



## Adjournment

*Notice is further given that members of other governmental bodies may be present at the above scheduled meeting to gather information about a subject over which they have decision-making responsibility.*

### **NOTICE TO PERSONS WITH A DISABILITY**

*Requests from persons with a disability who need assistance to participate in this meeting should call the City Clerk's office at (608) 789-7510 or send an email to [ADAcityclerk@cityoflacrosse.org](mailto:ADAcityclerk@cityoflacrosse.org), with as much advance notice as possible.*

### **Board of Public Works members:**

**Mitch Reynolds, Rebecca Schwarz, Chris Kahlow, Andrea Trane, Matt Gallager.**



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 22-0707

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**Agenda Date:** 6/2/2022

**Version:** 1

**Status:** New Business

**In Control:** Finance & Personnel Committee

**File Type:** Resolution

**Agenda Number:** 1

Resolution approving 2021 Compliance Maintenance Annual Report (CMAR) for the Isle La Plume Wastewater Treatment Facility.

RESOLUTION

WHEREAS the Wisconsin Department of Natural Resources requires that municipal wastewater facilities submit annual reports summarizing performances of their facilities for the prior year.

NOW, THEREFORE BE IT RESOLVED by the Common Council of the City of La Crosse that it hereby approves the 2021 Compliance Maintenance Annual Report for the Isle La Plume wastewater treatment facility.

BE IT FURTHER RESOLVED that the appropriate City officials are authorized to submit the same to the Wisconsin Department of Natural Resources to comply with the requirements of the State.

# Compliance Maintenance Annual Report

La Crosse City

Last Updated: Reporting For:  
5/11/2022 **2021**

## 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	9.0727	x	336	x	8.34	=	25,412
February	9.8088	x	307	x	8.34	=	25,082
March	9.8583	x	303	x	8.34	=	24,933
April	9.7843	x	356	x	8.34	=	29,058
May	9.7083	x	323	x	8.34	=	26,118
June	9.9052	x	315	x	8.34	=	26,044
July	9.4763	x	298	x	8.34	=	23,520
August	9.9027	x	242	x	8.34	=	20,002
September	9.3507	x	243	x	8.34	=	18,971
October	8.8059	x	256	x	8.34	=	18,777
November	8.5887	x	280	x	8.34	=	20,078
December	8.8651	x	293	x	8.34	=	21,651

### 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	20	x	90	=	18
		x	100	=	20
Design BOD, lbs/day	29793	x	90	=	26813.7
		x	100	=	29793

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

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

3

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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)

2021-08-24

○ No

If No, please explain:

## 4. Sewer Use Ordinance

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

● Yes

○ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

● Yes

○ No

If Yes, please explain:

City Brewery had a high COD which resulted in stepped enforcement forfeiture. S & S Cycle failed to report and received an NOV.

## 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 1,747,090 gallons

○ No

Holding Tanks

● Yes 1,838,435 gallons

○ No

Grease Traps

● Yes 1,101,067 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.

We sampled trucked waste at random on a quarterly basis to maintain baselines for those waste streams. We also require sampling for any new waste stream to be hauled in. The current grease receiving area is not the best and can cause some periodic operational issues; however, this will be resolved in the upcoming facility upgrade process.

## 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

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

<b>Total Points Generated</b>	3
<b>Score (100 - Total Points Generated)</b>	97
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

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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	25	22.5	6	1	0	0
February	25	22.5	5	1	0	0
March	25	22.5	5	1	0	0
April	25	22.5	5	1	0	0
May	25	22.5	4	1	0	0
June	25	22.5	5	1	0	0
July	25	22.5	4	1	0	0
August	25	22.5	4	1	0	0
September	25	22.5	4	1	0	0
October	25	22.5	5	1	0	0
November	25	22.5	6	1	0	0
December	25	22.5	5	1	0	0

\* Equals limit if limit is <= 10

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

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)

2021-08-24

- No

If No, please explain:

### 3. Treatment Problems

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

None

### 4. Other Monitoring and Limits

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

- Yes

- No

0



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<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>

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

# Compliance Maintenance Annual Report

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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	7	1	0	0
February	30	27	6	1	0	0
March	30	27	6	1	0	0
April	30	27	6	1	0	0
May	30	27	5	1	0	0
June	30	27	4	1	0	0
July	30	27	3	1	0	0
August	30	27	5	1	0	0
September	30	27	4	1	0	0
October	30	27	9	1	0	0
November	30	27	10	1	0	0
December	30	27	7	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
<b>Points per each exceedance with 12 months of discharge:</b>					<b>7</b>	<b>3</b>
Exceedances					0	0
Points					0	0
<b>Total Number of Points</b>						<b>0</b>

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?

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

# Compliance Maintenance Annual Report

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## Effluent Quality and Plant Performance (Ammonia - NH3)

### 1. Effluent Ammonia Results

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

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January									
February									
March									
April									
May									
June									
July	108		.032	0					
August	108		1.905	0					
September	108		.039	0					
October	108		.53	0					
November	108		.093	0					
December	108		.392	0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
<b>Total Number of Points</b>									<b>0</b>

0

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

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

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

# Compliance Maintenance Annual Report

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## Effluent Quality and Plant Performance (Phosphorus)

### 1. Effluent Phosphorus Results

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

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.335	1	0
February	1	0.451	1	0
March	1	0.462	1	0
April	1	0.392	1	0
May	1	0.412	1	0
June	1	0.448	1	0
July	1	0.303	1	0
August	1	0.860	1	0
September	1	0.388	1	0
October	1	0.708	1	0
November	1	0.772	1	0
December	1	0.364	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

0

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

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

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

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

# Compliance Maintenance Annual Report

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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:

### 2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

6208.40 acres

2.1.2 How many acres did you use?

889.6 acres

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

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

Yes (30 points)

No

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

Yes

No (10 points)

N/A

### 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. 003 - CLASS B LIQUID 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		2.41		2.81		2		3.7		4.29	4.43			0	0
Cadmium		39	85		1.75		1.1		3.41		3.16		2.93	2			0	0
Copper		1500	4300		481		444		513		733		716	785			0	0
Lead		300	840		14.9		8.4		13.9		16.6		20.1	17			0	0
Mercury		17	57		<.086		<.086		.262		.382		<.086	<.081			0	0
Molybdenum	60		75		12.9		9.61		14.6		32.3		28.7	1.88		0		0
Nickel	336		420		22.6		21.2		23.6		22.3		23.3	23.7		0		0
Selenium	80		100		4.15		3.27		<.268		1.95		2.9	6.43		0		0
Zinc		2800	7500		862		827		.816		794		893	923			0	0

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## Outfall No. 010 - CLASS B LIQUID 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							0		0		0			0	0
Cadmium		39	85							0		0		0			0	0
Copper		1500	4300							0		0		0			0	0
Lead		300	840							0		0		0			0	0
Mercury		17	57							0		0		0			0	0
Molybdenum	60		75							0		0		0		0		0
Nickel	336		420							0		0		0		0		0
Selenium	80		100							0		0		0		0		0
Zinc		2800	7500							0		0		0			0	0

## Outfall No. 002 - CLASS B CAKE 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	0		0		0		0		0		0			0	0
Cadmium		39	85	0		0		0		0		0		0			0	0
Copper		1500	4300	0		0		0		0		0		0			0	0
Lead		300	840	0		0		0		0		0		0			0	0
Mercury		17	57	0		0		0		0		0		0			0	0
Molybdenum	60		75	0		0		0		0		0		0		0		0
Nickel	336		420	0		0		0		0		0		0		0		0
Selenium	80		100	0		0		0		0		0		0		0		0
Zinc		2800	7500	0		0		0		0		0		0			0	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)

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?

## 4. Pathogen Control (per outfall):

4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.

