Class "B" Beer and Class "C" Wine-501 Main Street
Mom's on Main-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101

7. Consideration Items
 - a. Kimberly Anderson Request
 - b. WISE Grants – Request to Purchase Police Equipment
 - c. Resolution 2019-09 CMAR
 - d. Grant application for United Way ideas
 - e. Consider payment for time spent painting
 - f. Update on Roosevelt Street
8. Review/Approval – Bills – June 10th, 2019, to June 23rd, 2019
9. Committee/Department Reports – (no action)
 - a. Police Report – May
 - b. Administrator-Clerk-Treasurer Report
 - c. Zoning Board of Appeals Minutes, June 13, 2019
10. 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 M. Niggemann - Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day 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 –June 10th, 2019

On June 10th, 2019, the Village Board meeting began at 7:00 p.m. at the Village Hall, 613 Main St., Colfax, WI 54730. Members present: Trustees K. Burcham, M. Burcham, Berge, Davis, and Gunnufson. Jenson arrived shortly after roll call. Excused: Trustee Halpin. Others Present: Police Chief Anderson, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Call to Order

Pledge of Allegiance

Public Comments - none.

Communications from the Village President- Gunnufson welcomed Mitch Kreutzer, the new public works employee and Chad Berge, the new appointed Village Board Trustee. Both gave a little bit of background on themselves.

Consent Agenda

Regular Board Meeting Minutes – May 28th, 2019 - A motion was made by Trustee Davis and seconded by Trustee M. Burcham to approve the Regular Board meeting minutes of the May 28th, 2019 meeting. Voting For: Trustees Davis, Berge, M. Burcham, K. Burcham and Gunnufson. Voting Against: none. Trustee Jenson was not here to vote yet. Motion carried.

Training Request –none.

Licenses

Domestic Chicken License – July 1, 2019 to June 30, 2020 – Pamela Moen, 705 University Ave. - A motion was made by Trustee M. Burcham and seconded by Trustee Davis to approve the Domestic Chicken Licenses for July 1 2019 to June 30, 2020. Voting For: Trustees Davis, Berge, Jenson, M. Burcham, K. Burcham and Gunnufson. Voting Against: none. Motion carried.

July 1, 2019 – June 30, 2020 Operator's License

Brett Foyt	Lyndsey Pederson	Jeffrey Peterson
Tarris Turner	Braanna Steen	Daniel Schneider
Don Braaten	Mary Roehl	Jeffrey Prince
Leslie Burcham-McKee	Teren Kiekhafer	Tammy Briggs
Chantell Phillips (New)	Peggy Wallace	Tiffany Prince
Brooklynn Dresel (New)	Carey Davis	Roger Knutson (New)
Emily Rubenzer	Elizabeth DeMoe	Robin Thompson
Chris Lunn	Jalene Amick	Edith McKee
Brenda Kettner	Nicole Gotlibson	Jasmine Hanson
Patrick L'Esperance	Dalton Bradford	Kristine Ingram
Gayle Hayton	Nicole Nierenhausen	Suzanne Hagen
Eden Logslett	Caleb Korevaar	Hailey Prince (New)
Tammy Dalhoe	Nicholas Kressin	Kayla Brown
Lisa Smestuen	Mary Muza	Joshua Larson
Tamara Whinnery	Katelynn Olson	Elizabeth Harshman
Evia Gehrman	Mikki McCutcheon	Marian Daniel

A motion was made by President Gunnufson and seconded by Trustee Jenson to approve all forty-six of the forty-eight licenses, excluding Leslie Burcham-McKee and Carey Davis. President Gunnufson retracted the motion and Trustee Jenson seconded the retraction.

A new motion was made by President Gunnufson and seconded by Trustee Jenson to approve forty-seven of the forty-eight licenses, excluding Carey Davis. Voting For: Trustees Davis, Berge, Jenson and Gunnufson. Abstained: K. Burcham and M. Burcham. Voting Against: none. Motion carried.

A motion was made by President Gunnufson and seconded by Trustee M. Burcham to approve license for Carey Davis. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Berge and Gunnufson. Abstained: Trustee Davis. Voting Against: none. Motion carried.

July 1, 2019-June 30, 2020 Alcohol License

Mike & Mark Nelson/Outhouse Bar-Combination Class "B" Beer and Class "B" Liquor-413 Main St.
J & S Sales/Express Mart, Rondi DeMoe-Agent, Class "A" Beer-616 Main Street
Kyle's Market-Combination -Class "A" Beer and Class "A" Liquor-115 Main Street
Synergy Community Cooperative-Charles Brown-Agent, Class "A" Beer-401 E Railroad Ave.
The Blind Tiger LLC, Nicholas Anderson-Agent, Class "B" Beer and Class "B" Liquor-512 Main St.

A motion was made by Trustee M. Burcham and seconded by Trustee Davis to approve the five alcohol licenses listed above. Voting For: Trustees Berge, Jenson, K. Burcham, M. Burcham and Gunnufson. Abstained: Trustee Davis. Voting Against: none. Motion carried.

July 1, 2019-June 30, 2020 Tobacco Retailer License

J & S Sales of Chippewa Falls/Express Mart	616 Main Street
Kyles 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

A motion was made by Trustee M. Burcham and seconded by Trustee Jenson to approve all six of the Tobacco Retailer Licenses listed above. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Berge and Gunnufson. Abstained: Trustee Davis. Voting Against: none. Motion carried.

Consideration Items

Public Works Ceiling discussion and possible action –Bates explained that the Village did not receive any sealed bids for the Public Works ceiling. So we are back to the original discussion regarding having estimates from contractors that vary in specs. Some bids were estimated to include the removal of the entire ceiling while others felt that a portion of the ceiling could be fastened to include all the purlins to be screwed to the rafters. So the estimates or quotes that were received previously include the following:

- Kauffman \$20,000-HVAC, The Plumber \$16,860 and LBR Electric-\$1775 for the electric = \$38,635
- Barney Barns (not the entire ceiling)- \$40,620, The Plumber \$16,860 and LBR Electric \$1775=\$59,255
- Joe's All Around Construction LLC \$42,150 include HVAC, LBR Electric \$1775 = \$43,925.

It was determined that the Village would like the entire ceiling either removed or re-fastened.

A motion was made by President Gunnufson and seconded by M. Burcham to approve up to \$25,000 to have the HVAC removed by a vendor which has availability and funds will come from the undesignated fund balance. Voting For: Trustees Davis, Berge, Jenson, M. Burcham, K. Burcham and Gunnufson. Voting Against: none. Motion carried.

Discussion of United Way Day of Caring Project Application and Discussion of Timber Technologies Community Enrichment Program - Niggemann mentioned that some of the projects that could be requested are painting the cemetery fence, painting the back wall of the band shell and brushing out the trails by the river. These topics will be brought back to the next meeting.

Computer Server Project discussions – Niggemann updated the Board that there has been a meeting scheduled between CIT, Cramer Consulting and the Village to discuss the server project and whether the project is complete or not. The goal is to try and resolve all possible outstanding items.

605 Pine Street Garage – discussion and possible action – Niggemann updated that the fence has been put up to make the alley safer in the event the garage walls collapse. There was insurance on the building. The problem seems to be the availability of contractors due to the damaging winter. Any contractors that you may know that would interest in tackling this project please share their name and contract information with Niggemann.

Closed Session – Motion 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 excises.

A motion was made by Trustee Jenson and seconded by Trustee M. Burcham to convene into closed session at 7:58 p.m. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Berge, Davis and Gunnufson. Voting Against: none. Motion carried.

Open Session – Motion to convene into open session to take any action resulting from the closed session.

A motion was made by Trustee Jenson and seconded by Trustee Davis to reconvene into open session at 8:22 p.m. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Berge, Davis and Gunnufson. Voting Against: none. Motion carried.

