

Resolution 2021-14
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 2020 Compliance Maintenance Annual Report, which is attached to this resolution.

Adopted this 14th day of June, 2021.

Jody Albricht, President

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/11/2021 **2020**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0698	x	555	x	8.34	=	323
February	0.0697	x	775	x	8.34	=	450
March	0.0647	x	569	x	8.34	=	307
April	0.0614	x	325	x	8.34	=	166
May	0.0605	x	369	x	8.34	=	186
June	0.0621	x	265	x	8.34	=	137
July	0.0609	x	247	x	8.34	=	125
August	0.0614	x	248	x	8.34	=	127
September	0.0622	x	242	x	8.34	=	125
October	0.0626	x	428	x	8.34	=	223
November	0.0627	x	539	x	8.34	=	282
December	0.0632	x	481	x	8.34	=	254

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

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

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

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	1	1
February	1	0	0	1	1
March	1	0	0	1	1
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	1	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

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3. Flow Meter

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

- Yes

Enter last calibration date (MM/DD/YYYY)

2020-04-28

- No

If No, please explain:

4. Sewer Use Ordinance

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

- Yes

- No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

- Yes

- No

If Yes, please explain:

5. Septage Receiving

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

Septic Tanks Holding Tanks Grease Traps

- Yes

- Yes

- Yes

- No

- No

- No

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

Septic Tanks

- Yes gallons

- No

Holding Tanks

- Yes gallons

- No

Grease Traps

- Yes gallons

- No

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

6. Pretreatment

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

- Yes

- No

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

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

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- Yes
- No

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.

WE received some rinse water from a local business.

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

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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	31	1	1	1
June	30	27	7	1	0	0
July	30	27	16	1	0	0
August	30	27	8	1	0	0
September	30	27	6	1	0	0
October	30	27	9	1	0	0
November	30	27				
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		1	1
Points		14	6
Total number of points			20

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?

We took one sample for the month instead of the required 2.
Took 2 samples the rest of the year.

2. Flow Meter Calibration

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

Yes Enter last calibration date (MM/DD/YYYY)
2020-04-28

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

20

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<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>4.2 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	20
Score (100 - Total Points Generated)	80
Section Grade	C

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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	7	1	0	0
June	30	27	18	1	0	0
July	30	27	36	1	1	1
August	30	27	14	1	0	0
September	30	27	4	1	0	0
October	30	27	24	1	0	0
November	30	27				
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	1	1	
Points	14	6	
Total Number of Points		20	

20

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?

took 2 samples the rest of the year.

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

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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
2.1631	JANUARY	0
2.0205	FEBRUARY	0
2.005	MARCH	0
1.8415	APRIL	0
1.8759	MAY	1.0516
1.8623	JUNE	.9944
1.8883	JULY	3.0942
1.9023	AUGUST	4.4117
1.8656	SEPTEMBER	.9612
1.9405	OCTOBER	8.1137
1.8824	NOVEMBER	0
1.9589	DECEMBER	0
23.2063	YEARLY TOTAL	18.6268

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

$$\frac{\text{Total effluent, MG} \Rightarrow 18.6268}{\text{Total influent, MG} \Rightarrow 23.2063} = 0.803 \leq \text{effl / infl ratio}$$

Conversion to a percent of volume loss:
 $(1 - \text{effl/infl ratio}) * 100 = 19.7$ % of influent lost and not discharged with effluent

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4. Surface Area

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

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)	23.2063	
Total Annual Effluent (MG)	18.6268	
Estimated Net Loss (MG)	4.5795	
Estimated Leakage Amount (gpd)		12547

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

Storage Increase: Enter amount in MG ->

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
12547	divided by	21	=	597

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?

gpac

NOTE: if 6.1 is answered Yes, the value entered above in gpac 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

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

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

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Biosolids Quality and Management

1. Biosolids Use/Disposal

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

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

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

1.1.1 If you checked Other, please describe:

We have stabilization ponds which have not had any sludge removed since construction

3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

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

Outfall No. 002 - STABILIZATION POND SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75										.081				0	0
Cadmium		39	85										<.053				0	0
Copper		1500	4300										3.21				0	0
Lead		300	840										.649				0	0
Mercury		17	57										.06				0	0
Molybdenum	60		75										.094			0		0
Nickel	336		420										<.142			0		0
Selenium	80		100										.063			0		0
Zinc		2800	7500										4.64				0	0

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

Exceedence Points

- 0 (0 Points)
- 1-2 (10 Points)
- > 2 (15 Points)

3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)

- Yes
- No (10 points)
- N/A - Did not exceed limits or no HQ limit applies (0 points)
- N/A - Did not land apply biosolids until limit was met (0 points)

3.1.3 Number of times any of the metals exceeded the ceiling limits = 0

Exceedence Points

- 0 (0 Points)
- 1 (10 Points)
- > 1 (15 Points)

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

- Yes (20 Points)
- No (0 Points)

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<p>3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	10
<p>6. Biosolids Storage 6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <ul style="list-style-type: none"> ● >= 180 days (0 Points) ○ 150 - 179 days (10 Points) ○ 120 - 149 days (20 Points) ○ 90 - 119 days (30 Points) ○ < 90 days (40 Points) ○ N/A (0 Points) <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
<p>7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px;">none</div>	

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	B

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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"/><input type="checkbox"/>○ No (40 points) <input type="checkbox"/><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>	

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We keep grass at a manageable level, remove any cattails that start growing immediately, and remove rodents and exercise the valves yearly.

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

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Operator Certification and Education

1. Operator-In-Charge

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

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

Name:

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 is required 5 years after permit reissuance and is basic level only.)