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Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	01/01/2021 - 02/28/2021
Density:	38,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	03/01/2021 - 04/30/2021
Density:	61,100
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	05/01/2021 - 06/30/2021
Density:	22,400
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	07/01/2021 - 08/31/2021
Density:	19,500
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	No
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

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Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	09/01/2021 - 10/31/2021
Density:	10,928
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

Outfall Number:	<b>003</b>
Biosolids Class:	B
Bacteria Type and Limit:	Fecal Coliform
Sample Dates:	11/01/2021 - 12/31/2021
Density:	171,000
Sample Concentration Amount:	CFU/G TS
Requirement Met:	Yes
Land Applied:	Yes
Process:	Anaerobic Digestion
Process Description:	Sludge is mixed and heated to 95 degrees in the anaerobic digestion process

0

4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.

4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?

Yes (40 Points)

No

If yes, what action was taken?

5. Vector Attraction Reduction (per outfall):

5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.

Outfall Number:	<b>003</b>
Method Date:	02/15/2021
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	38.60



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Outfall Number:	<b>003</b>
Method Date:	04/19/2021
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	49

Outfall Number:	<b>003</b>
Method Date:	06/17/2021
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	50.40

Outfall Number:	<b>003</b>
Method Date:	08/16/2021
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	No
Limit (if applicable):	>= 38
Results (if applicable):	49.60

Outfall Number:	<b>003</b>
Method Date:	10/19/2021
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	46.40

Outfall Number:	<b>003</b>
Method Date:	11/10/2021
Option Used To Satisfy Requirement:	Volatile Solids Reduction
Requirement Met:	Yes
Land Applied:	Yes
Limit (if applicable):	>= 38
Results (if applicable):	52.80

5.2 Was the limit exceeded or the process criteria not met at the time of land application?

Yes (40 Points)

No

If yes, what action was taken?

6. Biosolids Storage

0

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<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> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> <math>\geq</math> 180 days (0 Points)</li> <li><input type="radio"/> 150 - 179 days (10 Points)</li> <li><input type="radio"/> 120 - 149 days (20 Points)</li> <li><input type="radio"/> 90 - 119 days (30 Points)</li> <li><input type="radio"/> <math>&lt;</math> 90 days (40 Points)</li> <li><input type="radio"/> N/A (0 Points)</li> </ul> <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</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

# Compliance Maintenance Annual Report

La Crosse City

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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"><li>● Yes</li><li>○ No</li></ul> <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"><li>● Yes</li><li>○ No</li></ul> <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"><li>● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/></li><li>○ No (40 points) <input type="checkbox"/><input type="checkbox"/></li></ul> <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"><li>● Yes</li><li>○ No (10 points)</li></ul> <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"><li>● Yes<ul style="list-style-type: none"><li>○ Paper file system</li><li>○ Computer system</li><li>● Both paper and computer system</li></ul></li><li>○ No (10 points)</li></ul>	<b>0</b>
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li>○ Excellent</li><li>○ Very good</li><li>● Good</li><li>○ Fair</li><li>○ Poor</li></ul> <p>Describe your rating:</p>	

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The La Crosse WWTP is an older facility and we continue to upgrade to ensure reliability. We are in the process of a major upgrade which started in March of 2021 which will touch most of the WWTP over several years. Included will be Biosolids management by installing a biosolids heat dryer and storage silo, low level Phosphorus compliance through the addition of disc filters, and dewatering equipment to gain capacity within our digestion process which will give us the ability to handle more solids. We will also add gas collection and a methane engine for energy production with the goal of being energy neutral.

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

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## 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:

JARED R GREENO

Certification No:

31667

0

### 2. Certification Requirements

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

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

0

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

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

### 3. Succession Planning

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

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

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

0

### 4. Continuing Education Credits

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

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OIT and Basic Certification: ○ Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. Advanced Certification: ● Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year.	
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<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Jared Greeno"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-789-7322"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="greenoja@cityoflacrosse.org"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="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., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0												
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 100px;" type="text" value="2021"/></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%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 150px;" type="text" value="987,789.70"/></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: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="987,789.70"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">+</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="854,164.88"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="987,789.70"/>	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="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 150px;" type="text" value="987,789.70"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 150px;" type="text" value="854,164.88"/>	
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="987,789.70"/>											
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="0.00"/>											
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 150px;" type="text" value="987,789.70"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 150px;" type="text" value="854,164.88"/>											

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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

\$ 1,841,954.58

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?

\$ 1,666,125.58

0

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

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

- Yes
- No

If No, please explain.

## 4. Future Planning

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

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

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Repair/rehab sanitary collection system	1953000	2021
2	Sanitary lift station electrical and control upgrades	733500	2022
3	Repair/rehab sanitary sewer collection system	365000	2023
4	Sanitary lift station rehabilitation	1370000	2022
5	Treatment plant facility upgrades for low level phosphorus removal, biosolids management, methane production/energy capture.	62000000	2021
6	Repair/rehab sanitary sewer collection system	1370000	2022
7	Sanitary lift station rehabilitation	100000	2024

## 5. Financial Management General Comments

### ENERGY EFFICIENCY AND USE

## 6. Collection System

### 6.1 Energy Usage

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

#### **COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:



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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
<b>January</b>	80,287	995
<b>February</b>	7,468,300	1,091
<b>March</b>	68,587	837
<b>April</b>	56,566	351
<b>May</b>	52,663	186
<b>June</b>	58,980	77
<b>July</b>	56,689	38
<b>August</b>	57,736	35
<b>September</b>	58,863	34
<b>October</b>	52,595	43
<b>November</b>	51,802	180
<b>December</b>	68,255	616
<b>Total</b>	<b>8,131,323</b>	<b>4,483</b>
<b>Average</b>	<b>677,610</b>	<b>374</b>

### 6.1.2 Comments:

### 6.2 Energy Related Processes and Equipment

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

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

### 6.2.2 Comments:

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

● No

○ Yes

Year:

By Whom:

Describe and Comment:

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## 6.4 Future Energy Related Equipment

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

Energy efficient equipment is considered when planning projects or replacements.

## 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)
<b>January</b>	456,960	281.25	1,625	787.77	580	11,654
<b>February</b>	400,360	274.65	1,458	702.30	570	6,466
<b>March</b>	448,000	305.61	1,466	772.92	580	10,565
<b>April</b>	446,800	293.53	1,522	871.74	513	5,401
<b>May</b>	455,680	300.96	1,514	809.66	563	3,881
<b>June</b>	453,000	297.16	1,524	781.32	580	1,686
<b>July</b>	500,200	293.77	1,703	729.12	686	567
<b>August</b>	505,240	306.98	1,646	620.06	815	578
<b>September</b>	497,200	280.52	1,772	569.13	874	763
<b>October</b>	481,320	272.98	1,763	582.09	827	2,327
<b>November</b>	457,440	257.66	1,775	602.34	759	3,985
<b>December</b>	492,640	274.82	1,793	671.18	734	3,146
<b>Total</b>	<b>5,594,840</b>	<b>3,439.89</b>		<b>8,499.63</b>		<b>51,019</b>
<b>Average</b>	<b>466,237</b>	<b>286.66</b>	<b>1,630</b>	<b>708.30</b>	<b>673</b>	<b>4,252</b>

7.1.2 Comments:

### 7.2 Energy Related Processes and Equipment

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

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

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## 7.2.2 Comments:

## 7.3 Future Energy Related Equipment

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

Enhanced methane gas production to use as energy replacement. Energy efficiency upgrades to the BNR system.