Review/Approval – Bills – May 28, 2019 – June 9, 2019 – A motion was made by Trustee Davis and seconded by Trustee Berge to approve the bills for May 28, 2019 to June 9, 2019. Voting For: Trustees Davis, Berge, Jenson, M. Burcham, K. Burcham and Gunnufson. Voting Against: none. Motion carried.

Adjourn – A motion was made by Trustee Jenson and seconded by M. Burchman to adjourn the meeting at 8:23 p.m. A voice vote was taken and members voting to adjourn the meeting.

Scott A. Gunnufson, Village President

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: \$10

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Jessica Dawn Checkalski
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-4603 Email Address jdrebak@yahoo.com

Current Address E8007 770th AVE Colfax 54730 3
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 122 Park Dr. Colfax 54730
(Street) (City) (Zip Code)

Date of Birth _____ Age 38

Place of Employment Aurora Community Services / Softball Assoc.

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny Dawn Checkalski 06/07/2019
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

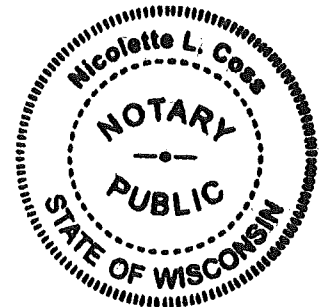
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6th day of May, 2019.

Nicolette L. Coss 4-11-2021
(Signature of Notary Public) (Commission Expires)

Date Received: 6-7-19 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 116373

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME THOMAS J DUNBAR
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 962-4128 Email Address dunbar451p@yahoo.com

Current Address 502 EVERGREEN ST COLFAX 54730 43
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N/A
(Street) (City) (Zip Code)

Date of Birth _____ Age 75

Place of Employment RETIRED / Legion

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/4/2019
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

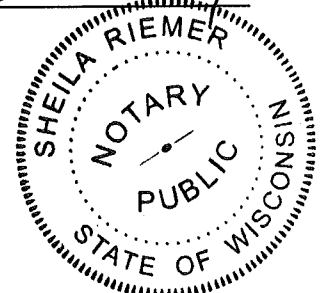
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 4th day of June, 2019.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 6-4-19 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: \$ 163.69

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME GARY Lee Stene
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3512 Email Address GARY STENE 45 @ GMAIL.COM

Current Address 505 HIGH ST. COLFAX 54730 5-6
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 715 MARTIN OLSON RD. COLFAX 54730
(Street) (City) (Zip Code)

Date of Birth _____ Age 73

Place of Employment COLFAX PUBLIC SCHOOLS / Softball

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/3/2019
(Chief of Police or designated staff Signature) (Date)

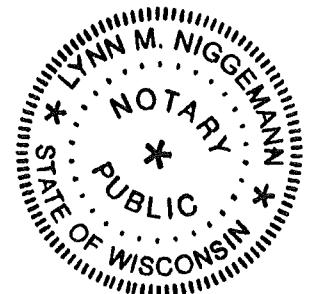
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 30th day of May, 20 19.

Lynn M. Niggeman 05-07-2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5-30-19 Date to the Board: _____ Approved or Denied

SUNUNA

Village of Colfax

DE 5/24/19

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: \$10

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Shanna Jonele Sundstrom
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-8019 Email Address s-sundstrom211@yahoo.com

Current Address N8429 Cty Rd M Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N8381 Cty Rd M Colfax 54730
(Street) (City) (Zip Code)

Date of Birth _____ Age 26

Place of Employment A little Slice of Italy / Bremer Bank

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny

[Signature] 5/29/19
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 29th day of MAY, 2019.

[Signature] 06/04/2021
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/19 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: \$10

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Bryana Lynn Buchanan
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0523 Email Address bryanabuchanan03@gmail.com

Current Address N1204E 890st Colfax 54730 20
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth _____ Age 20

Place of Employment Subway / Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 5/29/19
(Chief of Police or designated staff Signature) (Date)

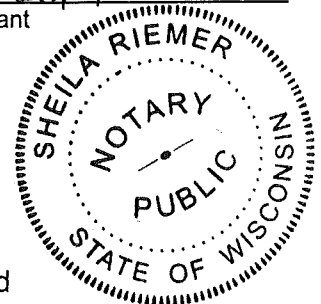
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Bryana Buchanan
Signature of Applicant

Subscribed and sworn before me this 28 day of May, 20 19.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-28-19 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: \$10

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Mary Ann Durand
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-1626 Email Address durandma@ya.com

Current Address PO, Box 233 Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 808 University Colfax, WI 54730
(Street) (City) (Zip Code)

Date of Birth _____ Age 58

Place of Employment Synergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny William Fisher 5/29/2019
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

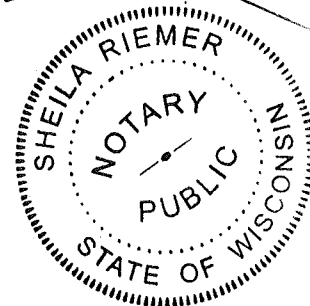
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Mary Durand
Signature of Applicant

Subscribed and sworn before me this 29 day of May, 20 19.

Sheila Riemer 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-29-19 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
issued 2018-78 Receipt: 2019 720.00

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Renee Jo Tuschi
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-658-2327 Email Address tuschlr@yahoo.com

Current Address N11005 730th St Wheeler 54772 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 508 Cedar St Colfax 54730
(Street) (City) (Zip Code)

Date of Birth _____ Age 29

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/10/2019
(Chief of Police or designated staff Signature) (Date)

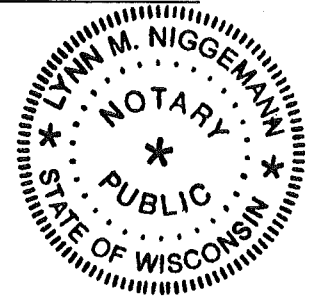
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 10th day of June, 2019.

Lynn M. Niggeman 05-07-2023
(Signature of Notary Public) (Commission Expires)



Date Received: 6/10/19 Date to the Board: _____ Approved or Denied

WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Renee Tuschl

School Name: 360training.com, Inc.

Date of Completion: 06/09/2019

Certification #: WI-99432

I, *Renee Tuschl*

Certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

learn²
serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2335

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2019 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } COLFAX
 Village of }
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>JENSON</u>	<u>ANNE</u>	<u>ELEANOR</u>	<u>805 E. BALDWIN AVE COLFAX, WI 54730</u>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)


C. Business Information

- Trade Name A LITTLE SLICE OF ITALY Business Phone Number 715 962-4444
- Address of Premises SOLMAN STREET Post Office & Zip Code COLFAX, WI 54730
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) DINING ROOM, PARTY ROOM, STORAGE ROOMS, KITCHEN, PATIO
- Legal description (omit if street address is given above): _____

Applicant's Wisconsin Seller's Permit Number <u>456-1025004931-03</u>	
FEIN Number <u>26-0269985</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>200</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>322.50</u>

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) JENSON ANNIE F.	Title / Member OWNER	Date 5/24/19
Signature 	Phone Number 715 9102 4444	Email Address BEUABEA07@YAHOO.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-7-2019	Date reported to council / board 6.24.19	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) JENSON		(first name) ANNIE		(middle name) ELEANOR	
Home Address (street/route) 805 E. RAUCOON AVE		Post Office	City COFAX	State WI	Zip Code 54730
Home Phone Number 715-556-4110		Age 51	Date of Birth	Place of Birth	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