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

3. Succession Planning

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

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

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

0

4. Continuing Education Credits

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4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates? OIT and Basic Certification: ● Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. Advanced Certification: ○ Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year.	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="LYNN NIGGEMAN"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="715-962-3311"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="clerktreasurer@villageofcolfaxwi.org"/></p>																	
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain: <input style="width: 700px; height: 20px;" type="text"/></p> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 150px;" type="text" value="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., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0																
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>																	
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 150px;" type="text" value="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: <input style="width: 700px; height: 20px;" type="text"/></p>																	
<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: center;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 150px;" type="text" value="27,283.77"/></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: center;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="164.15"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="27,447.92"/></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: center;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="0.00"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 150px;" type="text" value="27,283.77"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input style="width: 150px;" type="text" value="164.15"/>	3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 150px;" type="text" value="27,447.92"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 150px;" type="text" value="0.00"/>	
3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 150px;" type="text" value="27,283.77"/>														
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input style="width: 150px;" type="text" value="164.15"/>														
3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 150px;" type="text" value="27,447.92"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 150px;" type="text" value="0.00"/>														

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - \$ 0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$ 27,447.92

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? \$ 27,447.92

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

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

Yes
 No

If No, please explain.

4. Future Planning

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

Yes - If Yes, please provide major project information, if not already listed below.

No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	THE VILLAGE IS RESEARCHING THE POSSIBILITY OF SPRAY IRRIGATION ON NEIGHBORING FARM FIELDS VERSUS DISCHARGING INTO THE RED CEDAR RIVER. WE ARE AT THIS TIME WORKING WITH AN ENGINEER ALONG WITH THE DNR AND THE LANDOWNER TO DETERMINE THE FEASIBILITY OF THE PROJECT. WE ARE ALSO CURRENTLY WORKING WITH THE ARMY CORP OF ENGINEERS ON THE STREAM BANK WASHOUT THAT OCCURED WITH HEAVY RAINS IN 2010. WE ARE NOT SURE OF THE TOTAL COST OF THIS PROJECT YET.	80,000.00	2023
2	THE VILLAGE IS CURRENTLY IN THE FINAL PLANNING STAGES OF THE RED CEDAR RIVER STREAM BANK WASHOUT PROJECT ALONG WITH OUR WASTE WATER ENGINEER AND THE ARMY CORPS OF ENGINEERS. SCHEDULED TO BE LET OUT FOR CONSTRUCTION BIDS IN THE NEAR FUTURE.	1600000	2021

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

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COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	3,271	
February	3,507	
March	2,853	
April	2,812	
May	2,468	
June	1,639	
July	1,438	
August	1,391	
September	2,238	
October	2,217	
November	2,407	
December	2,676	
Total	28,917	0
Average	2,410	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:

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Describe and Comment:

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	2.16		10.01		
February	0	2.02		13.05		
March	0	2.01		9.52		
April	14	1.84	8	4.98	3	
May	60	1.88	32	5.77	10	
June	105	1.86	56	4.11	26	
July	52	1.89	28	3.88	13	
August	51	1.90	27	3.94	13	
September	48	1.87	26	3.75	13	
October	32	1.94	16	6.91	5	
November	1	1.88	1	8.46	0	
December	0	1.96		7.87		
Total	363	23.21		82.25		0
Average	45	1.93	24	6.85	12	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

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- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

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?

None

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

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

- Flared Off
- Building Heat
- Process Heat
- Generate Electricity
- Other:

9. Energy Efficiency Study

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

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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

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Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

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

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

If No or N/A, explain:

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

Goals [NR 210.23 (4)(a)]

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

Did you accomplish them?

- Yes
- No

If No, explain:

Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

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

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

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

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

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

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

Operation and Maintenance [NR 210.23 (4) (d)]

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

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

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

Capacity assessment program

Basement back assessment and correction

Regular O&M training

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

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

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

Construction, Inspection, and Testing

Others:

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

Does your emergency response capability include:

Responsible personnel communication procedures

Response order, timing and clean-up

Public notification protocols

Training

Emergency operation protocols and implementation procedures

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

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

Infiltration/Inflow (I/I) Analysis

Sewer System Evaluation Survey (SSES)

Sewer Evaluation and Capacity Management Plan (SECAP)

Lift Station Evaluation Report

Others:

0

2. Operation and Maintenance

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

Cleaning	100	% of system/year
Root removal	100	% of system/year
Flow monitoring	100	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	.5	% of system/year
Manhole inspections	100	% of system/year
Lift station O&M	0	# per L.S./year
Manhole rehabilitation	0	% of manholes rehabbed
Mainline rehabilitation	0	% of sewer lines rehabbed
Private sewer inspections	0	% of system/year
Private sewer I/I removal	0	% of private services

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River or water crossings % of pipe crossings evaluated or maintained
 Please include additional comments about your sanitary sewer collection system below:

3. Performance Indicators

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

<input type="text" value="42.6"/>	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) OVERFLOWS REPORTED **				
Date	Location	Cause	Estimated Volume	
None reported				

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes
- No

If Yes, please describe:

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- Yes
- No

If Yes, please describe:

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5.3 Explain any infiltration/inflow (I/I) changes this year from previous years: Very little change
5.4 What is being done to address infiltration/inflow in your collection system? Manhole cover inspections

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

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Grading Summary

WPDES No: 0023663

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	B	3	3	9
BOD/CBOD	C	2	10	20
TSS	C	2	5	10
Ponds	A	4	7	28
Biosolids	B	3	5	15
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			36	106
GRADE POINT AVERAGE (GPA) = 2.94				

Notes:

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

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Resolution or Owner's Statement

Name of Governing Body or Owner:	COLFAX WASTEWATER TREATMENT
Date of Resolution or Action Taken:	2021-06-14
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 = C	
Effluent Quality: TSS: Grade = C	
Ponds: Grade = A	
Biosolids Quality and Management: Grade = B	
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. = 2.94	

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 5/24/2021 From Account:
Thru: 6/13/2021 Thru Account:

Check Nbr	Check Date	Payee	Amount
MWG	6/01/2021	MORGAN WHITE GROUP	1,035.26
UHC	6/01/2021	UHS PREMIUM BILLING	226.35
XCEL	6/01/2021	XCEL ENERGY	3,901.39
77246	5/28/2021	24-7 TELCOM	24.95
77247	5/28/2021	ADAM'S AUTO REPAIR	562.36
77248	5/28/2021	ARAMARK UNIFORM SERVICE, INC	106.00
77249	5/28/2021	AT&T MOBILITY	337.04
77250	5/28/2021	AYRES ASSOCIATES	2,580.00
77251	5/28/2021	BEAR VALLEY ELECTRIC	1,401.67
77252	5/28/2021	BREMER BANK	15,418.75
77253	5/28/2021	CBS SQUARED, INC	1,555.97
77254	5/28/2021	CENTURY LINK	119.38
77255	5/28/2021	CHARTER COMMUNICATIONS	142.97
77256	5/28/2021	COLFAX COMMUNITY FIRE DEPT	5,650.38
77257	5/28/2021	COLFAX CPR PROJECT	30.00
77258	5/28/2021	COLFAX FAIR BOARD	250.00
77259	5/28/2021	COLFAX YOUTH BALL	1,500.00
77260	5/28/2021	GRAINGER	17.76
77261	5/28/2021	HAWKINS, INC.	1,445.61
77262	5/28/2021	HENRY SCHEIN	483.20
77263	5/28/2021	HUEBSCH	146.14
77264	5/28/2021	IFLS LIBRARY SYSTEM	1,319.31
77265	5/28/2021	JOHN DEERE FINANCIAL	194.05
77266	5/28/2021	JOLENE ALBRICHT	42.56
77267	5/28/2021	JUNIOR LIBRARY GUILD	213.50
77268	5/28/2021	LOGMEIN COMMUNICATIONS, INC	71.84
77269	5/28/2021	LOOKOUT BOOKS	239.53
77270	5/28/2021	MUNICIPAL PROPERTY INSURANCE COMPANY	13,112.00
77271	5/28/2021	ONE SOURCE IMAGING	595.00
77272	5/28/2021	QUILL CORP.	259.16
77273	5/28/2021	RESERVE ACCOUNT	500.00
77274	5/28/2021	SCHILLING SUPPLY	187.92
77275	5/28/2021	SHRED AWAY	50.00

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 5/24/2021 From Account:
Thru: 6/13/2021 Thru Account:

Check Nbr	Check Date	Payee	Amount
77276	5/28/2021	SMART APPLE MEDIA	213.66
77277	5/28/2021	T-MOBILE	205.80
77278	5/28/2021	VILLAGE OF COLFAX	10.00
77279	5/28/2021	WITC-SUPERIOR	135.00
77280	5/28/2021	WOODS RUN FOREST PRODUCTS	20.00
AFLAC	5/28/2021	AFLAC	410.06
EFTPS	5/27/2021	EFTPS-FEDERAL-SS-MEDICARE	5,590.45
EFTPS	6/10/2021	EFTPS-FEDERAL-SS-MEDICARE	6,087.61
WIDOR	5/27/2021	WI DEPARTMENT OF REVENUE	1,012.27
WIDOR	6/10/2021	WI DEPARTMENT OF REVENUE	1,129.41
WIETF	5/28/2021	WI DEPT OF EMPLOYEE TRUST FUNDS	6,089.76
BREMER	5/27/2021	BREMER BANK	195.00
BREMER	6/10/2021	CARDMEMBER SERVICE	490.67
CHARTER	5/31/2021	CHARTER COMMUNICATIONS	615.11
WIDCOMP	5/27/2021	WISCONSIN DEFERRED COMPENSATION	240.00
WIDCOMP	6/10/2021	WISCONSIN DEFERRED COMPENSATION	240.00
PRINCIPAL	6/01/2021	PRINCIPAL LIFE INS. CO.	703.50
Grand Total			77,108.35

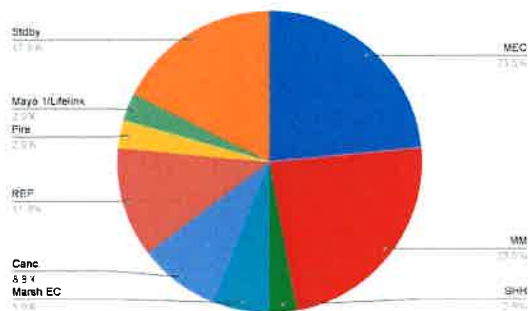
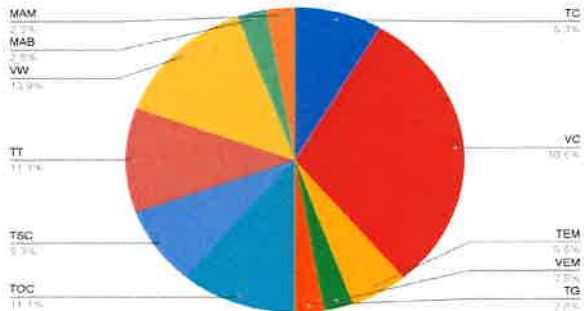


Colfax Rescue
 614C Railroad Ave
 Colfax WI 54730
 715 303 3049

May 2021 Report

Municipalities Responded To:

Township of Colfax	3
Village of Colfax	11
Township of Elk Mound	2
Village of Elk Mound	1
Township of Grant	1
Township of Otter Creek	4
Township of Sand Creek	3
Township of Tainter	4
Village of Wheeler	5
Mutual aid Boyceville Ambulance	1
<u>Mutual aid Menomonie</u>	<u>1</u>
Total	36



Receiving Facilities:

Mayo Clinic Health Systems Eau Claire	8
Mayo Clinic Health Systems Menomonie	8
Mayo Clinic Health Systems Bloomer	0
Mayo Clinic Health Systems Barron	0
Hospital Sisters Health Systems Sacred Heart Eau Claire	1
Hospital Sisters Health System St Joe Chippewa Falls	0
Marshfield Health System Eau Claire	2
Marshfield Health system Rice Lake	0
Life Link !!! (Helicopter)	1
Cancelled	5
Refused	4
Standby	6
<u>Fire</u>	<u>1</u>
Total	36

Fleet:

	Beginning Mileage	month end mileage	Yearly Mileage	Fuel Cost	Maintenance	Hours	Monthly fleet operation cost per mile
M7 (2011 Dodge)	78670	81841	3171	\$882.19	\$0.00	84	\$0.28
M8 (2014 Dodge)	63543	65653	2110	\$691.88	\$359.98	78	\$0.50
Total			5281	\$1,574.07	\$359.98	162	\$0.39