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

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## Sanitary Sewer Collection Systems

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

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

- Yes
- No

If No, explain:

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

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

If No or N/A, explain:

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

- Goals [NR 210.23 (4)(a)]

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

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

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

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

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

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

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

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

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

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

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

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A description of routine operation and maintenance activities (see question 2 below)  
 Capacity assessment program  
 Basement back assessment and correction  
 Regular O&M training  
 Design and Performance Provisions [NR 210.23 (4) (e)]    
 What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?  
 State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements  
 Construction, Inspection, and Testing  
 Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]    
 Does your emergency response capability include:  
 Responsible personnel communication procedures  
 Response order, timing and clean-up  
 Public notification protocols  
 Training  
 Emergency operation protocols and implementation procedures  
 Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]    
 Special Studies Last Year (check only those that apply):  
 Infiltration/Inflow (I/I) Analysis  
 Sewer System Evaluation Survey (SSES)  
 Sewer Evaluation and Capacity Management Plan (SECAP)  
 Lift Station Evaluation Report  
 Others:

0

## 2. Operation and Maintenance

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

Cleaning	<input type="text" value="36.42"/>	% of system/year
Root removal	<input type="text" value="4.02"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="3.27"/>	% of system/year
Manhole inspections	<input type="text" value="36.42"/>	% of system/year
Lift station O&M	<input type="text" value="108"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1.46"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value=".68"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0"/>	% of private services

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River or water crossings  % of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

### 3. Performance Indicators

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

<input type="text" value="37.75"/>	Total actual amount of precipitation last year in inches
<input type="text" value="33.5"/>	Annual average precipitation (for your location)
<input type="text" value="202.10"/>	Miles of sanitary sewer
<input type="text" value="26"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="3"/>	Number of sewer pipe failures
<input type="text" value="3"/>	Number of basement backup occurrences
<input type="text" value="79"/>	Number of complaints
<input type="text" value="9.53"/>	Average daily flow in MGD (if available)
<input type="text" value="16.07"/>	Peak monthly flow in MGD (if available)
<input type="text" value="27.58"/>	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="0.01"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.01"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.01"/>	Basement backups (number/sewer mile)
<input type="text" value="0.39"/>	Complaints (number/sewer mile)
<input type="text" value="1.7"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="2.9"/>	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
0	4/6/2021 7:00:00 PM - 4/6/2021 9:00:00 PM	4422 Mormon Coulee RD. La Crosse, Wi 54601 South bound lane of Mormon Coulee RD	Broken Sewer, Broken Sewer	12,500
1	5/8/2021 12:00:00 AM - 5/8/2021 2:00:00 AM	4422 Mormon Coulee RD. La Crosse, Wi 54601 South bound lane of Mormon Coulee RD	Broken Sewer, Broken Sewer	8,500
2	1/2/2021 12:25:00 PM - 1/2/2021 3:30:00 PM	The North bank of La Crosse River directly North of Riverside Park International Gardens. See Attached map.	Broken Sewer, Broken Sewer	42,000

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

What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurrences in the future?

In the Mormon Coulee area we hired a company to inspect the pipeline to determine weak areas. Upon completion we hired a second company to install a special pressure rated liner to take care of areas of future concern.

### 5. Infiltration / Inflow (I/I)

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

Yes

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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:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

5.4 What is being done to address infiltration/inflow in your collection system?

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



# Compliance Maintenance Annual Report

La Crosse City

Last Updated: Reporting For:  
5/11/2022 **2021**

## Grading Summary

WPDES No: 0029581

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
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
<b>TOTALS</b>			<b>37</b>	<b>148</b>
<b>GRADE POINT AVERAGE (GPA) = 4.00</b>				

### Notes:

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

# Compliance Maintenance Annual Report

La Crosse City

Last Updated: Reporting For:  
5/11/2022 2021

## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

City of La Crosse

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

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

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

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

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

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

**G.P.A. = 4.00**



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 22-0590

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**Agenda Date:** 6/2/2022

**Version:** 1

**Status:** New Business

**In Control:** Finance & Personnel Committee

**File Type:** Resolution

**Agenda Number:** 2

Resolution declaring certain properties located at 2710, 2702, 2706 Onalaska Avenue (Parcels #17-10259-31,17-10259-32, 17-10259-40) as surplus property.

RESOLUTION

WHEREAS, the City of La Crosse owns Parcel #17-10259-31, 17-10259-32, 17-10259-40, located at 2710, 2702, 2706 Onalaska Avenue; and

WHEREAS, there has been expressed interest in acquiring the property.

NOW, THEREFORE, BE IT FURTHER RESOLVED by the Common Council of the City of La Crosse that the aforementioned parcels are declared surplus and will be offered for sale.

2702 Onalaska Avenue, vacant lot  
Split 2710 Onalaska Avenue, vacant lot  
Split 2710 Onalaska Avenue, w/ improvements

BE IT FURTHER RESOLVED that the Director of Parks, Recreation, Forestry, Buildings & Grounds, Planning Department, Development & Assessment, Board of Public Works, Director of Finance and City Attorney's Office are hereby authorized to take any and all steps to effectuate this resolution.

**Agenda Item 22-0590 (Lewis)**

Resolution declaring certain properties located at 2710, 2706, 2702 Onalaska Avenue (Parcels #17-10259-31, 17-10259-32, 17-10259-40) as surplus property.

**General Location**

Council District 1, Logan-Northside Neighborhood. These Parcels are 3 blocks east of George St and a block north of Salem Rd, as depicted in Map 22-0590. Adjacent properties are single-family residences.

**Background Information**

The Common Council resolved to purchase 2702 and 2710 Onalaska Ave in December per resolution 21-1685. The City split 2710 Onalaska Ave. into two lots in April 2022—2702 Onalaska Ave and 2710 Onalaska Ave. The intention is to sell the lots for single-family homes, and buyers have expressed an interest in acquiring the properties. The parcels are zoned R-1 Single-Family and would not require design review. The sale could result in additional houses and an increase in property value. All three parcels are located in the Floodfringe District and would have to meet the standards of development in Sec. 115-281(3).

**Recommendation of Other Boards and Commissions**

None

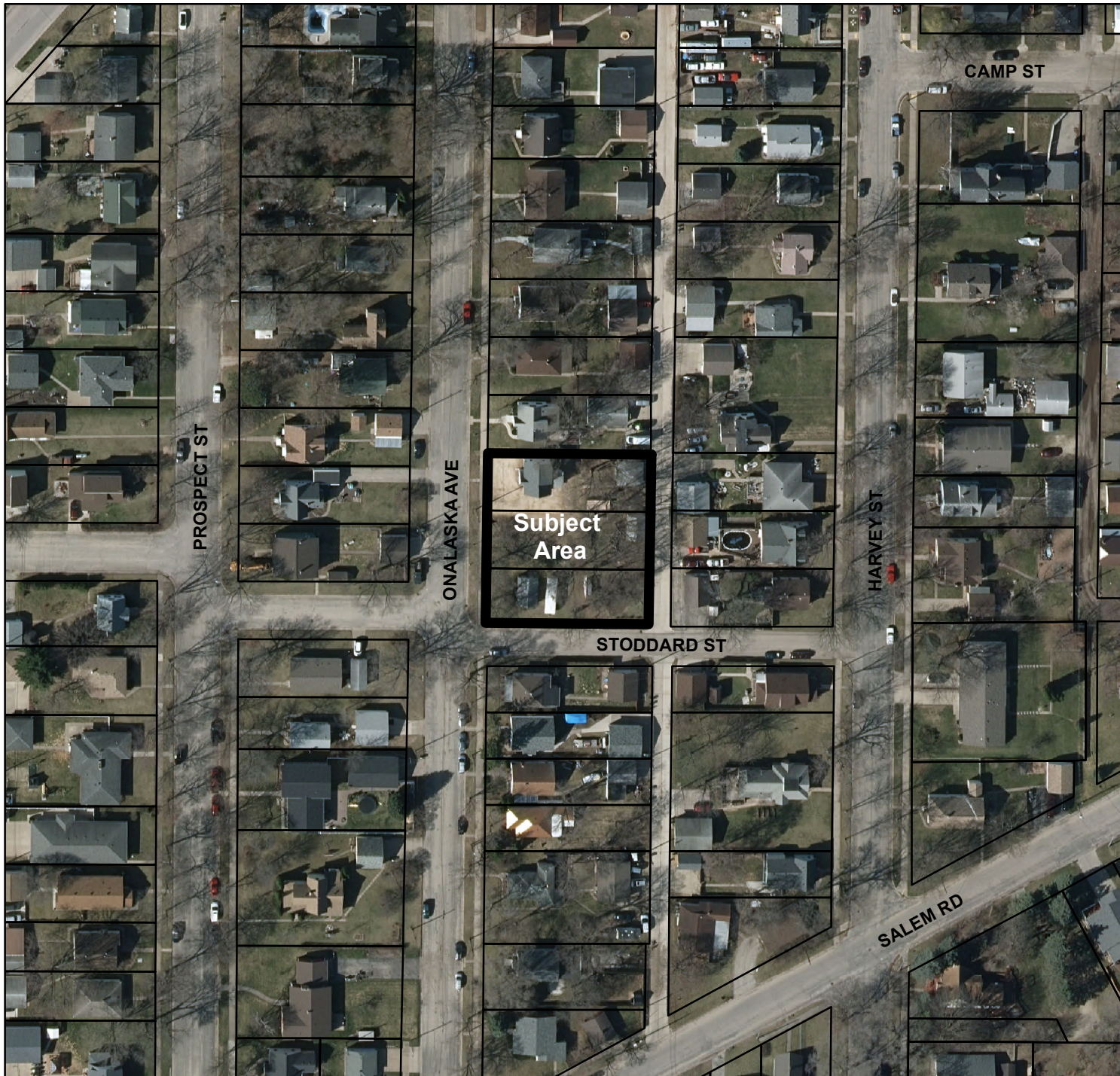
**Consistency with Adopted Comprehensive Plan**