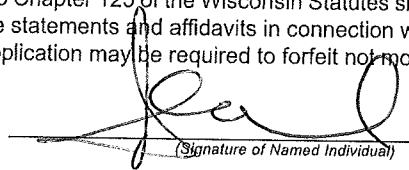
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 51 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name SELF	Employer's Address 501 MAIN STREET, COFAX, WI	Employed From 6/2007	To PRESENT
Employer's Name VILLAGE INN	Employer's Address 502 MAIN STREET, COFAX, WI	Employed From 8/1997	To 1/2007

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



 (Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2019 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } COLFAX
 Village of }
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-0002300137-02</u>	
FEIN Number <u>43-2081745</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>522.50</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Mom's on Main, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>E9951 810th Ave Colfax 54730</u>
--	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>HOUSEN</u>	(First) <u>Patricia</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>E9951 810th Ave Colfax 54730</u>
----------------------------------	----------------------------	------------------------------	---

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>HOUSEN</u>	(First) <u>Patricia</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>E9951 810th Ave Colfax 54730</u>
Vice President / Member Last Name <u>Galaizer</u>	(First) <u>Linda</u>	(Middle Name) <u>Sue</u>	Home Address (Street, City or Post Office, & Zip Code) <u>122 Park Dr #127 Colfax 54730</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Mom's Restaurant & Pub Business Phone Number 715-962-4617
 2. Address of Premises 225 Bremer Ave #101 Post Office & Zip Code 54730 Colfax

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) alcohol stored on Bar/shelving, in hallway, office, furnace room, + walk-in cooler

4. Legal description (omit if street address is given above): _____

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain Yes No
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain Yes No
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Hovser, Patricia L	Title / Member member	Date 6-1-2019
Signature 	Phone Number 715-704-0043	Email Address BetweenARock@aol.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-3-2019	Date reported to council / board 6-24-19	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) HOUGHER (first name) Patricia (middle name) lynn				
Home Address (street/route) E9951 810th Ave	Post Office	City Colfax	State WI	Zip Code 54730
Home Phone Number 715-704-0043	Age 52	Date of Birth	Place of Birth	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- member** of **Mom's on Main LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

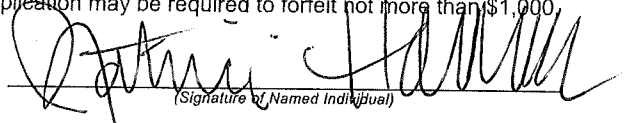
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 16 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name Mom's on Main	Employer's Address Colfax	Employed From 2004	To Present
Employer's Name Between a Rock & Leather Pl	Employer's Address Colfax	Employed From 1996	To 2007

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Kim and Bob~

The items that Rand has suggested for recommendation to the Board to assist you are the following items.

• 1- 4x4 Storm Catch Basin Manhole	}	\$600
• 1- 4x4 Storm Bottom		
• 1- Flat Storm inlet casting		
• 30' of 6" Sch. 40 PVC Pipe @ \$15/ft.		<u>\$450</u>
Total		<u>\$1,050</u>

This is currently on the agenda, but I would like a formal request from you Kim.

Bob ~ It has come to my attention that the neighbor to the south of Kim is in the process of installing a fence. I am not sure if there is still a plan to bring equipment into the worksite from Railroad Ave. or if the plan is to come in from the north, (Mary Ellen's property).

Thank you.

Lynn Niggemann

Administrator-Clerk-Treasurer

Village of Colfax

P.O. Box 417

613 Main Street

Colfax, WI 54730-0417

P: 715-962-3311; C: 715-308-9986; F: 715-962-2221

ClerkTreasurer@villageofcolfaxwi.org

Population 1,121

Confidentiality Notice: This electronic transmission, including any files attached hereto, may contain confidential information that is legally privileged, confidential, and exempt from disclosure. The information is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or any employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, copying, distribution, or the taking of any action in reliance on the contents of this confidential information is strictly prohibited. If you have received this communication in error, please destroy it and immediately notify me at clerktreasurer@villageofcolfaxwi.org or 715.962-3311. Thank you.

326507

Lots 1-6 Blk. 1 Cuttings Add. Colfax

City
Thompson
The...

REC'D December 4, 1978 Pt. W^{1/2} NW 16-29-11
at 3:30 P.M.

VOL. 282 RECORDS PAGE 295

RECORDED: VOL. 282 RECORDS PAGE(S) 295-296

Herb D. Schutz
HERB D. SCHUTZ, REG. OF DEEDS, DUNN CO., WIS.
State of Wisconsin)
County of Dunn) ss

I, John A. Jahr, Village Clerk, Village of Colfax, Colfax, Dunn County, Wisconsin, do hereby certify that I have compared the following resolution with the original thereof, now on file and of record in the office of the Village Clerk, and that said copy is a full, true, and complete copy and transcript of such resolution and the whole thereof, as the same remains of record in said office of the Village Clerk;

I further certify that said resolution was adopted by the Village Board of the Village of Colfax on the 27 day of November, 1978, after giving notice of hearing on the passage of such resolution, all as required by law:

BE IT RESOLVED, by the Village Board of the Village of Colfax:

WHEREAS, the alley described below has been abandoned;

WHEREAS, more than five years have elapsed since the recording of the plat;

AND WHEREAS, the public interest requires vacation of said alley;

THEREFORE, the alley described as follows be and hereby is vacated and discontinued:

Beginning at the Northwest corner of Lot One (1), Block One (1), Cuttings Addition to the Village of Colfax, Dunn County, Wisconsin; thence South on the West line of said lot 82 feet in the Southwesterly direction to the Northwest corner of Lot Two (2), Block One (1); thence South 319 feet more or less along the West line of Block One (1) to the North line of Railroad Avenue; thence West along the North line of Railroad Avenue 16 1/2 feet; thence North parallel with and 16 1/2 feet from the West line of Block One (1), 319 feet more or less; thence in a Northeasterly direction 82 feet more or less to a point 16 1/2 feet West of the point of beginning; thence East along the South line of River Street 16 1/2 feet to the point of beginning.

IN TESTIMONY WHEREOF, I have set my hand this 27 day of
November, 1978.

John A. Jahr
John A. Jahr, Village Clerk

225146

Lots 1-6 Blk. 1 Cuttings Add. Colfax
W/2 NW 16-29-11

Ch. Johnson
7-11

REC'D November 7, 1978 at 10:50 A.M.
RECORDED: VOL 4 Lis Pendens
RECORDS PAGE(S) 225

INDEXED
INDEXED

Herb D. Schutz
HERB D. SCHUTZ, REG. OF DEEDS, DUNN CO., WIS.

NOTICE OF PENDENCY
OF PROCEEDINGS TO VACATE ALLEY

NOTICE is hereby given, pursuant to Section 840.11, Wisconsin Statutes, that a proceeding is pending with the Village Board of the Village of Colfax to vacate a 16½ foot alley in Cuttings Addition to the Village of Colfax, described as follows:

Beginning at the Northwest corner of Lot One (1), Block One (1), Cuttings Addition to the Village of Colfax, Dunn County, Wisconsin; thence South on the West line of said lot 82 feet in the Southwesterly direction to the Northwest corner of Lot Two (2), Block One (1); thence South 319 feet more or less along the West line of Block One (1) to the North line of Railroad Avenue 16½ feet, thence West along the North line of Railroad Avenue 16½ feet, thence North parallel with and 16½ feet from the West line of Block One (1), 319 feet more or less, thence in a Northeasterly direction 82 feet more or less to a point 16½ feet West of the point of beginning, thence East along the South line of River Street 16½ feet to the point of beginning.

That a public hearing on the passage of such resolution will be held at the Colfax Village Hall on November 27, 1978, at 8:00 o'clock p.m.

Attached hereto is a map of the land to be effected by the vacation of said alley.