CRS Notes:

- CRS is warm, literally our AC was not functioning correctly. So we called in a repair person who found pinhole leaks in the A coil. As of this writing I am trying to get quotes for the Village Board meeting on 6/14/2021. The initial repair person charged the system with refrigerant (AC was operating with about 70-75% full) this was done as a temporary fix.
- As soon as possible Medic 7 needs an oil change and DOT inspection.
- I have completed the update to the Village Disaster Plan and submitted it to Lynn as required by the plan to be updated by June 1, of each year. The major update to the plan was incorporating a pandemic element into the planning, in case we encounter a situation like the past year again. Our plan has been used as a template for neighboring communities, this is something we should be proud of!
- Our training in May was on the new pain medications we will be carrying in the near future. We are trained, we have the medication, our protocols are written, just waiting for the State EMS office approval to start carrying the medications. The medication can be administered, orally, intramuscular, or IV depending on the patient.
- We were also trained on a new procedure to reduce nausea, again we have the product we have the training waiting on the State EMS approval.
- HSHS treated the EMT's to supper thanking us for our service during EMS week. This was very much appreciated.
- State Road 170 will be under construction this summer, so we will be taking alternate routes such as County Road N to avoid construction zones.
- I am trying to coordinate training with Mayo Helicopter for our June training.
- The CRS building surge suppressor was installed today.
- So far Makayla has had a week's vacation in May, Scott is taking a week's vacation in June, and Tony is taking a week's vacation in July. I am trying to work it so Scott and I alternate weekends off.
- We have hired two EMT Basics; they are brothers Nick and Mathew Bruder. Their home is Elk Mound and they are both students at UW LaCrosse.

WILLIAM J. ANDERSON
CHIEF OF POLICE



COLFAX POLICE DEPARTMENT
P.O. BOX 417, 613 MAIN ST.
COLFAX, WI 54730

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

MAY 2021 POLICE REPORT

Printed on June 10, 2021

CFS Date/Time	Description	Primary Units
05/01/21 00:01	CIVIL COMPLAINTS	218, 507
05/01/21 02:22	INEBRIATE CONTACT	507
05/01/21 06:29	VIOLATE COURT	228
05/01/21 10:36		228
05/01/21 19:50	911 HANG UP CALL -	212
05/01/21 20:03	DISORDERLY	212
05/02/21 00:05	DOMESTIC DISPUTE	212
05/02/21 14:35	MISCELLANEOUS -	507
05/02/21 15:44	PROPERTY	507
05/02/21 18:44	SUSPICION	507
05/03/21 21:06	TRAFFIC STOP	508
05/04/21 08:22	CIVIL COMPLAINTS	217
05/04/21 10:41	EMERGENCY	CXMD7
05/04/21 18:11	TRAFFIC STOP	507
05/04/21 19:31	911 MISDIALS,	507
05/04/21 19:57	TRAFFIC STOP	507
05/04/21 21:40	SUSPICION	507
05/04/21 23:18	PROPERTY	507
05/05/21 10:51	CITY/COUNTY	501
05/05/21 11:30	TRAFFIC RELATED	501
05/05/21 13:45	STRAY/DEAD ANIMAL	501
05/05/21 15:21	911 HANG UP CALL -	
05/06/21 00:54	BUSINESS CHECKS,	508
05/06/21 07:00	TRAFFIC ACCIDENT -	
05/06/21 07:02	EMERGENCY	CXMD8
05/06/21 08:53	EMERGENCY	CXMD8
05/06/21 10:52	EMERGENCY	CXMD7
05/06/21 16:44	STRAY/DEAD ANIMAL	507
05/06/21 18:17	911 HANG UP CALL -	507
05/07/21 12:07	PAPER SERVICE	220
05/07/21 22:51	TRAFFIC STOP	508
05/08/21 09:37	ALARM	230
05/08/21 17:13	TRAFFIC STOP	508
05/08/21 19:09	TRAFFIC STOP	508
05/09/21 08:31	EMERGENCY	CXMD7
05/09/21 09:33		222
05/10/21 11:30	JUVENILE SEXUAL	224
05/10/21 21:07	911 HANG UP CALL -	
05/10/21 21:10	Duplicate Call	
05/11/21 09:58	PAPER SERVICE	220

CFS Date/Time	Description	Primary Units
05/11/21 10:07	PAPER SERVICE	220
05/11/21 11:55	JUVENILE SEXUAL	501
05/11/21 12:05	JUVENILE SEXUAL	501
05/11/21 17:48	CHECK WELFARE ON	508
05/11/21 20:24	CUSTODY DISPUTES	508
05/12/21 10:10	PROPERTY	501
05/12/21 10:14	THEFT	501
05/12/21 17:05	PROPERTY	223, 501
05/12/21 18:56	VIOLATE COURT	207
05/13/21 05:09	SUSPICION	222
05/13/21 08:03	TRAFFIC STOP	222
05/13/21 12:58	EMERGENCY	501, CXMD7
05/13/21 14:46	EMERGENCY	
05/13/21 18:05	EMERGENCY	CXMD8
05/13/21 21:43	FIRE	CF1
05/14/21 11:53	TRESPASSING	501
05/14/21 20:18	TRAFFIC STOP	508
05/15/21 00:03	BUSINESS CHECKS,	508
05/15/21 20:17	TRAFFIC STOP	508
05/16/21 00:54	TRAFFIC STOP	508
05/16/21 16:19	CIVIL COMPLAINTS	508
05/16/21 20:43	TRAFFIC STOP	508
05/17/21 18:29	MOTORIST ASSIST -	507
05/17/21 20:41	TRAFFIC RELATED	
05/17/21 20:56	DISORDERLY	507, 207
05/18/21 12:49	PAPER SERVICE	220
05/18/21 21:03	TRAFFIC STOP	508
05/19/21 08:17	911 MISDIALS,	501
05/19/21 12:53	911 HANG UP CALL -	501
05/19/21 15:45	PHONE/NUISANCE,	508
05/20/21 12:45	911 HANG UP CALL -	501
05/21/21 19:05	PUBLIC RELATIONS	214
05/21/21 21:20	EMERGENCY	CXMD7
05/22/21 00:46	911 HANG UP CALL -	214
05/22/21 02:44	NOISE COMPLAINT -	214
05/22/21 08:05	JUVENILE	215
05/22/21 23:27	TRAFFIC STOP	507
05/23/21 17:06	TRAFFIC STOP	507
05/23/21 17:55	TRESPASSING	507
05/23/21 18:55	DEATH- NATURAL	ME1
05/23/21 20:34	911 HANG UP CALL -	
05/23/21 23:11	CHECK WELFARE ON	507
05/24/21 12:55	911 HANG UP CALL -	501
05/24/21 12:56	911 HANG UP CALL -	212
05/24/21 16:43	911 HANG UP CALL -	508
05/25/21 11:03	PARKING ORDINANCE	501