The Future Land Use Map indicates these parcels should be Single-Family Housing. It could help meet Land Use Objective for targeted redevelopment.



















**Staff Recommendation**

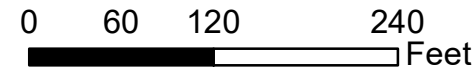
**Approval** – Selling the land could add more housing and increased property value.

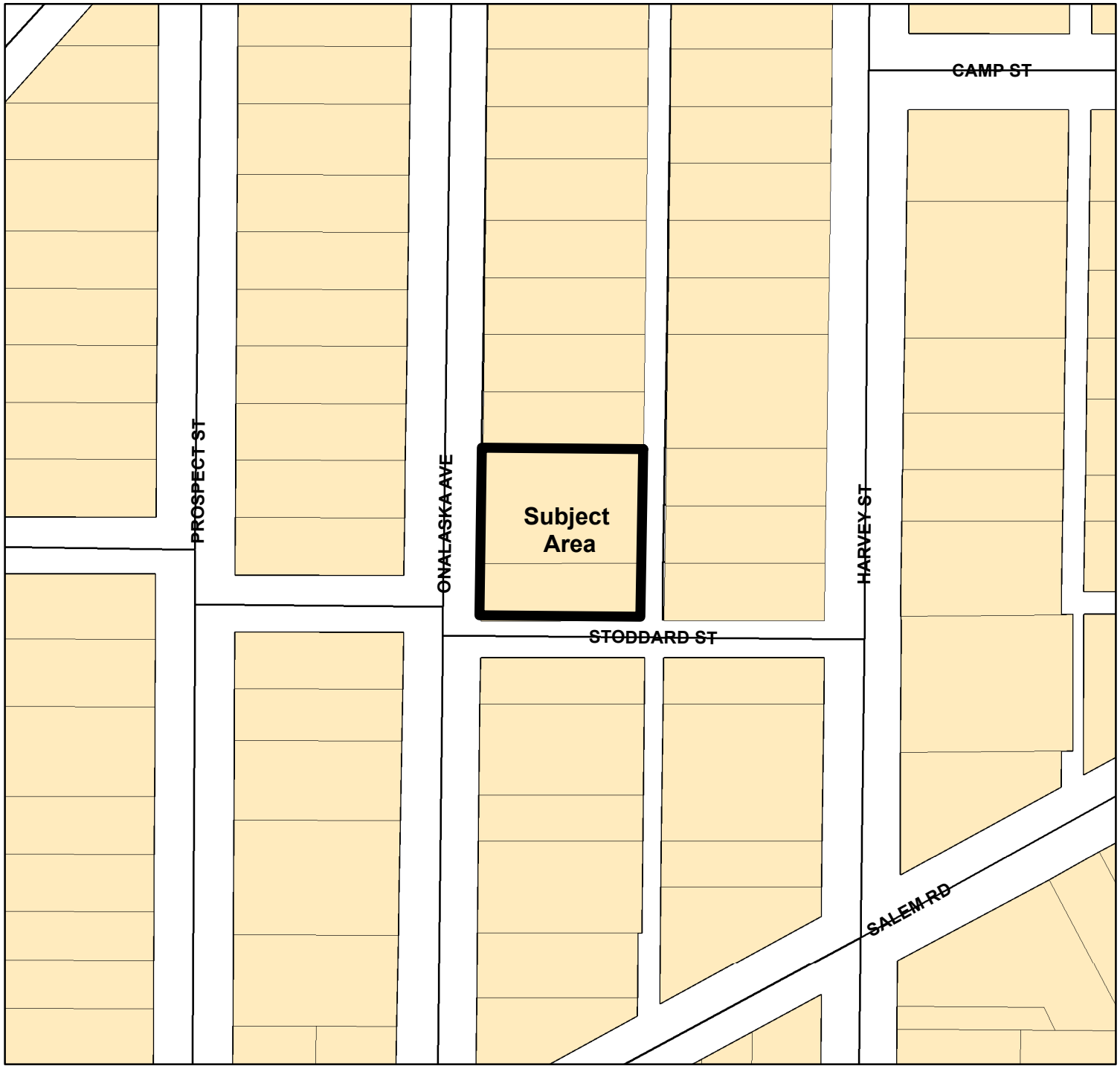
**Routing** F&P 6.26.2022



# BASIC ZONING DISTRICTS

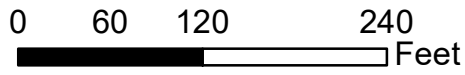
-  R1 - SINGLE FAMILY
-  R2 - RESIDENCE
-  WR - WASHBURN RES
-  R3 - SPECIAL RESIDENCE
-  R4 - LOW DENSITY MULTI
-  R5 - MULTIPLE DWELLING
-  R6 - SPECIAL MULTIPLE
-  PD- PLANNED DEVELOP
-  TND - TRAD NEIGH DEV.
-  C1 - LOCAL BUSINESS
-  C2 - COMMERCIAL
-  C3 - COMMUNITY BUSINESS
-  M1 - LIGHT INDUSTRIAL
-  M2 - HEAVY INDUSTRIAL
-  PS - PUBLIC & SEMI-PUBLIC
-  PL - PARKING LOT
-  UT - PUBLIC UTILITY
-  CON - CONSERVANCY
-  FW - FLOODWAY
-  A1 - AGRICULTURAL
-  EA - EXCLUSIVE AG
-  City Limits
-  SUBJECT PROPERTY





# BASIC ZONING DISTRICTS

-  R1 - SINGLE FAMILY
-  R2 - RESIDENCE
-  WR - WASHBURN RES
-  R3 - SPECIAL RESIDENCE
-  R4 - LOW DENSITY MULTI
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-  SUBJECT PROPERTY





# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 22-0747

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**Agenda Date:** 5/31/2022

**Version:** 1

**Status:** Agenda Ready

**In Control:** Board of Public Works

**File Type:** General Item

**Agenda Number:** 3



## CODE CASE ACTIVITY REPORT OTC-BLDG-019072-2022 FOR CITY OF LA CROSSE, WISCONSIN

**Case Type:** Bldg - Outside Storage      **Assigned To:** David Foster      **Opened Date:** 03/29/2022  
**Address:** 449 23Rd St N      **Status:** Closed      **Closed Date:** 04/11/2022  
 La Crosse, WI 54601