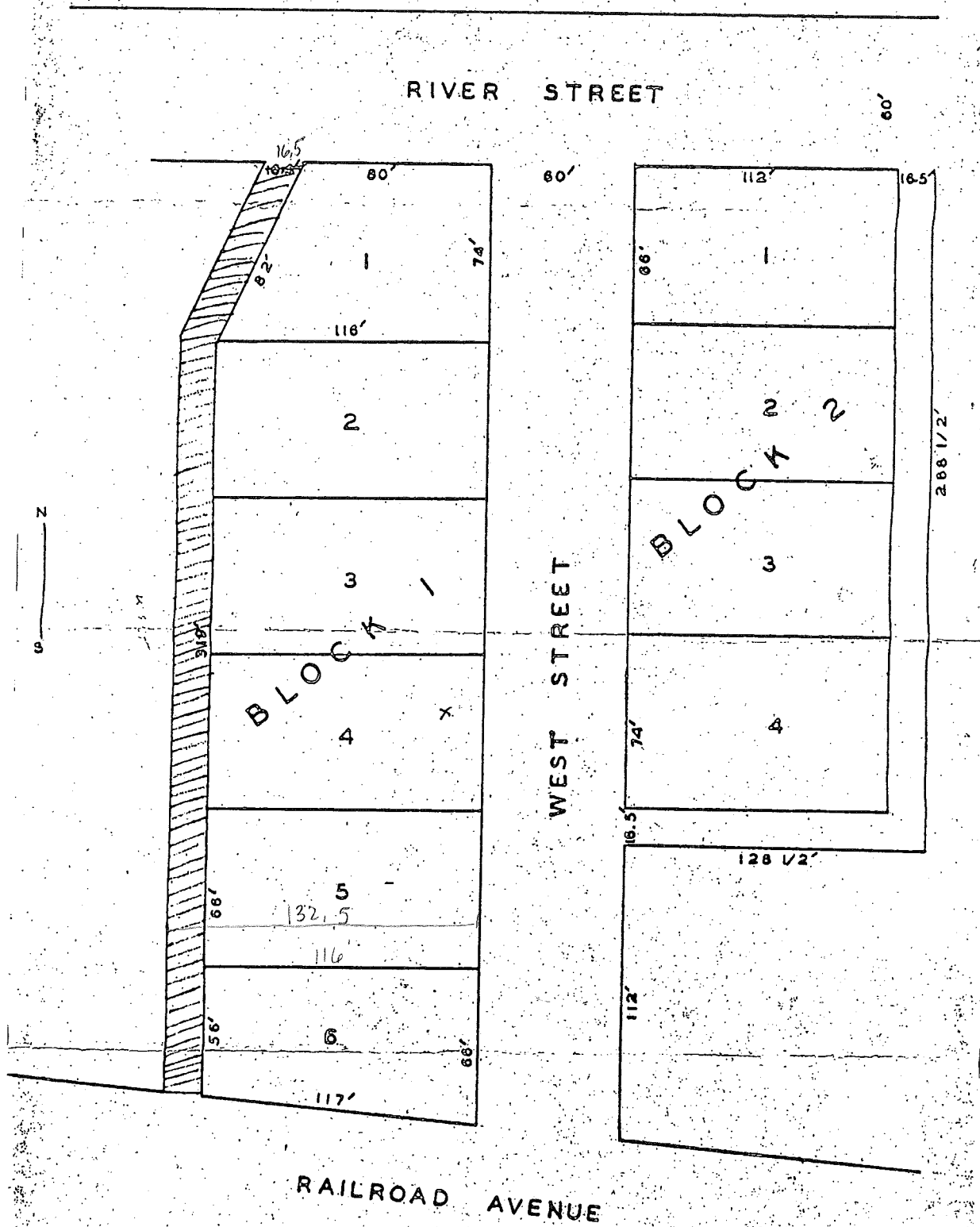
Dated: October 23, 1978.

John A. Jahr
John A. Jahr
Village Clerk - Treasurer

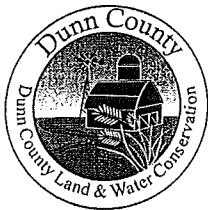
Subscribed & sworn to before me
this 23rd day of October, 1978.

William H. Thedinga
William H. Thedinga, Notary Public
Dunn Co., Wis. - Permanent Commission

G'S ADDITION TO COLFAX T. 29 N. R. 11 W. SECTION 16



50' W.P.A. OP. NO. 665-53-3-246



Dunn County Land and Water Conservation Division

Government Center, Room 330, 800 Wilson Avenue, Menomonie, WI 54751

LCD General Phone (715)232-1496 FAX (715)232-1520

Bob Kaner (715) 231-6536 Email rkaner@co.dunn.wi.us

Kim Anderson
505 West Street
Colfax WI 54730

DATE: 3-1-2018
FROM: Bob Kaner, Dunn County LWCD
RE: Project proposal for stabilizing eroding bank and LCD cost share Procedure

Hi Kim

I have completed some engineering work on options for stabilizing the eroding bank that is located on your property.

After reviewing the survey topo data and considering the future of your neighbor's property to the North of your home we now feel it would be best to keep any project construction on your property only.

I have enclosed with this letter plan view and cross section view drawing of what I feel may work the best for this site. The design as shown would include a 1' to 2' high earth berm that would temporarily capture the runoff and then allow it to drain through a 6" dia. PVC plastic pipe down the hill to the gully.

~~X~~ I have also included a cost estimate for what it may cost to have a contractor do this work. Please review the enclosed information and get back to me with your thoughts or concerns.

If you did wish to proceed with this project we can assist you in getting estimates or bids from potential contractors.

At this point we have set aside some of our cost share funds for your potential project. These funds would cover up to 70% of the total cost of the project. You would be expected to pay the contractor a minimum of 30% of the cost then we could pay the cost shared 70% directly to the contractor.

We would ask that you consider this project and commit to it by March 15th if you are interested. We do have other clients on a waiting list that have requested these funds also.

Please note that we anticipate have a fresh amount of cost share funds available for next year also so waiting could be an option.

Please contact us with any questions or comments at **715-231-6536** or **232-1496**.

Hoping to talk to you soon.

Thanks,
Bob Kaner

Robert F Kaner

** when would my part of funds be requested by \$1,500.00
I plan on 22*

PRELIMINARY COST ESTIMATE

KIM ANDERSON COST ESTIMATE	REVISED	3/1/2018
DIVERSION DAM WITH 6" PVC, 5 Ft TOP		

DESCRIPTION	UNIT	QUANTITY	ITEM COST	TOTAL COST
Site Prep., Clearing ,Stripping	Job	1	\$ 1,000.00	\$ 1,000.00
Excavation	Cu. Yd.	80	\$ 3.00	\$ 240.00
Earth Fill	Cu. Yd.	90	\$ 12.00	\$ 1,080.00
6" Dia. Sch. 40 PVC Pipe	Lin. Ft.	60	\$ 15.00	\$ 900.00
MUST MEET ASTM FOR PVC- D1785 OR D2241				
Inlet Anti Vortex Assembly	Each	1	\$ 75.00	\$ 75.00
Pipe Outlet Support	Each	1	\$ 50.00	\$ 50.00
Trash Rack and Protective Fence	Each	1	\$ 75.00	\$ 75.00
Anti Seep Collar	Each	2	\$ 70.00	\$ 140.00
Topsoil (Hauled in)	Cu. Yd.	45	\$ 12.00	\$ 540.00
Erosion control logs	Lin. Ft.	60	\$ 4.00	\$ 240.00
Seeding, Lime and Fertilizer	Acre	0.2	\$ 800.00	\$ 160.00
Mulch Dam (Est. 15 bales needed)	Acre	0.2	\$ 500.00	\$ 100.00
Labor	Per/Hr	8	\$ 38.00	\$ 304.00
ESTIMATED TOTAL COST				\$ 4,904.00

State funds	70%	\$ 3,432.80
Landowner	30%	\$ 1,471.20

All estimates of quantities are in place based on neat lines and grades. Potential contractors should view the site and make responsible bids based on their own computations and equipment capabilities.