CFS Date/Time	Description	Primary Units
05/25/21 22:02	DISORDERLY	508, 219
05/25/21 22:26	TRAFFIC STOP	219
05/25/21 23:10	TRAFFIC STOP	508
05/26/21 00:30	TRAFFIC STOP	207
05/26/21 06:18	MISCELLANEOUS -	
05/26/21 16:59	PAPER SERVICE	207
05/26/21 18:16	DOMESTIC DISPUTE	207
05/26/21 19:01	DOMESTIC DISPUTE	207
05/27/21 10:19	FRAUD/ FORGERY/	222, 507
05/27/21 12:32	PROPERTY	507
05/27/21 14:18	ESCORT	507
05/27/21 17:22	ESCORT	507
05/28/21 21:51	911 MISDIALS,	508
05/29/21 00:44	BUSINESS CHECKS,	508
05/29/21 02:29	TRAFFIC STOP	508
05/29/21 19:12	ACCIDENTS -	CXMD7, 508
05/30/21 18:14	911 HANG UP CALL -	508
05/30/21 22:19	BUSINESS CHECKS,	508
05/31/21 10:55	EMERGENCY	CXMD7
05/31/21 15:29	TRAFFIC STOP	507
05/31/21 20:05	911 HANG UP CALL -	

Total Records: 108

Village of Colfax
Lynn Niggemann, Scott Gunnufson

DIRECTORS

David Benforado
Village President
Village of Shorewood Hills

David De Angelis
Village Manager
Village of Elm Grove

Rebecca Glewen
Mayor
City of Beaver Dam

Joseph Laux
Administrator
City of Eagle River

Kathleen Morse
Clerk/Treasurer
City of Rice Lake

Mark Rohloff
City Manager
City of Oshkosh

Jerry Deschane
Executive Director
League of Wisconsin
Municipalities

OFFICER

Matt Becker
Chief Executive Officer
League of Wisconsin
Municipalities Mutual
Insurance

2020 Dividend

Hello All,

I'm excited to share that the Board of Directors has declared a \$2,750,000 dividend for our 464 policyholders in 2020. Since 2006 LWMMI has paid back dividends in excess of \$27,000,000 to our members!

Half of the dividend is based on member pro rata premiums earned from January 1, 2016 through December 31, 2020. The remaining half is based on member experience for the same period of time.

Your 2020 Dividend payment is \$5404.00. Including this 2020 Dividend, over the past 15 years, LWMMI has returned \$43772.00 to you.

The League of Wisconsin Municipalities Mutual Insurance is able to pay dividends because claims experience was better than expected by the actuaries and investment returns were positive. Even after paying \$2,750,000 to members, our policyholder surplus remains in excess of \$48,000,000 allowing us to provide great financial protection for your insurance program and it is in great financial shape.

The ability to share a dividend again comes at a great time as many of us continue to work and live in communities that have been deeply affected by the coronavirus outbreak. The safety of our employees and citizens is the highest priority and we hope that these funds will make that goal a little easier to achieve.

Thank you for your participation and, as always, please contact me if you have any questions.

Sincerely,



David De Angelis
President
May 2021

CC: Brian Christ, Spectrum Insurance Group, LLC

LWMMI

League of Wisconsin Municipalities Mutual Insurance

131 West Wilson Street
Suite 502
Madison, Wisconsin 53703

p 608.833.9595
f 608.833.8088

matt@lwmmi.org
www.lwmmi.org



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

Activity Report

Village of Colfax

May

Date	Customer	Service	Pass/Fail	Project
<input type="checkbox"/> 5/11/2021	Homes By Croix Creek	Rough Construction	Passed	
<input type="checkbox"/> 5/18/2021	Swartz	Permit Issued		Attached Deck
<input type="checkbox"/> 5/20/2021	Homes By Croix Creek	Rough Plumbing	Passed	
<input type="checkbox"/> 5/28/2021	Sonnenberg	Permit Issued		Accessory Building

Weber Inspections

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

Building Permit

Village of Colfax

Date 5/18/21

Issued to: Ron Swartz

Address: 207 Main St. , Colfax Wis.

Project: 6' x 8' detached deck on front of house.

Permits Issued:

Inspections Needed:

Yes

No

	Cost
Construction	\$90.00
HVAC	
Electrical	
Plumbing	
Erosion Control	
Total	\$ 90.00

Paid

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

Weber Inspections

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

Building Permit

Village of Colfax

Date 5/28/21

Issued to: Aaron Sonnenberg

Address: 809 Cty Rd. M , Colfax Wis. 54730

Project: Replace existing garage.