Activity Date	Created By	Activity Type	Activity Name	Comments
03/29/2022	David Foster	Mail		MAILED OTC TO PROPERTY OWNER
04/04/2022	David Foster	Mail		MAILED OTC WAS RETURNED TO SENDER TEMPORARILY AWAY, WILL SEND FOR CONTACT INFO FROM THE UTILITIES DEPT
04/05/2022	David Foster	Person		UNABLE TO MAKE CONTACT WITH THE PROPERTY OWNER, HUNG A DOOR HANGE
04/06/2022	David Foster	Email		PROPERTY SENT FOR CLEANUP
	David Foster	Phone		ATTEMPTED TO CONTACT THE PROPERTY OWNER ON THE NUMBER PROVIDED BY TH UTILITIES DEPT. NO ANSWER AND UNABLE TO LEAVE A MESSAGE
	David Foster	Email		SENT FOR CLEANUP
04/11/2022	David Foster	Phone		JOHN PERSON TAKING CARE OF THE PROPERTY CALLED AND LEFT A MAEESAG STATING THE PROPERTY OWNER IS OUT C TOWN UNTIL MAY, AND ASKED FOR A RETURN CALL. I RETURNED THE CALL BUT HAD TO LEAVE A MESSAGE.
05/05/2022	David Foster	Phone		PROPERTY OWNER CALLED AND HAD A LC OF QUESTIONS ABOUT THE BILL SHE RECEIVED. I WENT OVER IN DETAIL EVERYTHING, I ALSO EMAILED HER THE OT AND PICTURES AS SHE GAVE IT TO ME OVER THE PHONE, SHE WAS GIVEN INFO C HOW TO APPEAL THE BILL. SHE ALSO GAVE ME ANOTHER PHONE NUMBER TO REACH HER AT.. THE SYSTEM HAS BEEN UPDATED WITH ALL OF THIS INFO.

**Premier Lawn & Snow, LLC.**

P.O. Box 531

Holmen, WI 54636

**Invoice 3448**

<b>BILL TO</b> City of La Crosse Community Risk Management David Reinhart 400 La Crosse Street La Crosse, WI 54601	<b>SHIP TO</b> Mary Tronick 449 23rd St N La Crosse, WI 54601	<b>DATE</b> 04/12/2022	<b>PLEASE PAY</b> <b>\$260.00</b>	<b>DUE DATE</b> 04/27/2022
--	--	---------------------------	--------------------------------------	-------------------------------

DATE	DESCRIPTION	QTY	RATE	AMOUNT
04/07/2022	First half hour with truck and two Laborers for cleanup. (Trip Charge)	1	180.00	180.00
04/07/2022	Weight of items removed. (0-400lbs) Items Removed from property: 2 Pallets Misc. Trash	1	80.00	80.00

Please include invoice number with your enclosed payment.

SUBTOTAL	260.00
TAX	0.00
TOTAL	260.00

Make checks payable to Premier Lawn & Snow, LLC.

Total Due in 15 days. Overdue accounts subject to a service charge.

<b>TOTAL DUE</b>	<b>\$260.00</b>
------------------	-----------------

THANK YOU.

DATE: May 19, 2022  
TO: David Reinhart  
FROM: Mary Tronick  
SUBJECT: Appeal of Inspection Clean Up

I would like to appeal the bill I received from the City of LaCrosse for Clean Up of Property and Misc Admin Revenue, Invoice Number 183305 dated 04/19/2022, OTC # 019072-2022, in the amount of \$335.00.

The specific grounds for the appeal is that I have been out of town during the entire length of process involving this case. I left LaCrosse on October 20, 2021 and returned on May 4, 2022. Had I been aware of this situation I would have corrected it immediately. Facts of the case and specific grounds of appeal are below.

Facts of the Case:

1. Your inspector, David Foster, found 2 nuisance palletes in my backyard and snapped a picture of it on March 28, 2022.
2. A letter was mailed to my home in LaCrosse on March 29, 2022 to notify me of the nuisance and to instruct me to remove it by April 6, 2022.
3. As I was not in LaCrosse, the Post Office forwards all mail to me at my winter location. However, for some reason your letter was returned to you in LaCrosse and not forwarded on by the Post Office. This is most curious as my experience has been that my mail is reliably forwarded to me.
4. When the inspector received the returned letter he called my telephone land line in LaCrosse. Surprise! Since I was not in LaCrosse there was no answer when the phone rang.
5. On April 6, 2022 your inspector snapped another picture of the nuisance in my backyard. He also left a yellow hand tag on my front door with a message to contact him about an open order to correct on my property.
6. On April 8, John who checks on my property weekly, stopped by and found the yellow hand tag. He immediately called your inspector to find out what was going on. April 8 is a Friday and guess what, no response from your inspector. John left a voice mail message with the inspector.
7. The inspector called John on Monday, April 11 to inform him of what the problem was. John immediately called me the morning of Monday, April 11. I told him I had no knowledge of palletes in my backyard and that they were not there when I left on October 20, 2021.
8. John immediately left his home on Monday, April 11 with his truck and drive 2 miles to my home and remove the nuisance. When he arrived at my home, early morning on Monday, April 11 the nuisance was not there.... The city had beat him to it!

Grounds for Appeal:

- 1) I was out of town for over 6 months and had no knowledge of said nuisance and your actions to notify me to remove it. However, the nanosecond that I became aware of the situation (on Monday morning, April 11) I *immediately* took steps to rectify the situation. However, the city had already removed the nuisance and I was unable to rectify the situation despite my efforts.
  - a. I feel that the City of LaCrosse provided me with insufficient time to remove the nuisance. You only provided me with at best 9 to 10 working days from the time of 1<sup>st</sup> notice (March 29 a letter was mailed...) to the time my agent talked to your staff and immediately went to remove the nuisance (April 11). This seems unreasonable, especially since the nuisance was not posing a danger to anyone and there was no need for extraordinary speed to remove this.
  - b. I feel the City of LaCrosse did not make a reasonable effort to notify me of this situation. If your letter had been forwarded on to me this situation would have been dealt with the day I received the letter. Why was the letter not forwarded to me just like the property tax bill is?
  - c. I feel the cost is excessive for removal of 2 measly wooden palletes. What is the basis of this charge? Time to remove nuisance and at what labor rate? Weight of nuisance? Please explain.
  - d. Most importantly, I don't think the City of LaCrosse handled this case within the spirit of the ordinance that you used to penalize me. Reasonable people can assume that the ordinance is meant to handle cases where 1) A nuisance actually poses a danger to the community or 2) the ordinance allows the city to deal with landowners who are unresponsive and who do not take action to deal with nuisances of all kinds. To this point, the 2 palletes in my yard were not posing a danger to anyone and I was not unresponsive in any way. In fact the minute I found out about the situation, I immediately acted to rectify the situation by sending my agent to remove said nuisance.

Given the above, I request that the bill of \$335.00 for this unfortunately situation be rescinded.

Thank You,

Mary Tronick



**La Crosse Fire Department - Division of Community Risk Management**  
Jeffrey Murphy - Interim Fire Chief

400 La Crosse St., La Crosse, WI  
(608) 789-7530

www.cityoflacrosse.org  
inspection@cityoflacrosse.org



**OFFICIAL ORDER TO CORRECT CONDITIONS OF PREMISES - OUTSIDE STORAGE OF PERSONALTY**

MARY TRONICK  
449 23RD ST N  
LA CROSSE, WI 54601

Ref No: **OTC-BLDG-019072-2022**

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Parcel: **17-20079-140** (449 23RD ST N)

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A recent inspection at your property (noted above) disclosed a nuisance that we are directing you to correct. If the nuisance is not corrected within the time specified below, Municipal Code of the City of La Crosse allows the City to make the correction and any resulting costs will be charged as a tax lien against the property. You may appeal those resulting charges by making a written request for a hearing stating the grounds for the appeal and delivery to this office, 3rd floor City Hall, 400 La Crosse Street, La Crosse, Wisconsin. This appeal must be delivered to this office by 12:00 pm on the Thursday before the Board of Public Works meeting each Monday.

THE CITY ASKS YOU TO REMOVE NUISANCE STATED BELOW BY 04/06/2022.

*NUISANCE: Remove outside storage from property. REMOVE OUTSIDE STORAGE FROM ENTIRE PROPERTY. INCLUDING BUT NOT LIMITED TO, INTERIOR FURNITURE, PALLETS, SCRAP LUMBER, APPLIANCES, TIRES, CARDBOARD, GARBAGE AND ANY OTHER ITEMS THAT ARE NOT BEING USED FOR THEIR INTENDED MANUFACTURED PURPOSE.*

This communication is sent under the authority of City of La Crosse Municipal Code 30-2 Storage of Personality. Further penalties may apply under 1-7 Penalties. By order of the Fire Department - Division of Community Risk Management per Inspector: David.

For further information, call the above named Inspector at (608) 789-7581 or the department's main number (608) 789-7530. Department hours are from 7:30 a.m. to 4:30 p.m. weekdays.

This order was served via US Mail on 03/29/2022.

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Inspector: *David M. [Signature]*

By David on 03/29/2022













# City of La Crosse

400 La Crosse Street  
La Crosse, WI 54601-3396  
<http://www.cityoflacrosse.org>

# INVOICE

Customer Copy

CUSTOMER	INVOICE DATE	INVOICE NUMBER	AMOUNT PAID	DUE DATE	INVOICE TOTAL DUE		
TRONICK, MARY L	04/19/2022	183305	\$0.00	10/31/2022	\$335.00		
DESCRIPTION	QUANTITY	PRICE	UOM	ORIGINAL BILL	ADJUSTED	PAID	AMOUNT DUE
CLEAN UP OF PROPERTY	1.00	\$260.00	EACH	\$260.00	\$0.00	\$0.00	\$260.00
CLEAN UP OF PROPERTY							
889 MISC ADMIN REVENUE	1.00	\$75.00	EACH	\$75.00	\$0.00	\$0.00	\$75.00
889 MISC ADMIN REVENUE							
G/L ACCOUNT SUMMARY							
	Organization		Object		Project		GL Amount
	1002110		454000				\$75.00
	280		115010				\$260.00
<b>Invoice Total:</b>						<b>\$335.00</b>	

INSPECTION CLEAN UP  
449 23RD ST N 17-20079-140  
OTC #019072-2022

PLEASE MAKE CHECKS PAYABLE TO: CITY TREASURER  
MAIL TO:  
CITY OF LA CROSSE TREASURER  
400 LA CROSSE ST  
LA CROSSE, WI 54601

✂ DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT ✂

Promptly Send Payment To:



## City of La Crosse

400 La Crosse Street  
La Crosse, WI 54601-3396  
<http://www.cityoflacrosse.org>

## INVOICE

Remit Portion

Invoice Date	04/19/2022
Invoice Number	183305
Customer Number	13730
Amount Paid	\$0.00
<b>Due Date</b>	<b>10/31/2022</b>
<b>Invoice Total Due</b>	<b>\$335.00</b>

13730  
TRONICK, MARY L  
449 23RD ST N  
LA CROSSE, WI 546013855

Please write your Account Number on your check and  
enclose this portion of the bill with your payment.  
**Make checks payable to: City of La Crosse**





# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 22-0725

---

**Agenda Date:** 5/31/2022

**Version:** 1

**Status:** Agenda Ready

**In Control:** Board of Public Works

**File Type:** General Item

**Agenda Number:** 4



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 22-0735

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**Agenda Date:** 5/31/2022

**Version:** 1

**Status:** Agenda Ready

**In Control:** Board of Public Works

**File Type:** General Item

**Agenda Number:** 5

CHECK REQUEST Week of 5/23/2022

**RELCOATION PAYMENT NO W9 NEEDED**

Project 1641-02-22  
 City of La Crosse, South Avenue  
 USH 14- Green Bay St to Ward Ave  
 La Crosse County, La Crosse, WI

Parcel	Amount	Payable to	Conveyance
98b	\$25,000	<b>T.L. Mach, Inc.</b> 2915 East Avenue South, La Crosse, WI 54601  MAIL CHECK TO: Right of Way Professionals, Inc., 1030 Oak Ridge Drive, STE E, Eau Claire, WI 54701	Re-establishment Payment
<b>Total</b>	<b>\$25,000.00</b>		

Submitted by: Ashley Selissen of Right of Way Professionals, Inc.  
 Date 5/20/2022

# RIGHT OF WAY PROFESSIONALS, INC.

*PROJECT MANAGEMENT, ACQUISITION, RELOCATON & PROPERTY MANAGEMENT*

May 2, 2022

Via: E-mail

Ms. Tracey Johnsrud  
Statewide Relocation Program Coordinator  
Wisconsin Department of Transportation  
141 N.W. Barstow Street  
Waukesha, WI 53188

RE: Project 1641-02-22  
C. of La Crosse, USH 14/South Ave.  
La Crosse County  
Parcel 98b – T.L. Mach, Inc. (Pizza King)

Dear Ms. Johnsrud:

The below relocation claim is being submitted for your review.

Claim Seq #	Parcel	Type	Payable To	Amount
3	98b	Re-Establishment	T.L. Mach, Inc.	\$25,000.00
			<b>TOTAL CLAIM AMOUNT</b>	<b>\$25,000.00</b>


Following is information regarding claim sequence #3:

**Re-Establishment (\$25,000.00):** Terry Mach of T.L. Mach, Inc. (Pizza King) purchased new business signage for the replacement property. The cost of the new signage exceeds the maximum re-establishment reimbursement amount of \$25,000.00; however, a claim for the maximum amount is being submitted.

The signed relocation claim, re-establishment expenses worksheet, invoice for signage, proposal for signage, proof of payment, photos of old signage and photos of the new signage at the replacement property are attached.

Please let me know if you have any questions. I can be reached at 715-830-0544 or Ashley@rowpros.org.

Respectfully,  
Right of Way Professionals, Inc.

  
Ashley Selissen, SR/WA  
As Agent for WisDOT

Enclosures



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 22-0745

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**Agenda Date:** 5/31/2022

**Version:** 1

**Status:** Agenda Ready

**In Control:** Board of Public Works

**File Type:** General Item

**Agenda Number:** 6

**CONTRACT CHANGE ORDER**

No. 1

Date 5-25-22

Contract No. BLDG-2021-64.06 for the following public work: La Crosse Fire Station #2 Project between B&B Electric, Inc. and the City of La Crosse, dated January 6, 2022, is hereby changed in the following particulars, to-wit:

The following specific work is hereby eliminated from such contract:

**None** **\$ 0.00**

The following specific work is hereby added to such contract:

**CE #005 Elevator Breaker, Feeder, and Disconnect Sizing (RFI #BB-04)** **\$ 4,639.00**

By virtue of such changes in the contract, the following revisions shall be made in the contract price:

Contract Price -----	\$ 480,207.00
Contract price decreased by eliminations-----	\$ 0.00
Contract price increased by additions -----	\$ 4,639.00
Net <del>Deductions</del> or Additions (Strike out one)-----	\$ 4,639.00
Revised Contract Price -----	<b>\$ 484,846.00</b>

B&B Electric, Inc.  
**NAME OF CONTRACTOR**

DocuSigned by:  
MICHAEL BERGH  
2CDE55F7C743445  
**CONTRACTOR SIGNATURE**

\_\_\_\_\_  
**BOARD OF PUBLIC WORKS**

I HEREBY CERTIFY that there are sufficient funds in the treasury to meet the liability assumed by the foregoing addenda to contract, or that provision has been made to pay the liability that will accrue thereunder. (WS 62.15-12; 62.09-10-f)

\_\_\_\_\_  
DocuSigned by:  
Dan DeGier  
C5134A8A54494EE...

**Budget Analyst**

**Controller**





630 Amy Drive  
Holmen, WI 54636  
(608)372-4008 or (608)399-3223 Fax (715)832-1677  
[kevink@b-belectricinc.com](mailto:kevink@b-belectricinc.com)  
[www.bandbelectric.com](http://www.bandbelectric.com)  
Equal opportunity employer

**B&B Electric is pleased to provide a quote on the following electrical project:  
La Crosse Fire Station #2  
CE005: RFI BB-04 Elevator Feeder Upsize**

**Price Includes:**

- **Deduct: 100A breaker, conduit, wire, and 100A elevator power module with fuses per the original design**
- **Add: 150A breaker in MDP, conduit, wire, and 200A elevator power module with fuses to accommodate larger elevator requirements.**
- **Revisions to coordination study for larger feeder and overcurrent protection devices**

**Not included:**

- **Sales tax**

<b>Add for larger feed (material)</b> .....	<b><u>\$3,168.00</u></b>
<b>Add for larger feed (labor)</b> .....	<b><u>\$4,864.00</u></b>
<b>Deduct for original design (material)</b> .....	<b><u>(\$1,683.00)</u></b>
<b>Deduct for original design (labor)</b> .....	<b><u>(\$1,710.00)</u></b>
<b>Total</b> .....	<b>Add <u>\$4,639.00</u></b>

**Thank you for allowing B&B Electric to provide you a quotation for this project. If you have any questions or concerns, please contact me at 715-577-4392.**

**Sincerely,**

**Kevin Kuderer  
B&B Electric, Inc.  
May 6, 2022**

**RFI #BB-04**

Banbury Place Building D04 Suite 202 Mailbox 2 800 Wisconsin Street  
 Eau Claire, Wisconsin 54703  
 Phone: (715) 832-4848  
 Fax: (715) 514-1860

**Project:** 601804 - La Crosse Fire Station #2  
 1400 La Crosse Street  
 La Crosse, Wisconsin 54601

## Elevator Breaker, Feeder, and Disconnect Sizing

<b>TO:</b>	Paul Kuchta ( <b>Apex Engineering</b> ) 110A East Grand Avenue Eau Claire, Wisconsin 54701	<b>FROM:</b>	Kevin Kuderer ( <b>B&amp;B Electric Inc.</b> ) 630 Amy Dr. Holmen, Wisconsin 54636
<b>DATE INITIATED:</b>	04/15/ 2022	<b>STATUS:</b>	Closed on 04/18/22
<b>LOCATION:</b>		<b>DUE DATE:</b>	04/20/2022
<b>COST CODE:</b>		<b>REFERENCE:</b>	
<b>COST IMPACT:</b>	Yes (Unknown)	<b>SCHEDULE IMPACT:</b>	
<b>DRAWING NUMBER:</b>	E203	<b>SPEC SECTION:</b>	
<b>RECEIVED FROM:</b>	Kevin Kuderer ( <b>B&amp;B Electric Inc.</b> )		
<b>COPIES TO:</b>	Andrew Kelkenberg ( <b>Wendel (Williamsville Office)</b> ), Melissa Konst ( <b>Wendel (Williamsville Office)</b> )		

### Question from Kevin Kuderer (B&B Electric Inc.) at 01:21 PM on 04/15/2022

Sheets E203 and E204 call for the elevator to be fed from a 100A/3P breaker with 3)#2 copper conductors from Panel MDP. The Bussman elevator power module is rated 100A also. The elevator submittal calls for a 150A breaker and 175A fuses (see attached). Is it permissible to upsize the breaker in MDP to a 150A/3P and increase the size of the power module to 200A to accommodate the 175A fuses as shown by the elevator manufacturer? Can the feeder remain as drawn? Please advise.

#### Attachments:

[Electrical Data Information 11x17.pdf](#)

#### **Official Response:** Paul Kuchta (**Apex Engineering**) responded on Monday, April 18th, 2022 at 7:24AM CDT

The electrical will need to be code compliant for the larger elevator motor size. The breaker, power module, fuses, conduit and conductors will need to be sized for the larger motor to meet the NEC and state requirements.

#### Attachments:

BY

DATE

COPIES TO



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 22-0746

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**Agenda Date:** 5/31/2022

**Version:** 1

**Status:** Agenda Ready

**In Control:** Board of Public Works

**File Type:** General Item

**Agenda Number:** 7

# BOARD OF PUBLIC WORKS - MONTHLY ESTIMATE

**Contractor** Gerke Excavating, Inc.  
 15341 State Highway 131, Tomah, WI 54660  
**Contract** 2021 Misc. Sewer Repairs  
**Date** June-22  
**EDF #** 21-008  
**Job Number** STRM-21-25

**FINAL**  
**Estimate Number** #6 June  
**Resolution Number** 21-0333  
**Contingency Amount** \$53,791.49  
**Contract Amount** \$537,915.51

Section Title	Line Item	Item Code	Item Description	Unit of Measure	Quantity	Unit Price	Total
<b>20th Street/Street-Removals</b>							
	1	10	Remove Concrete Curb & Gutter	LF	86.0	\$4.34	\$373.24
	2	11	Remove Concrete Flatwork (Any Thickness)	SF	362.0	\$0.89	\$322.18
<b>20th Street/Street-Installations</b>							
	3	135	Erosion Control Installation & Maintenance	LS	100%	\$177.90	\$177.90
<b>20th Street-Storm Sewer</b>							
	4	207.2	Replace PVC SDR-35 Storm Sewer (12")	LF	110.0	\$47.51	\$5,226.10
	5	222	Replace 48" I.D. Standard Pre-Cast Concrete Manhole (5-10 FT Deep)	EA	1.0	\$2,809.12	\$2,809.12
	6	225	Replace Catch Basin (Type B)	EA	3.0	\$2,580.69	\$7,742.07
<b>20th Street-Sanitary Sewer</b>							
	7	610	Replace SDR-35 PVC Sanitary Sewer Pipe (12")	LF	410.0	\$94.86	\$38,892.60
	8	622	Replace Standard Pre-Cast Concrete Manhole (10-14FT Deep)	EA	2.0	\$3,790.16	\$7,580.32
	9	623	Drop (Outside)	EA	0.0	\$2,090.92	\$0.00
<b>22th Street/Street-Removals</b>							
	10	10	Remove Concrete Curb & Gutter	LF	80.0	\$3.48	\$278.40
	11	11	Remove Concrete Flatwork (Any Thickness)	SF	290.0	\$1.15	\$333.50
<b>22th Street/Street-Installations</b>							
	12	135	Erosion Control Installation & Maintenance	LS	100%	\$626.20	\$626.20
<b>22th Street-Storm Sewer</b>							
	13	207.2	Replace PVC SDR-35 Storm Sewer (12")	LF	518.0	\$44.82	\$23,216.76
	14	222	Replace 48" I.D. Standard Pre-Cast Concrete Manhole (5-10 FT Deep)	EA	1.0	\$2,687.55	\$2,687.55
	15	225	Replace Catch Basin (Type B)	EA	4.0	\$2,576.77	\$10,307.08
<b>22th Street-Sanitary Sewer</b>							
	16	610	Replace SDR-35 PVC Sanitary Sewer Pipe (12")	LF	790.0	\$106.36	\$84,024.40
	17	622	Deep)	EA	2.0	\$3,033.73	\$6,067.46
	18	607	New SDR-35 PVC Sanitary Sewer Pipe (8")	LF	39.0	\$36.98	\$1,442.22
<b>Page 1 of 5</b>							

# BOARD OF PUBLIC WORKS - MONTHLY ESTIMATE

<b>Contractor</b>	Gerke Excavating, Inc. 15341 State Highway 131, Tomah, WI 54660	<b>Estimate Number</b>	#6 June
<b>Contract</b>	2021 Misc. Sewer Repairs	<b>Resolution Number</b>	21-0333
<b>Date</b>	June-22	<b>Contingency Amount</b>	\$53,791.49
<b>EDF #</b>	21-008	<b>Contract Amount</b>	\$537,915.51
<b>Job Number</b>	STRM-21-25		

**FINAL**

Section Title	Line Item	Item Code	Item Description	Unit of Measure	Quantity	Unit Price	Total
<b>Ferry Str/Street-Removals</b>							
	19	10	Remove Concrete Curb & Gutter	LF	185.0	\$5.88	\$1,087.80
	20	12.01	Remove Concrete Pavement (Standard)	SY	182.0	\$6.12	\$1,113.84
	21	11	Remove Concrete Flatwork (Any Thickness)	SF	628.0	\$0.61	\$383.08
	22	5.01	Sawing (Concrete)	LF	140.0	\$5.42	\$758.80
<b>Ferry Str/Street-Installations</b>							
	23	135	Erosion Control Installation & Maintenance	LS	100%	\$339.56	\$339.56
	24	145	Temporary Traffic Control	LS	100%	\$9,051.00	\$9,051.00
	25	115.1	High-Early Concrete Pavement (9")	SY	182.0	\$92.88	\$16,904.16
	26	125.1	High-Early Curb & Gutter (Standard)	LF	73.0	\$110.67	\$8,078.91
<b>Ferry Street-Storm Sewer</b>							
	27	207.2	Replace PVC SDR-35 Storm Sewer (12")	LF	119.0	\$48.03	\$5,715.57
	28	225	Replace Catch Basin (Type B)	EA	5.0	\$2,555.63	\$12,778.15
<b>Ferry Street-Sanitary Sewer</b>							
	29	610	Replace SDR-35 PVC Sanitary Sewer Pipe (12")	LF	949.0	\$103.01	\$97,756.49
	30	622	Replace Standard Pre-Cast Concrete Manhole (10-14FT Deep)	EA	2.0	\$3,822.00	\$7,644.00
	31	622	Deep)	EA	4.0	\$2,761.97	\$11,047.88
	32	610	Replace SDR-35 PVC Sanitary Sewer Pipe (8")	LF	282.0	\$70.86	\$19,982.52
	33	1000	Abondon MH in place	EA	1.0	\$1,264.21	\$1,264.21
<b>Mississippi &amp; East Ave/Street-Removals</b>							
	34	15.01	Remove Bituminous Concrete Pavement (Standard)	SY	0.0	\$7.38	\$0.00
<b>Mississippi &amp; East Ave/Street-Installations</b>							
	35	135	Erosion Control Installation & Maintenance	LS	100%	\$65.86	\$65.86
	36	145	Temporary Traffic Control	LS	0%	\$2,149.61	\$0.00
	37	1001	6" crushed base (placed and compacted per grade)	SY	182.0	\$6.50	\$1,183.00
<b>Mississippi &amp; East Ave-Sanitary Sewer</b>							
	38	622	Replace Standard Pre-Cast Concrete Manhole (14-18FT Deep)	EA	1.0	\$5,961.71	\$5,961.71
<b>Page 2 of 5</b>							











# BOARD OF PUBLIC WORKS - MONTHLY ESTIMATE

<b>Contractor</b>	T2 Contracting, Inc. 311 Plastic Avenue, Tomah, WI 54660	<b>Estimate Number</b>	#5 June
<b>Contract</b>	Citywide Misc. Curb Ramp & Sidewalk Replacement	<b>Resolution Number</b>	21-0042
<b>Date</b>	June-22	<b>Contingency Amount</b>	\$9,320.72
<b>EDF #</b>	21-011	<b>Contract Amount</b>	\$90,679.28
<b>Job Number</b>	PAVE-21-07	<b>Change Order #1</b>	\$85,499.28

FINAL

Section Title	Line Item	Item Code	Item Description	Unit of Measure	Quantity	Unit Price	Total
<b>Total Completed</b>							\$92,708.05
<b>Less 0% Retainage</b>							\$0.00
<b>Amount due on Contract of total amount of work to date:</b>							\$92,708.05

Audited .....20.....

Total Previous Estimates      \$90,570.57  
 Estimate No. #5 June            \$2,137.48

COMPTROLLER.....

**RESOLUTION**

**RESOLVED:**                      That an order be drawn in favor of ..... T2 Contracting, Inc.....                      for the sum of                      **\$2,137.48**  
 the same being payment of the estimate for the Citywide Misc. Curb Ramp & Sidewalk Replacement

Respectfully Submitted,  
 COUNCIL COMMITTEE

**APPROVED BY BOARD OF PUBLIC WORKS**



# BOARD OF PUBLIC WORKS - MONTHLY ESTIMATE

<b>Contractor</b>	Fowler & Hammer, Inc. 313 Monitor Street, La Crosse, WI 54603	<b>Estimate Number</b>	#4 June
<b>Contract</b>	Crowley Place Median Retrofit	<b>Resolution Number</b>	21-0685
<b>Date</b>	June-22	<b>Contingency Amount</b>	\$1,757.34
<b>EDF #</b>	21-036	<b>Contract Amount</b>	\$11,715.65
<b>Job Number</b>	TRFF-21-32		

**FINAL**

Section Title	Line Item	Item Code	Item Description	Unit of Measure	Quantity	Unit Price	Total
<b>Total Completed</b>							\$11,556.77
<b>Less 0% Retainage</b>							\$0.00
<b>Amount due on Contract of total amount of work to date:</b>							<b>\$11,556.77</b>

Audited .....20.....

Total Previous Estimates      \$10,851.38  
 Estimate No.    #4 June      \$705.39

COMPTROLLER.....

### RESOLUTION

**RESOLVED:**                      That an order be drawn in favor of ..... Fowler & Hammer, Inc.....                      for the sum of                      **\$705.39**  
 the same being payment of the estimate for the Crowley Place Median Retrofit

Respectfully Submitted,  
 COUNCIL COMMITTEE

**APPROVED BY BOARD OF PUBLIC WORKS**







# BOARD OF PUBLIC WORKS - MONTHLY ESTIMATE

**Contractor** Chippewa Concrete Services, Inc.  
 3030 110th Street, Chippewa Falls, WI 54729  
**Contract** Airport Road Reconstruction  
**Date** June-22  
**EDF #** 21-015  
**Job Number** PAVE-21-36

**Estimate Number** #8 June  
**Resolution Number** 21-0558  
**Contingency Amount** \$245,200.00  
**Contract Amount** \$1,693,113.63  
**Change Order #1** \$1,694,961.63

Partial Final

Section Title	Line Item	Item Code	Item Description	Unit of Measure	Quantity	Unit Price	Total
<b>Total Completed</b>							
Less 0% Retainage							
<b>Amount due on Contract of total amount of work to date:</b>							
							\$1,633,860.88
							\$0.00
							\$1,633,860.88

Audited .....20.....  
 Total Previous Estimates \$1,618,860.88  
 Estimate No. #8 June \$15,000.00

COMPROLLER.....

**RESOLUTION**  
 That an order be drawn in favor of ..... Chippewa Concrete Services, Inc..... for the sum of **\$15,000.00**  
 the same being payment of the estimate for the Airport Road Reconstruction

Respectfully Submitted,  
 COUNCIL COMMITTEE

**APPROVED BY BOARD OF PUBLIC WORKS**