PROJECT TOTAL :

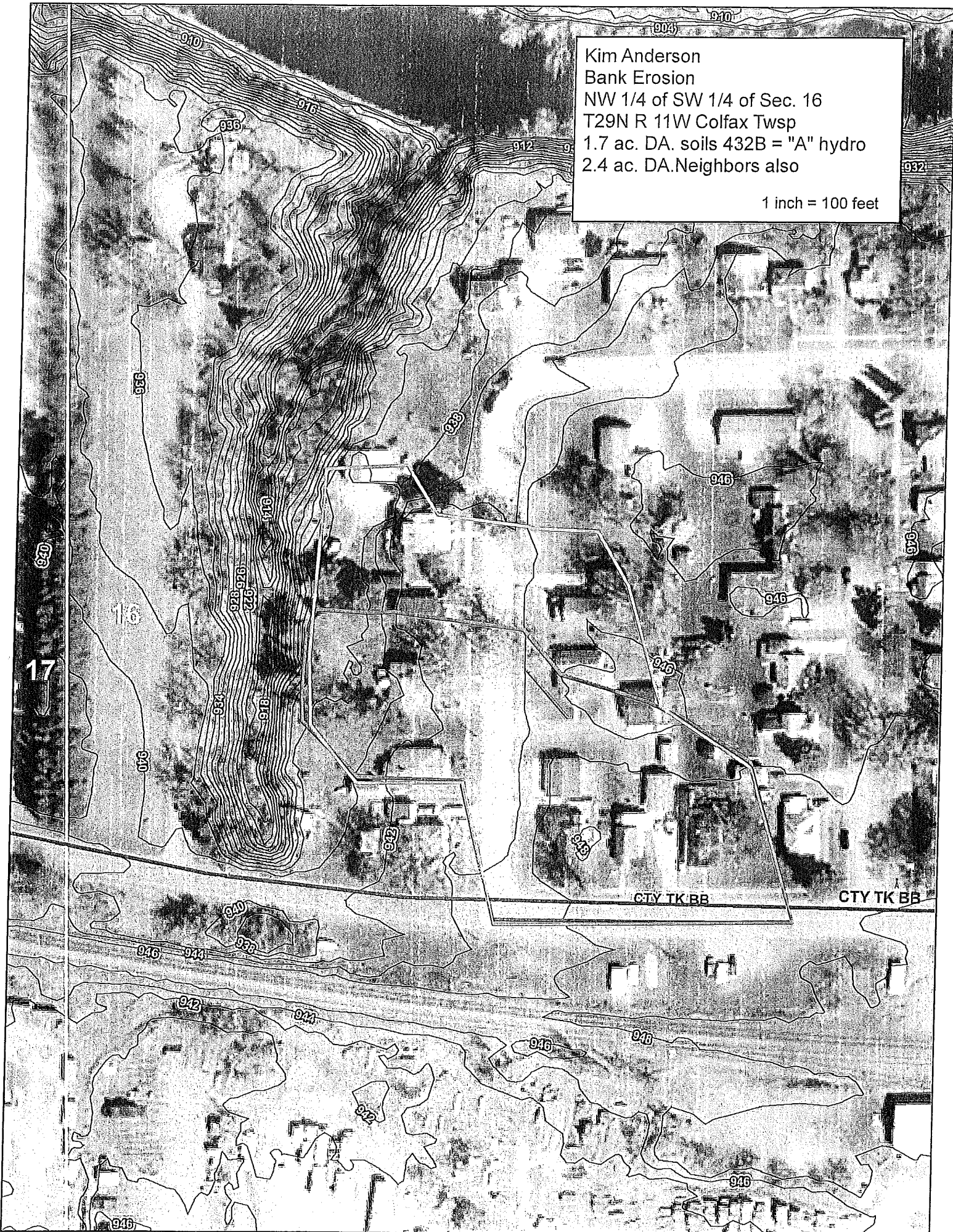
(Use Words)	\$
	(Use Figures)

Contractor Signature	Date
----------------------	------

Print Name

Kim Anderson
Bank Erosion
NW 1/4 of SW 1/4 of Sec. 16
T29N R 11W Colfax Twsp
1.7 ac. DA. soils 432B = "A" hydro
2.4 ac. DA. Neighbors also

1 inch = 100 feet



WISE-Grants

Wisconsin Safety and Enforcement Grants



[My Home](#) |
 [My Proposals](#) |
 [My Activity Reports](#) |
 [My Mobilization Reimbursements](#)

[My Training Materials](#) |
 [My Organization\(s\)](#) |
 [My Profile](#) |
 [Logout](#)

[SHOW HELP](#)

[Back](#)

Funded Grants Menu - Status History

Below are the details for the status history of this document.

Document Information: [FG-2019-Colfax P-04978](#)

[Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	Funded Grants	Colfax Police Dept.	Project Coordinator	Grant Application Approved	N/A - N/A N/A

Document Status History

Status	Date/Time	By	Notes
Grant Application In Process	5/17/2019 11:08:16 AM	Panosh, Michael	
Grant Application Submitted	5/30/2019 3:30:19 PM	Devroy, Kurt	
Grant Supervisor Review	5/30/2019 4:38:39 PM	Iverson, Tanya	The signature page is attached. This is an equipment grant from the 2018 Winter Drive Sober Campaign for a printer, radar, light bar, cones, baton, and a survival bag. The total cost for the equipment and grant amount is \$3,972.96 FED.
CFO Review	5/31/2019 9:23:31 AM	Corsi, Larry	Signature page and contract are attached to Supporting Documents
Project ID Assigned	5/31/2019 10:21:10 AM	Vande Hey, Ms. Laura	402 funded
Director Review	6/13/2019 10:06:51 AM	Robertson, Jennifer	
Grant Application Approved	6/13/2019 3:09:11 PM	Mike	

3

[Top of the Page](#)

Powered by IntelliGrants®

© Copyright 2000-2019 Agate Software, Inc.

Equipment Request

Federal Grant Period:

Grant activities are funded for one federal fiscal year. Funded fiscal year 2018 activities may begin no earlier than October 1, 2017 and end no later than September 30, 2018.

Monitoring:

Grantee consents to monitoring by BOTS staff to ensure compliance with applicable state and federal regulations . Monitoring may occur on-site and will require access to original versions of employee payroll information, citations, equipment purchased, paid invoices, and other materials related to the implementation of this grant.

Buy America:

Grantee agrees to comply with the provisions of Buy America, 23 USC 313, which includes the following requirements: Only steel, iron and manufactured products produced in the United States may be purchased with federal funds unless the US Secretary of Transportation determines that such domestic purchases would be inconsistent with the public interest ; that such materials are not reasonably available and of satisfactory quality; or that inclusion of domestic materials will increase the cost of the overall project Grant by more than 25 percent. Clear justification for the purchase of non-domestic items must be in the form of a waiver request submitted to and approved by the U.S. Secretary of Transportation.