Permits Issued:

Inspections Needed:

Yes

No

	Cost
Construction	\$90.00
HVAC	
Electrical	\$25.00
Plumbing	
Erosion Control	
Total	\$ 115.00

Paid Ck # 1059

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

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. <div style="font-size: 1.5em; text-align: center;">2021-08</div> Parcel No. <div style="font-size: 1.2em; text-align: center;">17111 2291116 2400046</div>
--	--	--

PERMIT REQUESTED	<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control Other: <u>Fence</u>		
Owner's Name <u>HOMER MADISON</u>	Mailing Address <u>507 E 3rd Ave, Colfax, WI</u>	Tel. <u>715-505-3939</u>	
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg <u>Not determined yet.</u>	Lic/Cert#	Mailing Address	Tel. FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX#

PROJECT LOCATION	Lot area <u>34</u> Sq. ft.	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W	
Building Address <u>507 E 3rd Ave</u>	Subdivision Name <u>Clark's Replot of Parks Add.</u>	Lot No. <u>Lot 34, 35, 36, 37, 38</u>	Block No. <u>3</u>
Zoning District(s) <u>R-1</u>	Zoning Permit No.	Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.	

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input checked="" type="checkbox"/> Other: <u>Fence</u>	<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Nat Gas</td> <td style="text-align: center;">LP</td> <td style="text-align: center;">Oil</td> <td style="text-align: center;">Elec</td> <td style="text-align: center;">Solid</td> <td style="text-align: center;">Solar</td> </tr> <tr> <td style="text-align: center;">Space Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Water Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																			
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																					
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WIUDC <input type="checkbox"/> U.S. HUD <input type="checkbox"/> Other:	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:	_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
	5. STORIES	8. USE	11. WATER	14. EST. BUILDING COST																					
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ <u>1,700.00 + Labor</u>																					

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

APPLICANT'S SIGNATURE *Homer Madison* **DATE SIGNED** 5/10/21

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

Municipality Number of Dwelling Location
1 7 1 1 1

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <u>10.00</u>	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	Name <u>Lynn Niggemann</u> Date <u>5/10/21</u> Tel. _____ Cert No. <u>2021-08</u>

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. <div style="font-size: 1.5em; text-align: center;">2021-09</div> Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Ashley Zertz</i>	Mailing Address <i>Box 508 Colfax, WI 54730</i>	Tel. <i>715-308-1790</i>
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address

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

Building Address *706 Pine St.* Subdivision Name _____ Lot No. _____ Block No. _____

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

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																			
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																					
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____	_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
		8. USE	11. WATER	14. EST. BUILDING COST																					
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ <i>2100.00</i>																					

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

APPLICANT'S SIGNATURE *Ashley Zertz* **DATE SIGNED** *5-12-21*

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

Municipality Number of Dwelling Location

1 7 1 1 1

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>10.00</i>	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	Name <u>George Entzminger</u> Date <i>5-12-21</i> Tel. <u>715-962-4402</u> Cert No. _____

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. 2021-10 Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Brace Buckley</i>	Mailing Address <i>207 King Olat Court</i>	Tel. <i>715-308-2119</i>
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address

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

Building Address *207 King Olat Court* Subdivision Name _____ Lot No. _____ Block No. _____

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

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<input type="checkbox"/> New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Nat Gas</td> <td style="text-align: center;">LP</td> <td style="text-align: center;">Oil</td> <td style="text-align: center;">Elec</td> <td style="text-align: center;">Solid</td> <td style="text-align: center;">Solar</td> </tr> <tr> <td style="text-align: center;">Space Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Water Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																			
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																					
Unfn. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____																						
	5. STORIES	8. USE	11. WATER	14. EST. BUILDING COST																					
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ <i>22,000</i>																					

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

APPLICANT'S SIGNATURE *Brace Buckley* **DATE SIGNED** *5-25-21*

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

Remodel

Municipality Number of Dwelling Location
1 7 1 1 1

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>22,000</i>	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	Name <i>George Entzminger</i> Date <i>5-25-21</i> / Tel. <i>715-962-4402</i> Cert No. _____

Administrator-Clerk-Treasurer
June 10th, 2021

Riverview/High Street project – Expected to start on 6/14/2021 and the removal of underground services is expected to begin on 6/21/2021.

Solar Bee – Maintenance team is expected on Monday, June 14th, 2021.

2021 Coronavirus Local Fiscal Recovery Funds Request – The American Rescue Act Funds – The Wisconsin Department of Revenue has released an application process to request the funds or decline. I have filed the form on behalf of the Village.

TID 5 creation- I have been working with Ehlers, Ayres and Cedar Corp in regards to providing the necessary parties the proper information to continue in a forward direction.

The original timeline was very aggressive and I am having some difficulties in getting all the information gathered to allow each deadline to be met. Some of the hurdles involve costs that were not provided at the start of the creation process. Since some of the broad estimates have been significant, I feel that there needs to be Board approval to move forward. Tomorrow, June 11th, 2021, I am having a phone conference regarding how to move forward and establish each party and their charge. Then the agencies will be able to provide more accurate cost estimates.

Natural Lawn Application – There has been a request for a Natural Lawn from Northwest LLC. I have enclosed the application request for review. The information has been sent out to twenty-three property owners that are within 300 feet of the boarder of the parcel in which the request is for.

Jody Albricht, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

NATURAL LAWN MANAGEMENT PLAN PERMIT REQUEST

June 4, 2021

The Village of Colfax has received a request for a natural lawn management plan permit from Northwest, LLC for the part of the properties associated with the Colfax Manor apartments at 806, 808, 900 and 902 University Avenue.

The Village of Colfax ordinance requires the property owner to submit a request for natural lawn permit. The application, plan and map of the specific location are enclosed for review. The application process requires notification to properties located within 300 feet of the boundaries of the properties for which the application is made. The application permit will be granted unless fifty-one percent (51%) or more of the neighboring property owners provide the Village Clerk with a written objection. **The written objection must be received on or before June 22, 2021.**

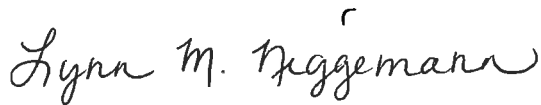
Ordinance 8-1-5 is the ordinance for “Regulation of Natural Lawns.”

Please provide written objections by:

- Email with the subject Natural Lawn Permit to Lynn Niggemann, clerktreasurer@villageofcolfaxwi.org
- Mail to Village of Colfax, PO Box 417, Colfax, WI 54730 (must be received by 6/22/2021)
- In person at Village of Colfax, 613 Main Street, Colfax, WI 54730

Please call Lynn Niggemann if you have any questions regarding the application, 715-962-3311.

Sincerely,



Lynn M. Niggemann
Administrator-Clerk-Treasurer

Enclosures

420 Heller Road
Menomonie, WI 54751
cplproperties.com



Phone: 715-235-4718
Tantara@cplproperties.com

Natural Lawn Application

May 18, 2021

Village of Colfax
P.O. Box 417
613 Main Street
Colfax, WI 54730-0417

Attn: Ms. Lynn Niggemann, Administrator-Clerk-Treasurer
Subject: **Natural Lawn Application and Natural Lawn Management Plan**
Parcel: 1711122911161200025

Dear Ms. Niggemann,

Please find this document as Northwest LLC's application for approval of a Natural Lawn and provision of the required Natural Lawn Management Plan. As the owner of parcel 1711122911161200025 within the Village of Colfax, Northwest LLC would like to manage a Natural Lawn covering the western portion of this parcel, as further described in Exhibit 1.

We have read through and understand the Village of Colfax's requirements as outlined in the Title 8 sections which govern Natural Lawn Management, specifically sections 8-1-4 through 8-1-6.

Attached as Exhibit 2, please find attached our Natural Lawn Management Plan outlining our plans to comply with the requirements outlined.

Thank you greatly in advance for your assistance and consideration of our application. If you have any questions, please feel free to reach out to me via email at Nick@CPLProperties.com.

Thanks,

Northwest LLC

A handwritten signature in blue ink, appearing to read "Nick Drury", is written over a faint, larger version of the signature.

Nick Drury
Member – Northwest LLC

Exhibit 2: Natural Lawn Management Plan

This plan outlines the property owner's plan to comply with guidelines regulating Natural Lawns. This plan addresses all required criteria as outlined in Title 8, sections 8-1-4 through 8-1-6.

Please find below as list of requirements as established, followed by planned actions to be taken by property owner to satisfy those requirements:

1) Destruction of Noxious Weeds

Planned Action: Title 8, Section 8-1-4 provides a list of noxious weeds defined by the Village. Prior to the development of the Natural Lawn area shown in Green on Exhibit 1, the Natural Lawn area will be treated with a sprayed herbicide that will eliminate the listed noxious weeds. Additional applications of herbicide will be completed as needed to keep noxious weeds from developing in the area.

2) Portions of lawn not approved as Natural Lawn shall be kept to 8" or less in height

Planned Action: As shown in Exhibit 1, the majority of the parcel will continue to be mowed or is exempt from the 8" requirement, per Title 8, Section 8-1-6(b), as it is located in a floodplain. The green highlighted areas will be maintained to 8" or less in height until the natural lawn application is approved.

3) Description of vegetation types, succession, and maintenance techniques to be employed

Description of vegetation types: The proposed natural lawn will be comprised of plants and grasses from a variety of families. Grasses will consist of tall and fine fescue grasses, turf type fescue grasses, Kentucky bluegrass and perennial rye grass. Tree types will consist of pine, balsam fir, crab apple, apple, soft maple, and birch. Plants and shrubs will consist of stretch berry, sumac, red elderberry, blackberry, and daylilies.

Succession planting: A natural plant succession plan will consist of allowing the existing plants and grasses to go to seed throughout the growing year, so that those same plants and grasses return the following spring. There will not be any manual succession planting or introduction of new plants beyond natural plant succession. This will help connect the property to the landscape while increasing natural habitat.

Maintenance techniques to be employed:

- a) Scheduled inspections will take place to check for the presence of any noxious weeds present at the property. If any noxious weeds are present, as defined in Title 8, Section 8-1-4, maintenance will be scheduled to eradicate the weed.
- b) Sprayed herbicide treatments: No less than once annually, herbicide treatments will be applied broadly over the natural lawn area. These herbicides will treat and remove any noxious weeds. Additional applications of herbicide will be applied as needed to keep noxious weeds from growing.
- c) Mowing: Should it be determined that herbicide treatments are not sufficient for some or all of the natural lawn area, those areas will be mowed to maintain vegetation to 8" or less in height.

4) Mowing of a minimum 10' wide strip abutting adjacent property owners

Planned Action: Referencing Exhibit 1, areas shown highlighted yellow are 10' wide strips at the edges of the parcel that adjacent to other property owners where the natural lawn is in place. These yellow highlighted areas will be maintained to a maximum of 8" in height while the natural lawn is in place.

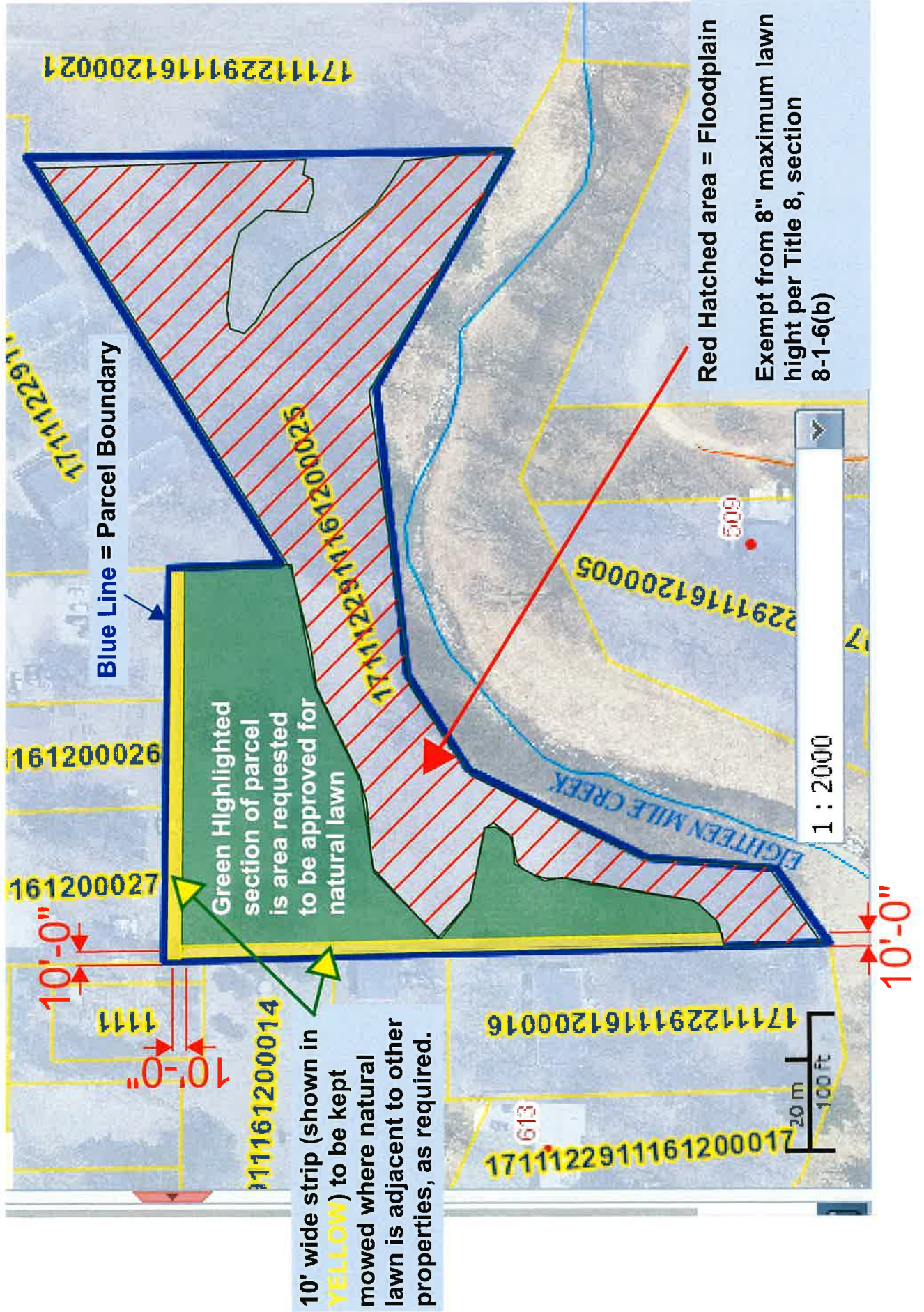
5) If deemed necessary by order of the Fire Chief, area to be mowed within 3 days of notice if presenting safety hazard.

Planned Action: Should written notice be received by the Fire Chief declaring the natural lawn area of the parcel a fire hazard, natural lawn area will be mowed. Natural lawn will not be removed by burning.

6) Abatement of Weed Nuisance – requirement to cut upon 5 days notice by Weed Commissioner

Planned Action: Should written notice be received by the Weed Commissioner that noxious weeds listed in 8-1-4 are present in the natural lawn area, the area will be mowed within 5 days of this notice.

Exhibit 1: Area of Request for Natural Lawn Approval



Property Owners within 300' of Parcel 1711122911161200025

	Property Address	Mailing Address
1 Robert Tweed	815 University Ave	N7903 780th Street
2 Tylar Spielman & Carrie Siverling	913 Univeristy Ave	
3 Cindy Castillo	909 University Ave	PO Box 484
4 Craig & Michael Johnson	903 University AVE	
5 Trinity & Leslie Moen	809 University Ave	
6 Wesley & Catherine Grambo	904 University Ave	
7 village of Colfax	Park area by bridge	
8 Scott Gunnufson	804 Univeristy Ave	
9 Ellice & Eric Glaser	802 University Ave	PO Box 66
10 Trust Agree of David & Joyce Bates	718 University Ave	
11 Mark & Debra Mosey	716 University Ave	
12 Brian & Colleen Manning	714 University Ave	
13 Brian & Trisha Tuschl	608 Iverson Rd	
14 Mark & Deborah Toycen	609 Iverson Rd	
15 Wanda Knutson	611 Iverson Rd	
16 David & Ethel Frogner	613 Iversity Rd	
17 Boyd Family Revocable Trust	615 Iverson Rd	
18 Eric Wenzel	803 Railroad Ave	
19 Anne Jenson	805 Railroad Ave	
20 Brian & Maria Popple	507 Fairview Dr.	
21 Jeffrey & Nanette Wallace	807 Railroad Ave	
22 Michael & Kara Buchner	509 Fairview Dr.	
23 Kathleen Larson & Steven, Paul and Randy Cc	604 Iverson Rd.	1202 Golfview Dr NW
24 Gary & Ramona Thorson	710 University Ave	
25 Sally Jahr	712 Univeristy Ave	

Lynn Niggemann

From: Nick Drury <nicholasc.drury@gmail.com>
Sent: Friday, June 11, 2021 9:04 AM
To: Lynn Niggemann
Subject: Re: Northwest LLC - Application for Natural Lawn

Hi Lynn,

Thanks for the question. Our purpose behind requesting a natural lawn is to turn a vacant lot adjacent to the 18 Mile Creek into a beneficial contribution to the watershed. In our research for how best to use the vacant land as a resource to benefit the area, we discovered the benefits of a natural lawn to include:

- improving of the creek and downstream red cedar river health by reducing runoff
- additional filtering of runoff prior to reaching the creek
- helping to slow the speed of runoff to prevent erosion of the land adjacent to the creek
- providing an environment within the floodplain where non-invasive plants can thrive and have a chance to out complete invasive plants
- reduction of fossil fuel consumption required to maintain the land resulting in reduced emissions (lower carbon footprint)

Ultimately, we see an opportunity to take a currently unused plot of land and turn it into something beneficial to the environment.

Thanks,

Nick

On Thu, Jun 10, 2021 at 1:13 PM Lynn Niggemann <clerktreasurer@villageofcolfaxwi.org> wrote:

Nick~

There has been an inquiry asking what the intent and purpose is to have a natural lawn put in place at the location of request. As I reviewed the letter and request, I do not see a requested purpose listed. Please send me a response so I can reply to the party questioning what the purpose is.