Equipment Purchase

Item	Federal Grant	Local Match	Totals
Brother PocketJet 7 Printer	\$319.00		\$319.00
Jet 7 Printer Headrest with Pad	\$295.00		\$295.00
Stalker Radar- Dual Antenna	\$2,192.00		\$2,192.00
SoundOff Interior Lightbar, Split Two Piece, Dual Color	\$850.00		\$850.00
Tracer Responder 5-Function LED Traffic Control Baton (Qty: 2)	\$59.98		\$59.98
Mustang Survival Throw Bag	\$53.99		\$53.99
Cortina Pack & Pop Traffic Cones w/ Light and Batteries (Qty: 5)	\$202.99		\$202.99
			\$0
			\$0
			\$0
Total	\$3,972.96	\$0	\$3,972.96

Budget Request (Incorporates Equipment Request):

Item	Federal Grant	Local Match	Totals
Wage/Fringe	Ineligible		\$0
Travel/Mileage	Ineligible		\$0
Training	Ineligible		\$0
Contractual Services	Ineligible		\$0
Equipment (From Equipement Purchases)	\$3,972.96	\$0	\$3,972.96
Materials & Supplies	Ineligible		\$0
Other	Ineligible		\$0
Total	\$3,972.96	\$0	\$3,972.96

Budget Amendments:

If the budget plan or other documentation must be changed after the contract is signed, Grantee must submit an amendment request via the WISE-Grants System. Amended activity may not commence prior to BOTS approval. Click [Here](#) to see Amendment Instructions.

Resolution 2019-09
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 2018 Compliance Maintenance Annual Report, which is attached to this resolution.

Adopted this 24th day of June, 2019.

Scott A. Gunnufson, President

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 **2018**

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	0.0715	x	446	x	8.34	=	266
February	0.0704	x	501	x	8.34	=	294
March	0.0686	x	1,216	x	8.34	=	696
April	0.0695	x	560	x	8.34	=	325
May	0.0628	x	423	x	8.34	=	222
June	0.0589	x	302	x	8.34	=	148
July	0.0568	x	295	x	8.34	=	140
August	0.0605	x	255	x	8.34	=	128
September	0.0615	x	218	x	8.34	=	112
October	0.0632	x	225	x	8.34	=	119
November	0.0638	x	234	x	8.34	=	124
December	0.0655	x	267	x	8.34	=	146

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	0
February	1	0	0	1	1
March	1	0	0	1	1
April	1	0	0	1	1
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	4	3
Points		0	0	12	6
Total Number of Points					18

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

<p>3. Flow Meter</p> <p>3.1 Was the influent flow meter calibrated in the last year?</p> <p><input checked="" type="radio"/> Yes Enter last calibration date (MM/DD/YYYY) 2018-05-18</p> <p><input type="radio"/> No</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
<p>4. Sewer Use Ordinance</p> <p>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?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>4.2 Was it necessary to enforce the ordinance?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
<p>5. Septage Receiving</p> <p>5.1 Did you have requests to receive septage at your facility?</p> <table border="0"><tr><td>Septic Tanks</td><td>Holding Tanks</td><td>Grease Traps</td></tr><tr><td><input type="radio"/> Yes</td><td><input type="radio"/> Yes</td><td><input type="radio"/> Yes</td></tr><tr><td><input checked="" type="radio"/> No</td><td><input checked="" type="radio"/> No</td><td><input checked="" type="radio"/> No</td></tr></table>	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<p>5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.</p> <p>Septic Tanks</p> <p><input type="radio"/> Yes <input type="text"/> gallons</p> <p><input checked="" type="radio"/> No</p> <p>Holding Tanks</p> <p><input type="radio"/> Yes <input type="text"/> gallons</p> <p><input checked="" type="radio"/> No</p> <p>Grease Traps</p> <p><input type="radio"/> Yes <input type="text"/> gallons</p> <p><input checked="" type="radio"/> No</p>
Septic Tanks	Holding Tanks	Grease Traps								
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes								
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No								
<p>5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
<p>6. Pretreatment</p> <p>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?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the situation and your community's response.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?</p>									

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

<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>	
---	--

Total Points Generated	18
Score (100 - Total Points Generated)	82
Section Grade	B

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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				
June	30	27	4	1	0	0
July	30	27	3	1	0	0
August	30	27	4	1	0	0
September	30	27	5	1	0	0
October	30	27	14	1	0	0
November	30	27	8	1	0	0
December	30	27				

* Equals limit if limit is <= 10

Months of discharge/yr	6		
Points per each exceedance with 6 months of discharge		14	6
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?

2. Flow Meter Calibration

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

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

2018-05-18

- 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:
6/20/2019 2018

<p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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:
6/20/2019 **2018**

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				
June	30	27	9	1	0	0
July	30	27	6	1	0	0
August	30	27	8	1	0	0
September	30	27	10	1	0	0
October	30	27	17	1	0	0
November	30	27	20	1	0	0
December	30	27				

* Equals limit if limit is <= 10

Months of Discharge/yr	6		
Points per each exceedance with 6 months of discharge:		14	6
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?

--

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:
6/20/2019 2018

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:

ISSCO 4220 WITH A 60 DEGREE V- NOTCH WEIR

0

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
2.2152	JANUARY	0
1.9724	FEBRUARY	0
2.1276	MARCH	0
2.0855	APRIL	0
1.9476	MAY	0
1.7658	JUNE	1.3474
1.7602	JULY	11.1408
1.8755	AUGUST	.812
1.845	SEPTEMBER	2.8746
1.9603	OCTOBER	6.0436
1.9129	NOVEMBER	6.8555
2.0296	DECEMBER	0
23.4976	YEARLY TOTAL	29.0739

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.

Total effluent, MG => 29.0739
----- = 1.237 <= effl / infl ratio
Total influent, MG => 23.4976

Conversion to a percent of volume loss:

(1-effl/infl ratio) * 100 = -23.7 % of influent lost and not discharged with effluent

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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)	23.4976	
Total Annual Effluent (MG)	29.0739	
Estimated Net Loss (MG)	-5.5763	
Estimated Leakage Amount (gpd)		-15278

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 ->

o Storage Decrease: Enter amount in MG ->

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpac): The CMAR Estimated Leakage Rate in gpac 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
-15278	divided by	21	=	-728

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?

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

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

Based on the leakage rate in gpad, the points earned are: 0

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:
6/20/2019 2018

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:

6/20/2019

2018

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">● Yes○ 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">● Yes○ 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">● Yes (Continue with question 2) <input type="checkbox"/>○ No (40 points) <input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; 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">● Yes○ 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">● Yes<ul style="list-style-type: none">● Paper file system○ Computer system○ Both paper and computer system○ 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">● Yes○ 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">● Excellent○ Very good○ Good○ Fair○ Poor <p>Describe your rating:</p>	

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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

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:
6/20/2019 2018

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 2018; 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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 **2018**

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.	
--	--

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:
6/20/2019 2018

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: LYNN NIGGEMAN</p> <p>Telephone: (715) 962-3311 (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): 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>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2019</p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0																
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>																	
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2019</p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right; border: 1px solid black; padding: 2px;">27,012.99</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; border: 1px solid black; padding: 2px;">108.05</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; border: 1px solid black; padding: 2px;">27,121.04</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; border: 1px solid black; padding: 2px;">0.00</td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR		\$	27,012.99	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	108.05	3.2.3 Adjusted January 1st Beginning Balance		\$	27,121.04	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	0.00	
3.2.1 Ending Balance Reported on Last Year's CMAR		\$	27,012.99														
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	108.05														
3.2.3 Adjusted January 1st Beginning Balance		\$	27,121.04														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	0.00														

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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 \$ 27,121.04

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? \$ 27,121.04

0

Please note: If you had a CWFPP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- Yes
- No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	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:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	7,459	
February	8,223	
March	7,055	
April	6,096	
May	2,976	
June	2,528	
July	2,297	
August	2,325	
September	2,944	
October	4,101	
November	4,184	
December	4,793	
Total	54,981	0
Average	4,582	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

No

Yes

Year:

By Whom:

Describe and Comment:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 **2018**

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	2.22		8.25		
February	0	1.97		8.23		
March	0	2.13		21.58		
April	0	2.09		9.75		
May	94	1.95	48	6.88	14	
June	79	1.77	45	4.44	18	
July	92	1.76	52	4.34	21	
August	49	1.88	26	3.97	12	
September	43	1.85	23	3.36	13	
October	53	1.96	27	3.69	14	
November	53	1.91	28	3.72	14	
December	0	2.03		4.53		
Total	463	23.52		82.74		0
Average	66	1.96	36	6.90	15	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:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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 HAVE PURCHASED A NEW EMERGENCY GENERATOR FOR THE LIFT STATION AND ARE PREPING THE AREA FOR INSTALL.

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:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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:
6/20/2019 2018

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/20/2019

2018

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="32.7"/>	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="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="1"/>	Number of basement backup occurrences
<input type="text" value="1"/>	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="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.13"/>	Basement backups (number/sewer mile)
<input type="text" value="0.13"/>	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:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <p>VERY LITTLE CHANGE</p> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <p>MANHOLE COVERS THAT HELP PROTECT AGAINST INFILTRATION</p>
--

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:
6/20/2019 2018

Grading Summary

WPDES No: 0023663

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	B	3	3	9
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	141
GRADE POINT AVERAGE (GPA) = 3.92				

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)

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/20/2019 2018

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 = B

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. = 3.92

Lynn Niggemann

From: Ashley DeMuth <ademuth@uwaydunn.org>
Sent: Friday, May 31, 2019 11:22 AM
To: ClerkTreasurer@villageofcolfaxwi.org
Subject: Do You Need Volunteers? Day of Caring Project Application

Lynn,

Could you please pass along to the Village Board/Village Staff? We are seeking a few more projects throughout Dunn County. Thanks!

The United Way of Dunn County is accepting project applications for the 3rd Annual Day of Caring. The Day of Caring is a community engagement event where groups of volunteers join forces to make a difference in our community. Examples of previous projects include: landscaping, bicycle repairs, planting trees/flowers, cleaning, assisting with mailers, painting, assembling impact kits, packing meal kits and more.

Is there a project that your organization would like to complete but you need volunteers to help make it happen? Submit a project application today! **Applications are due by July 1, 2019.** Projects will be assigned volunteers as we accept of applications. This means, the sooner you submit a complete application, the sooner we can pair you with a volunteer group! Any organization serving our community is eligible to apply for a project.



To learn more about this event and to apply for a project, click here:

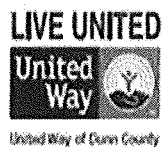
<http://events.constantcontact.com/register/event?llr=6t5b5qyab&oeidk=a07eg4fiww7472ff010>

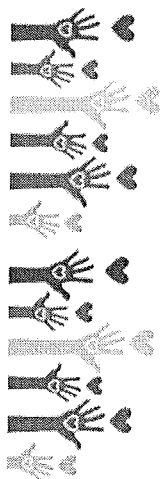
As this is our first year with online registration, please do not hesitate to contact us if you have any issues with registration or questions regarding the event.

We look forward to reading about your project,

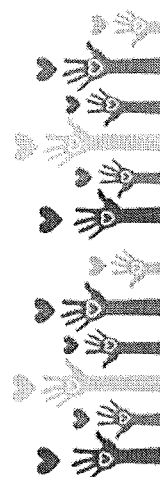
ASHLEY DEMUTH
Executive Director

3375 Koshlow Avenue, Suite 50
P.O. Box 3266
Menomonie, WI 54751
715-235-3800
ademuth@uwaydunn.org





United Way of
Dunn County



Day of Caring

August 14, 2019

Community Caring Through Volunteer Projects

When

Wednesday, August 14, 2019 from 9:00 AM to 4:00 PM
CDT

[Add to Calendar](#)

Where

Your location that serves residents of Dunn County

Contact

Ashley DeMuth

United Way of Dunn County

715-235-3800

ademuth@uwaydunn.org

2019 United Way Day of Caring Project Application

Does your organization/program need a volunteer team for a specific project? Have you been holding off on completing a 'to-do' list due to lack of helping hands? Submit a project application for the Day of Caring! Project applications are due by July 1, 2019.

The Day of Caring will take place on Wednesday, August 14, 2019 from 9 a.m. – 12 p.m. and from 1 p.m. – 4 p.m. Projects will be divided between shifts, based on volunteer availability and project needs. Your agency may choose to host a project for morning, afternoon or both. Each volunteer shift will include 3-5 volunteers. Larger groups may be requested and will be assigned based on availability. Agencies must appoint a "Project Leader" who will help coordinate the Day of Caring at the Agency, as well as provide leadership for the volunteer group during the action project. United Way will provide water and t-shirts for your volunteers during their project work time.

Partner Agency FAQs:

We appreciate everything your agency does for our community and hope this day helps give back to you. Below are some frequent questions and answers about this event.

What is Day of Caring? Day of Caring is a United Way event that deploys teams of volunteers on-site to Partner Agencies around the community to perform hands-on tasks. Projects should be simple enough that volunteers could accomplish the task in a three-hour timeframe. Examples include simple landscaping, painting, spring-cleaning, meal packaging or organizational projects. Please contact our office if you have questions about project ideas.

What happens if it rains? Day of Caring is a rain or shine event. If inclement weather prohibits volunteers from working at your agency on the Day of Caring, the call to reschedule a day to complete these projects will be between you and your assigned volunteer team.

How are supplies provided? Your agency is responsible for having all supplies necessary for the volunteers to complete your projects. You may want to make a checklist of needed supplies and review this list with your Volunteer Team Leader before the Day of Caring event so they know what type of project they are completing.

Who leads the project? Please have a "Project Leader" to oversee the volunteers. Your agency representative should be prepared 30 minutes before the volunteer team's start time. Leaders will welcome volunteers, thank them for their time, share a little about what goes on at your agency, and explain the details of the work to the group of volunteers. Check in periodically with your volunteers to make sure they are doing okay! At the close of the event, thank the volunteers (again) for coming. You are welcome to provide snacks or treats for your volunteers but it is not required. United Way will provide bottled water and t-shirts for your volunteers.

How will I know my volunteers? The volunteers will be easily identified by the United Way t-shirts they are asked to wear. You will also want to make sure that your "Project Leader" contacts the Volunteer Team Leader at least one week prior to the event. This will allow you to introduce yourself to

the Volunteer Leader for your project and go over any important information with them before the Day of Caring.

What else is needed from agency sites? Volunteers will be asked to sign a photograph waiver before they start their project. We ask that someone at your location takes photos during the event to send to United Way during project completion, for social media and website posting. Agencies are also encouraged to post on their social media and websites about this collaborative effort.

What is United Way's role? United Way of Dunn County's role is to recruit the volunteers, coordinate teams, and match those teams with projects throughout the community. In addition, our role is to contact the civic and business community regarding sponsorships and supply donations for volunteer t-shirts.

Why is United Way hosting this event? By hosting Day of Caring, the community is exposed to local service agencies that provide much-needed health and human services to Dunn County. It is also a chance for the community at large to get involved in making Dunn County a better place to work and live.

[Register Now!](#)

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/10/2019 From Account:
Thru: 6/23/2019 Thru Account:

Check Nbr	Check Date	Payee	Amount
75630	6/14/2019	BOOKPAGE	348.00
75631	6/14/2019	BOUND TREE MEDICAL, LLC	175.83
75632	6/14/2019	CARLTON DEWITT	1,357.94
75633	6/14/2019	CMBRG	300.00
75634	6/14/2019	COMMERCIAL TESTING LAB	456.00
75635	6/14/2019	CRAMER CONSULTING, LLC	429.84
75636	6/14/2019	DUNN COUNTY RECYCLING	1,447.55
75637	6/14/2019	DUNN ENERGY COOPERATIVE	98.00
75638	6/14/2019	EXPRESS MART	416.95
75639	6/14/2019	FARRELL EQUIPMENT & SUPPLY CO.	176.49
75640	6/14/2019	FIRST SUPPLY LLC-EAU CLAIRE	264.03
75641	6/14/2019	GEORGE ENTZMINGER	100.00
75642	6/14/2019	H & H PLUMBING	34.34
75643	6/14/2019	HAWKINS, INC.	2,673.78
75644	6/14/2019	HENRY SCHEIN	902.36
75645	6/14/2019	HUEBSCH	73.76
75646	6/14/2019	JUNIOR LIBRARY GUILD	249.90
75647	6/14/2019	KAMSTRUP WATER METERING LLC	971.77
75648	6/14/2019	KURT DEVROY	124.00
75649	6/14/2019	MAX GRINNELL	200.00
75650	6/14/2019	MAYO CLINIC	12.00
75651	6/14/2019	MEDPRO MIDWEST GROUP	20.00
75652	6/14/2019	MISSISSIPPI WELDERS SUPPLY CO.	35.34
75653	6/14/2019	MUNICIPAL PROPERTY INSURANCE COMPANY	11,941.00
75654	6/14/2019	OIUM ASPHALT PAVING CO	9,141.00
75655	6/14/2019	POSTMASTER OF COLFAX	76.00
75656	6/14/2019	SECURITY HEALTH PLAN	200.00
75657	6/14/2019	SPECTRUM	30.00
75658	6/14/2019	STAPLES	147.06
75659	6/14/2019	SYNERGY COOPERATIVE	1,261.50
75660	6/14/2019	TRUCKALINE SUSPENSION CENTER	370.13
75661	6/14/2019	UHS PREMIUM BILLING	1,328.82
75662	6/14/2019	UW EXTENSION	35.00

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/10/2019 From Account:
Thru: 6/23/2019 Thru Account:

Check Nbr	Check Date	Payee	Amount
75663	6/14/2019	VIKING DISPOSAL, INC	154.00
75664	6/14/2019	WATER CARE SERVICES	31.50
75665	6/14/2019	WEA INSURANCE TRUST	8,837.48
75666	6/14/2019	WELD RILEY	751.00
75667	6/14/2019	WI DNR	125.00
75668	6/14/2019	WISCONSIN BUCK & BEAR CLUB	28.00
75669	6/14/2019	WOODS RUN FOREST PRODUCTS	12.70
75670	6/14/2019	ZEMPEL APPRAISAL SERVICE	988.53
75671	6/19/2019	COLFAX FAIR BOARD	25.00
75672	6/19/2019	STRUCTURES UNLIMITED, LLC	8,340.00
EFTPS	6/13/2019	EFTPS-FEDERAL-SS-MEDICARE	5,515.85
WIDOR	6/13/2019	WI DEPARTMENT OF REVENUE	1,045.93
AMAZON	6/20/2019	AMAZON.COM	1,565.64
BREMER	6/11/2019	CARDMEMBER SERVICE	1,192.30
CHARTER	6/21/2019	CHARTER COMMUNICATIONS	699.61
WIDCOMP	6/13/2019	WISCONSIN DEFERRED COMPENSATION	165.00
WEENERGIES	6/11/2019	WE ENERGIES	139.14
WEENERGIES	6/11/2019	WE ENERGIES	72.26
		Grand Total	65,087.33

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 2019 MONTHLY POLICE REPORT

CALLS FOR SERVICE: 56

TRAFFIC STOPS: 20

OWI ARREST: 1

- ASSIST OTHER AGENCY: 3
 - Traffic stop
 - Assault Investigation
 - Tree blocking road

- DISORDERLY: 1
 - Male refusing to leave residence

- 911 MISDIAL/HANGUP: 1

- THEFT: 5
 - Sign stolen
 - Medications stolen
 - Shoes stolen
 - License plates stolen
 - Diapers stolen

- SUSPICION: 4
 - Late night vehicle in parks x 2
 - Male possibly violating court order
 - Lights on at fairgrounds

- LITTERING: 1
 - Refuse in yard

- DRUGS: 1
 - Male overdosed on Heroin

- CIVIL: 5
 - Child custody
 - Construction project dispute
 - Property exchange x 2
 - Dispute over parking spots at apartments

- JUVENILE: 4
 - Truancy
 - Theft
 - Kids harassing each other
 - Disorderly

- ANIMAL COMPLAINT: 3
 - Stray dogs x 2
 - Snake at Municipal Building

- CHECK WELFARE: 1
 - Male with depression and substance abuse issues

- DOMESTIC: 1
 - Male subject arrested for assaulting wife

- TRAFFIC COMPLAINTS: 5
 - School bus violation x 2
 - Vehicle doing 'burnouts'
 - Child not in car seat
 - Parked camper issue

Administrator-Clerk-Treasurer
June 21, 2019

Fairgrounds – A **HUGE THANK YOU** to everyone that helped get the fairgrounds ready for the fair. Some donated time and/or materials and others just worked really hard to get the jobs done on time. Hopefully, I do not miss anyone:

- Carey Davis – Painting expertise for the Pavilion, Band Shell, Planter and the Entrance Pillars. He was also involved in getting the bell finalized.
- Ashely Anderson – Anderson Bridge – Donated the materials, design and sand blasting of the bell stand and the bell which is now located at the Fairgrounds entrance.
- Mike Morgan - Morgan's Auto Body – Donated materials and time to paint the bell and the bell stand.
- Timber Technologies – Donated a pole to replace deteriorated light pole by the footbridge.
- Plank Construction – Completed the Pavilion roof and the Beer Garden fence.
- Jim Herrick – Repaired the entrance pillar and some did some painting.

The Village would also like to thank the Legion and the Fair Board for all the hard work that goes into planning this event.

Tom Prince Memorial Park

Thank you Sally Johnson for the donation of the flagpole at the Tom Prince Memorial Park. The Flagpole has been installed by the Vietnam Veterans sign.

Public Works

Thank you to the Public Works for not only checking in with contractors and coordinating schedules, but also the work that was necessary to complete each project on top of the water leaks and breaks, multiple street projects, the ceiling at the shop and the regular day-to-day tasks.

Zoning Board of Appeals – June 13th, 2019

On June 13th, 2019 at 6:00 p.m., the Zoning Board of Appeals met at Village Hall, 613 Main Street, Colfax, WI. Members Present: Mike Kiekhafer, Chair, Mark Mosey, Gene Gibson, Rich Bautch and Jason Johnson. Other present: Jane Beckwith, Bill Bird, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Public Appearances – Beckwith explained that she was taking down the shed that was getting old and needed repairs and replacing it with a shed that will be a little bit larger. The variance request will allow the shed to be placed in the same location as the current shed and stay north of the gas line. The shed will not be a permanent shed. Niggemann reported that the neighbor at 212 Main Street, Mrs. Richards, did stop in to express that they did not have any concerns as long as the shed remained on her property.

Open Public Hearing – Variance Request 210 Main Street

Chair Kiekhafer opened the public hearing at 6:03 p.m.

The variance request is only to encroach on the property boundary an additional 9 inches. The new shed will look nicer and possibly increase the property value. No residents came to speak against the variance.

Close Public Hearing

A motion was made by Gibson and seconded by Johnson to close the public hearing at 6:10 p.m. Voting for: Mosey, Johnson, Gibson, Bautch and Kiekhafer. Voting Against: none. Motion carried.

Discussion of public comments and consideration of rezoning approval or denial.

A motion was made by Gibson and seconded by Mosey to approve the variance request. Voting For: Mosey, Gibson, Johnson, Bautch and Kiekhafer. Voting Against: none. Motion carried.

Adjourn – A motion was made by Mosey and seconded by Bautch to adjourn the meeting at 6:12 p.m. Voting for: Mosey, Kiekhafer, Johnson, Gibson and Bautch. Voting Against: none. Meeting adjourned.

Mike Kiekhafer, Chair

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer