



AGENDA FOR PUBLIC WORKS & UTILITIES COMMISSION

A Public Works & Utilities Commission meeting will be held on **Wednesday, May 27, 2026 at 5:30 PM**
in the **Council Chambers at City Hall, 819 Superior Avenue, Tomah, WI.**

Join Zoom Meeting

<https://us06web.zoom.us/j/2708608080?pwd=ZTZ0cmllVEFEb1dzVDNwdi91UHFYQT09>

Meeting ID: 270 860 8080

Passcode: 206751

One tap mobile

+13092053325,,2708608080#,,,,*206751# US

Call to Order - Roll Call

Approve Minutes

[April Minutes](#)

Discussion Items

1. Elect New President
2. Elect New Vice President
3. Airport Update
4. [Discussion and Potential Action: Driveway Permit](#)
5. [Approval: Street Privilege Permit - Tomah Chamber & Visitor Center DTN](#)
6. [Approval: Street Privilege Permit - Americana Music in the Park](#)
7. [Approval: Street Privilege Permit - Tomah Chamber & Visitor Center - 4th of July Parade](#)
8. [Approval: Street Privilege Permit - Tomah Chamber & Visitor Center - Holiday Parade](#)
9. [Approval: Street Privilege Permit - Elbow Room/Kelsey's](#)
10. [Approval: Street Privilege Permit - Ethos Green Power Cooperative](#)
11. [Discussion and Potential Action: Memorial Bench Sidewalk Installment](#)
12. [Approval: Roof Replacement on Well #11 & #12](#)
13. [Approval: Compliance Maintenance Annual Report](#)
14. [Discussion and Potential Action: Adding Additional Trees in City Limits](#)
15. [Discussion and Potential Action: Recommendation to Amend Ordinance Sec. 38-33](#)
16. [Approval Pay Requests](#)
17. Project Updates
18. Payment of Monthly Water & Sewer Bills
19. Departmental Reports
20. Director's Report

Public Works & Utilities Commission – May 27, 2026

21. Next Meeting - June 24, 2026

Adjourn

NOTICE: It is possible that a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Nicole Jacobs, City Clerk, at 819 Superior Avenue, Tomah, WI 54660.

MINUTES FOR PUBLIC WORKS COMMISSION

A Public Works Commission was held on **Wednesday, April 23, 2026 at 5:30 PM** in the Council Chambers at City Hall, 819 Superior Avenue, Tomah, WI.

Meeting was called to order at 5:30 PM by John Glynn

Call to Order - Roll Call

Quorum Present (YES)

John Glynn (P), Dean Peterson (P), Travis Scholze (P), Brian Rice (P), Kerwin Greeno (P), Mayor Paul Dwyer (P), Mitch Koel (P)

Also Present, Director Brandy Leis, Jeff Marten, Chad Richmond, City Administrator Nick Morales, Brian Berquist and Nik Dorava from Town & Country.

Approve Minutes

Motion by Peterson, seconded by Rice to approve March minutes as presented. All ayes. Motion carried.

Discussion Items

1. Airport Update

No Update

2. Request to Appear: Steve Deethardt

Steve would like to see more trees planted in and around the City where trees have been removed. Will pass onto the Ordinance Committee.

3. Discussion & Possible Action: Stop Sign at Intersection of Jackson St. & Butts Ave

Motion by Dwyer and seconded by Scholze to leave intersection as is. All ayes. Motion carried.

4. Discussion & Possible Action: Queen of the Apostles – Boulevard removal/replacement

Motion by Dwyer and seconded by Greeno to allow Queen of the Apostles to concrete the boulevard as requested. All ayes. Motion carried.

5. Approval: Chip Sealing and Fogging Bid

Motion by Koel and seconded by Rice to approve Chip & Fog sealing bid by Scott Construction. All ayes. Motion carried.

6. Approval: Street Privilege Permit

Motion by Peterson and seconded by Greeno to approve the Street Privilege Permit as requested. All ayes. Motion carried.

7. Discussion: Ordinance Sec. 38-33 – Repair; Replacement; Nonresidential Property

Item will be brought back before the Commission at the next month's meeting as a recommendation to amend ordinance.

8. Approval Pay Request: Hollister Ave, Schaller St. & W Elizabeth St.

Motion by Peterson and seconded by Rice to approve the pay request. All ayes. Motion carried.

9. Project Updates

Hollister project has begun; they are finishing up on the sewer and will start on the watermain soon. Surveying has begun for Phase II of Hollister. Forebay project will be finishing soon and should expect a final pay request next month. King Ave is still wet and will be a while before being able to finish.

10. Payment of Monthly Water & Sewer Bills

Motion by Peterson and seconded by Greeno to approve the sewer bills as presented. All ayes. Motion carried.

Motion by Peterson and seconded by Dwyer to approve the water bills as presented. All ayes. Motion carried.

11. Departmental Reports

Sewer – Sewer Treatment Plant averaged 1.2 MGD that was treated. Road bans came off earlier this month which allowed us to start hauling sludge out to the farmers. 25 loads were delivered before the rain came in. We started spring cleaning at the lift stations and fired up the UV system for the season. The High School Environmental Science class brought around 50 student to tour the plant last week.

Water – Pumped an average of 1,000,000 gallons per day. The Scada Teamviewer was updated by LW Allen. Spring Water main flush was completed last week. Well 14 is on track to be back in service on May 4th. No main breaks or leaks.

Public Works – The sweeper is out in full force and catch basin cleaning has begun. Crack sealing areas and prepping for sealcoating. Working with Lynxx to switch the airport phone line from Brightspeed to Lynxx, which will be a cost savings on the airport. Busy with the Dam with all the rain, both motors are working.

12. Director's Report

Working closely with the DNR and staying on track to get Well #14 up and running on May 4th. Testing our cyber security next week on the Utilities.

Next Meeting will be held on Wednesday May 27, 2026 at 5:30 PM

Adjourn

Motion by Peterson and seconded by Dwyer to adjourn the meeting at 6:16PM. All ayes. Motion carried.



STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Discussion and Potential Action: Driveway Permit

Summary and background information: (Appropriate documents attached)

Driveway permit and site plan for 320 Arthur St is attached along with Ordinance Sec. 38-58. Property owners are requesting their driveway width to exceed 24ft in width per Ordinance Sec. 38-58.

Fiscal Note:

Recommendation:

Recommendation based on discussion



Director of Public Works & Utilities
Brandy Leis



Date



Permit #: 7099
Permit Date: 04/21/2026
Permit #:
Applicant: Ty's concrete services
Phone: 6083436232
Permit Type: Driveway permit
Project Description:
Applicant Address:
City, State, Zip:
Construction Value: .00
Square Feet: 0
Use and Occupancy:
Approval:
Permit Expiration: 04/21/2028
UDC seal #:
Notes: hheding74@gmail.com 6083439200
Status: Pending
Floodplain: No
#of Dwelling units: 0

Property

| Parcel # | Address | Legal | Owner Name | Owner Phone | Zoning |
|--------------|-------------------|---|--------------|-------------|--------|
| 286000580000 | 320 ARTHUR STREET | PT OF OL 49 OF ASSESSOR'S PLAT, COMM 112.3ft W OF SW COR OF BLK 3 OF GOODYEAR'S SUBD, TH W65ft, TH N160ft, TH E65ft, TH S160ft TO THE POB | HEIDI HEDING | | |

Fees

| Fee | Description | Notes | Amount |
|--------------|-------------|-------|----------------|
| Driveway | | | \$20.00 |
| Total | | | \$20.00 |

Uploaded Files

| Date | File Name |
|------------|--|
| 04/28/2026 | 31921783-1259_001.pdf |
| 04/21/2026 | 31802847-img_5635_driveway.pdf |

Sec. 38-58. - Construction.

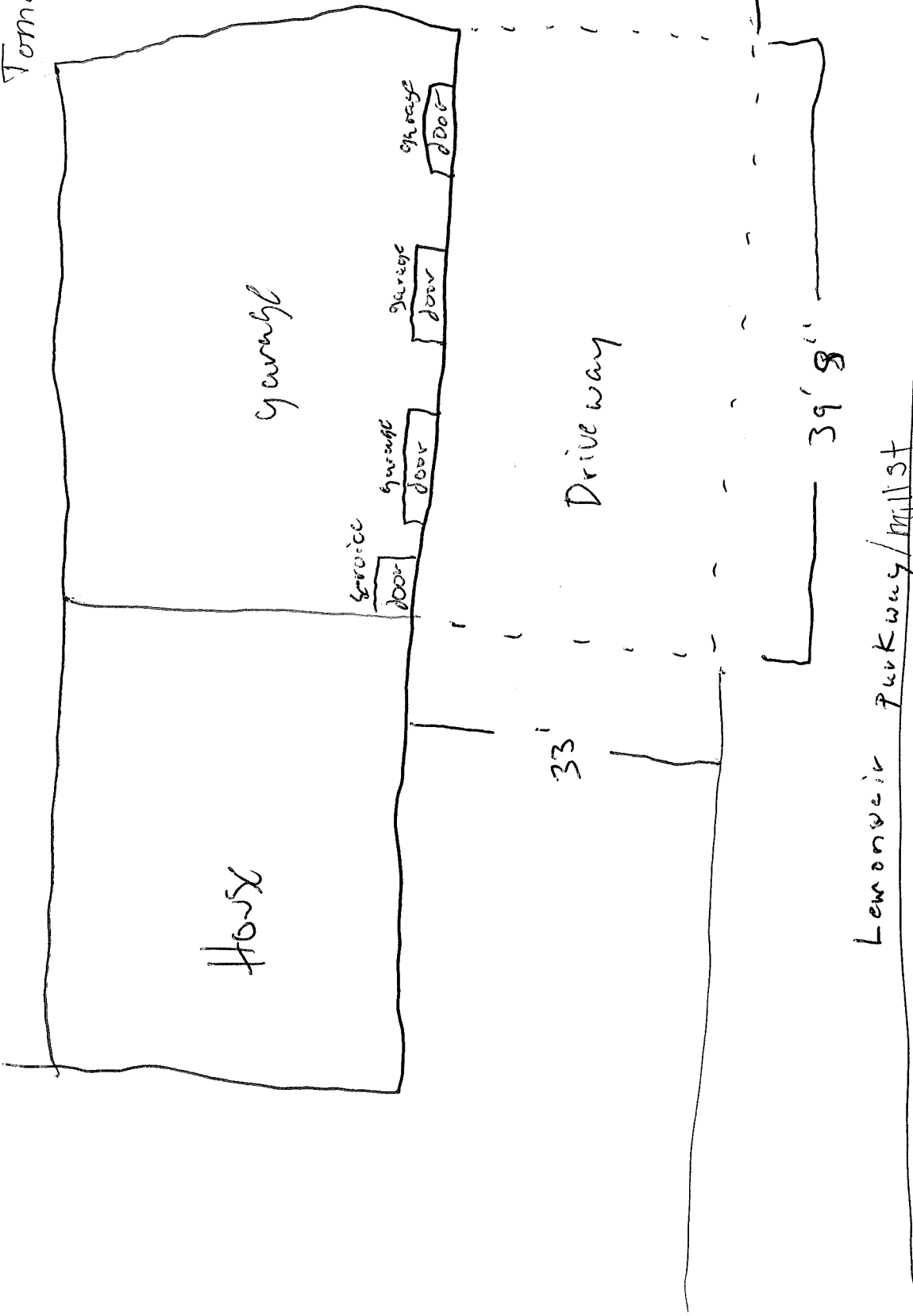
In addition to construction standards and specifications otherwise provided in this Code, the minimum standards set forth in this section shall apply to all driveway construction. In the event of conflicting applicable Code provisions, the most stringent regulation shall apply.

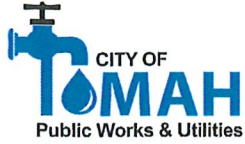
- (1) *Driveway width.* No driveway shall exceed 24 feet in width at the outer or street edge of the sidewalk, unless special permission is obtained from the public works and utilities commission.
- (2) *Obstruction of intersections prohibited.* At intersections no driveway shall provide direct ingress to or egress from the street intersection area nor occupy areas of the roadway deemed necessary by the council for effective traffic control or highway signs or signals.
- (3) *Interference with streets and adjacent areas prohibited.* No driveway apron shall extend into the street further than the face of the curb and under no circumstances shall the driveway apron extend into the gutter area. All driveway entrances and approaches shall be so constructed that they shall not interfere with the drainage of streets, side ditches or roadside areas or any existing structure on the right-of-way.
- (4) *Drainage.* When required by the director of public works and utilities to provide for adequate surface water drainage along the street, the property owner shall provide any necessary culvert pipe at his own expense.
- (5) *Paving.* All driveway entrances and approaches that are constructed across sidewalks shall be paved in accordance with the requirements for sidewalk construction established by the council.

(Code 1993, § 8.03(2)(a)—(d))

Side plan

Heidi Haupt
320 Arthur St
Tomah WI 54660





STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Street Privilege Permit

Summary and background information: (Appropriate documents attached)

Tomah Chamber & Visitor Center is requesting the 800 & 900 block of Superior Ave to be closed during their Downtown Thursday Night events that are held on July 2, July 9, July 16, July 30, August 6, and August 13, 2026

Fiscal Note:

\$450.00

Recommendation:

Recommendation to approve the street permit as attached. This approval would be for street closure only. Any applicable permits for alcohol or music-related items would need to be granted from another department. Notification to Dispatch at 608-269-8090 would need to be called in for EMS & Fire service alerts on day of event.



Director of Public Works & Utilities
Brandy Leis



Date

Street Privilege Permit Application

Applicant Name: Township Chamber + Visitor Center
Address: 310 N Superior Ave
City/State/Zip: Township WI 54660
Phone: 608 372 2166

Location of encroachment: 800+900 Blocks of Superior
(Address of adjacent tax parcel)
286-02117-0000, 286-02124-0000, 286,02078-0000
Tax parcel identification number: 286-02122-0000, 286-02126-0000, 0286,02127,0000
286-02080-0000, 0286,02090-0000, 286-02089-0000, 0286,02088,0000,
286-02079-0000, 286-02079-0999, 286-02079-0000
Area to be occupied: Street Blvd Sidewalk Alley Parking lot
(Circle all that apply)

Brief description of encroachment: Dumpster ~~Other~~ (describe below)
Stage, Band chairs, Vendors, Food + Beverage booths,
Dance houses
(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: July 2, 2024 **Permit Expiration Date:** July 2, 2026

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] **Date** 4-30-2024

| |
|--|
| Permit Issued By _____ Date: _____ |
| For office use only |

Office (608) 374-7431
Fax # (608) 374-7444

Street Privilege Permit Application

Applicant Name: Township Chamber + Visitor Center
Address: 310 N Superior Ave
City/State/Zip: Township WI 54660
Phone: 608 372 2166

Location of encroachment: 800+900 Blocks of Superior
(Address of adjacent tax parcel)
286-02117-0000, 286-02124-0000, 286,02078-0000
Tax parcel identification number: 286-02122-0000, 286-02126-0000, 0286,02127,0000
286-62080-0000, 286-02081-0000, 0286,02090-0000, 286-02089-0000, 0286,02088,0000,
286-02079-0000, 286-02079-0999, 286-02079,0000
Area to be occupied: Street Blvd Sidewalk Alley Parking lot
(Circle all that apply)

Brief description of encroachment: Dumpster Other (describe below)
Stage, Band chairs, Vendors, Food + Beverage booths,
Bounce houses
(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: July 9, 2024 Permit Expiration Date: July 9, 2024

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] Date 4-30-2024

| | |
|------------------------|-------------|
| Permit Issued By _____ | Date: _____ |
| For office use only | |

Street Privilege Permit Application

Applicant Name: Township Chamber + Visitor Center
Address: 310 N Superior Ave
City/State/Zip: Township WI 54660
Phone: 608 372 2166

Location of encroachment: 800+900 Blocks of Superior
(Address of adjacent tax parcel)
Tax parcel identification number: 286-02122-0000, 286-02126-0000, 0286, 02127, 0000
286-02080-0000, 286-02081-0000, 286-02082-0000, 0286, 02090-0000, 286-02089-0000, 0286, 02088, 0000,
286-02079-0000, 286-02079-0999, 286-02079-5000
Area to be occupied: Street Blvd Sidewalk Alley Parking lot
(Circle all that apply)

Brief description of encroachment: Dumpster ~~Other~~ (describe below)
Stage, Band chairs, vendors, Food + Beverage booths,
Dance houses
(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: 7-16-2024 Permit Expiration Date: 7-16-2024

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] Date 4-30-2024

Permit Issued By _____ Date: _____
For office use only

Office (608) 374-7431
Fax # (608) 374-7444

Street Privilege Permit Application

Applicant Name: Tonah Chamber + Visitor Center
Address: 310 N Superior Ave
City/State/Zip: Tonah WI 54660
Phone: 608 372 2166

Location of encroachment: 800+900 Blocks of Superior
(Address of adjacent tax parcel)
286-02117-0000, 286-02124-0000, 286,02078-0000
Tax parcel identification number: 286-02122-0000, 286-02126-0000, 0286,02127,0000
286-62080-0000, 286-02081-0000, 0286,02090-0000, 286-02089-0000, 0286,02088,0000,
286-02082-0000, 286-02079-0000, 286-02079-0999, 286-02079-0000
Area to be occupied: Street Blvd Sidewalk Alley Parking lot
(Circle all that apply)

Brief description of encroachment: Dumpster ~~Other~~ (describe below)
Stage, Band chairs, vendors, Food Beverage booths,
bounce houses
(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: 7-30-2024 Permit Expiration Date: 7-30-2026

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] Date 7-30-2024

| | |
|------------------------|-------------|
| Permit Issued By _____ | Date: _____ |
| For office use only | |

Street Privilege Permit Application

Applicant Name: Tonaw Chamber + Visitor Center
Address: 310 N Superior Ave
City/State/Zip: Tonaw WI 54660
Phone: 608 372 2166

Location of encroachment: 800+900 Block of Superior
(Address of adjacent tax parcel)

Tax parcel identification number: 286-02117-0000, 286-02124-0000, 286,02078-0000
286-02122-0000, 286-02126-0000, 0286,02127,0000
0286,02090-0000, 286-02089-0000, 0286,02088,0000,
286-02079-0000, 286-02079-0999 286-02079,0000

Area to be occupied: Street Bld Sidewalk Alley Parking lot
(Circle all that apply)

Brief description of encroachment: Dumpster Other (describe below)
Stage, Band chairs, vendors, Food + Beverage booths,
Dance houses
(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: 8-6-2026 **Permit Expiration Date:** 8-6-2026

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] **Date** 4-30-2026

| |
|--|
| Permit Issued By _____ Date: _____ |
| For office use only |

Street Privilege Permit Application

Applicant Name: Tonah Chamber + Visitor Center
Address: 310 N Superior Ave
City/State/Zip: Tonah WI 54660
Phone: 608 372 2166

Location of encroachment: 800+900 Blocks of Superior
(Address of adjacent tax parcel)
286-02117-0000, 286-02124-0000, 286,02078-0000
Tax parcel identification number: 286-02122-0000, 286-02126-0000, 0286,02127,0000
286-02080-0000, 0286,02090-0000, 286-02089-0000, 0286,02088,0000,
286-02081-0000, 286-02079-0000, 286-02079-0999, 286-02079-5000
Area to be occupied: Street Blvd Sidewalk Alley Parking lot
(Circle all that apply)

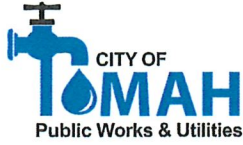
Brief description of encroachment: Dumpster Other (describe below)
Stage, Band chairs, Vendors, Food + Beverage booths,
bounce houses
(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: 8-13-2026 Permit Expiration Date: 8-13-2026

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] Date 4-30-2026

| | |
|------------------------|-------------|
| Permit Issued By _____ | Date: _____ |
| For office use only | |



STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Street Privilege Permit

Summary and background information: (Appropriate documents attached)

Scott Wilcox with Americana Music in the Park is requesting street closure during the (7) weeklong music events in the park. These dates would be June 3, June 17, July 1, July 15, July 29, Aug 5 & Aug 19, 2026. Please see attached permit and map

Fiscal Note:

\$525

Recommendation:

Recommendation to approve the street permit as attached. This approval would be for street closure only. Any applicable permits for alcohol or music-related items would need to be granted from another department. Notification to Dispatch at 608-269-8090 would need to be called in for EMS & Fire service alerts on day of event.

A handwritten signature in black ink that reads "Brandy Leis". The signature is written in a cursive style and is positioned above a horizontal line.

Director of Public Works & Utilities
Brandy Leis

A handwritten date in black ink that reads "5/19/26". The date is written in a cursive style and is positioned above a horizontal line.

Date

CITY OF TOMAH DEPARTMENT OF PUBLIC WORKS

Office (608) 374-7431

Fax # (608) 374-7444

Street Privilege Permit Application

Applicant Name: Scott Wilcox- Americana Music in the Park
Address: 18029 Holiday Rd.
City/State/Zip: Tomah, WI 54660
Phone: 608-377-2688

Location of encroachment: 110 E Council St, Tomah, WI 54660
(Address of adjacent tax parcel)

Tax parcel identification number: _____

Area to be occupied: **Street** **Blvd** **Sidewalk** **Alley**
(Circle all that apply)

Brief description of encroachment: **Dumpster** **Other(describe below)**


AMP would like to block off Council Street from Superior Ave. on the West to Kilbourne Ave. on the East. AMP hosts roughly 2,500 people in Gillett Park over 7 events each Summer. The Park Bathrooms are located across this road and we feel its dangerous to have people cross this road often to go to the restrooms. Blocking Council St. Will ensure the safety of our visitors and give a safe place for food trucks to park during the event. Currently there is only one home with access to this road and it also has access to the alley. Drawing is attached.

(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: June 3, June 17, July 1, July 15, July 29, Aug. 5, Aug. 19

Permit Expiration Date: _____

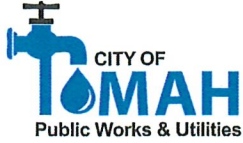
The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature  **Date** 5/14/2026

Permit Issued By _____ **Date:** _____

For office use only





STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Street Privilege Permit

Summary and background information: (Appropriate documents attached)

Tomah Chamber & Visitor Center is requesting street closure during the 4th of July Parade. Please see attached permit and map.

Fiscal Note:

\$75.00

Recommendation:

Recommendation to approve the street permit as attached. This approval would be for street closure only. Any applicable permits for alcohol or music-related items would need to be granted from another department. Notification to Dispatch at 608-269-8090 would need to be called in for EMS & Fire service alerts on day of event.



Director of Public Works & Utilities
Brandy Leis



Date

CITY OF TOMAH DEPARTMENT OF PUBLIC WORKS

Office (608) 374-7431

Fax # (608) 374-7444

Street Privilege Permit Application

Applicant Name: Tomah Chamber of Visitors Center
Address: 310 N Superior Ave
City/State/Zip: Tomah WI 54660
Phone: 608372-2166

Location of encroachment: _____
(Address of adjacent tax parcel)

Tax parcel identification number: _____

Area to be occupied: Street Blvd Sidewalk Alley
(Circle all that apply)

Brief description of encroachment: Dumpster Other (describe below)
Parade Units & Cones

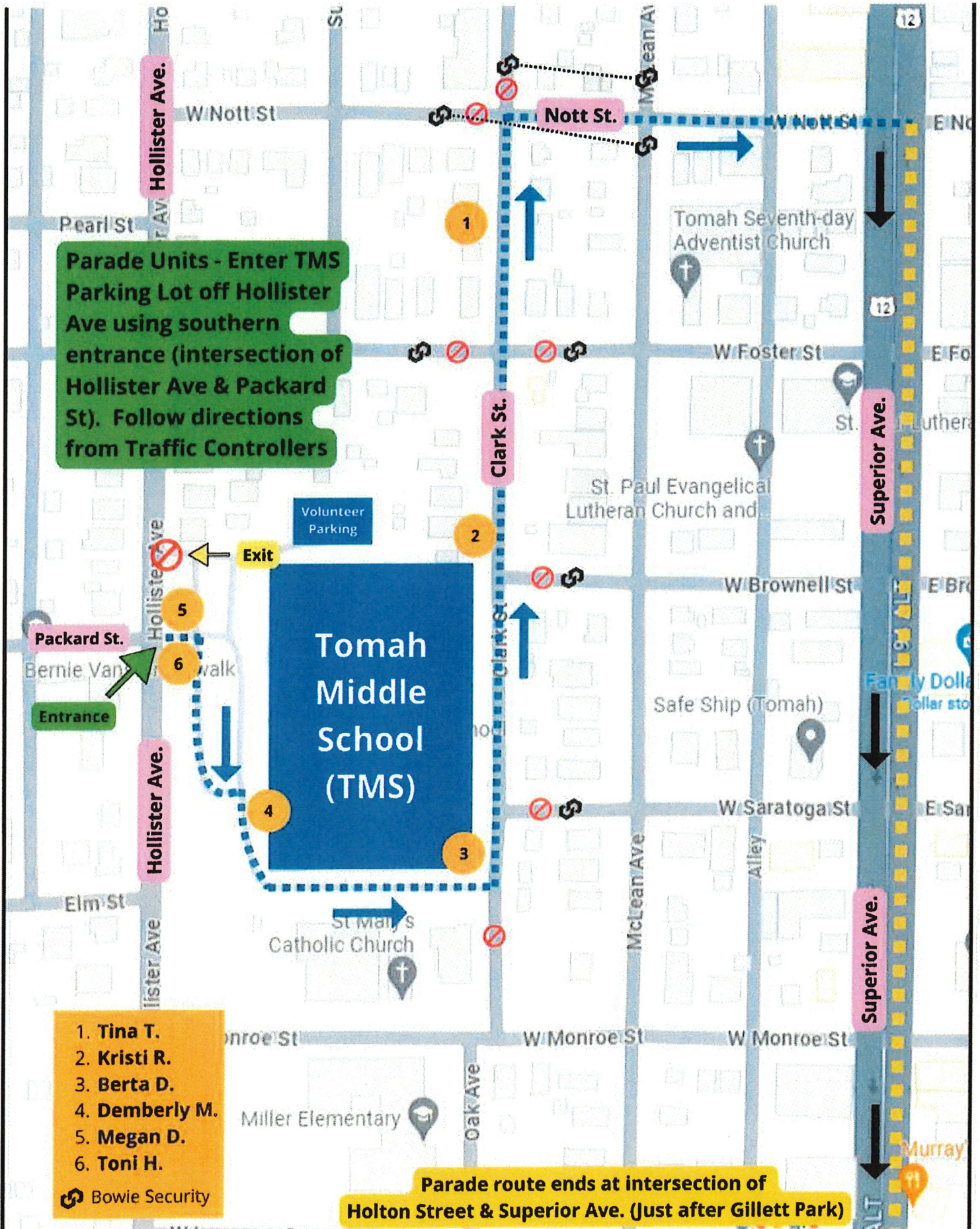
(Attach a scale drawing that relates to above description if needed)

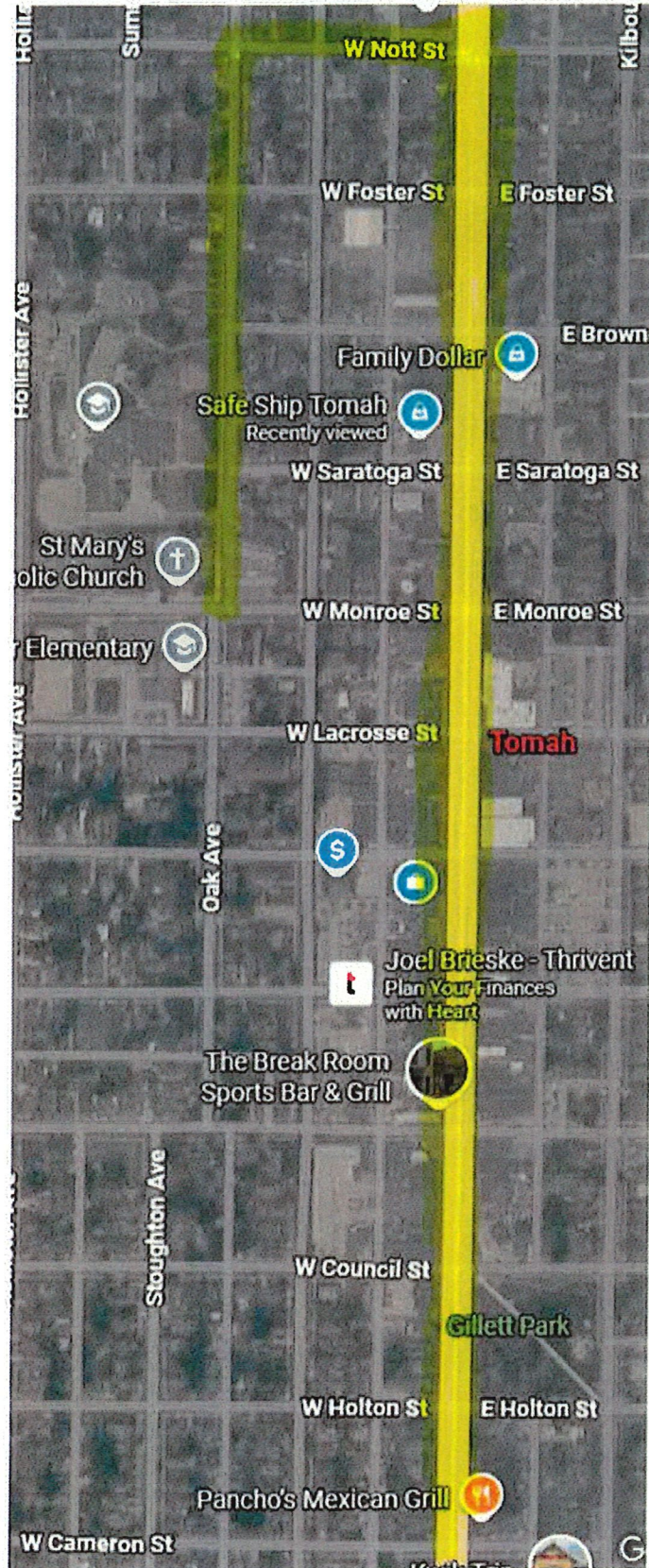
Proposed Start Date: Nov 27, 2024 **Permit Expiration Date:** Nov 27, 2024

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] Date May 7, 2024

| | |
|------------------------|-------------|
| Permit Issued By _____ | Date: _____ |
| For office use only | |







STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Street Privilege Permit

Summary and background information: (Appropriate documents attached)

Tomah Chamber & Visitor Center is requesting street closure during the Holiday Parade on 11/27/2026. Please see attached permit and map.

Fiscal Note:

\$75.00

Recommendation:

Recommendation to approve the street permit as attached. This approval would be for street closure only. Any applicable permits for alcohol or music-related items would need to be granted from another department. Notification to Dispatch at 608-269-8090 would need to be called in for EMS & Fire service alerts on day of event.

A handwritten signature in black ink that reads "Brandy Leis". The signature is written in a cursive style and is positioned above a horizontal line.

Director of Public Works & Utilities
Brandy Leis

A handwritten date in black ink that reads "5/19/26". The date is written in a cursive style and is positioned above a horizontal line.

Date

CITY OF TOMAH DEPARTMENT OF PUBLIC WORKS

Office (608) 374-7431

Fax # (608) 374-7444

Street Privilege Permit Application

Applicant Name: Tomah Chamber & Visitors Center
Address: 301 N Superior Ave
City/State/Zip: Tomah WI 54660
Phone: 608372-2166

Location of encroachment: _____
(Address of adjacent tax parcel)

Tax parcel identification number: _____

Area to be occupied: Street Blvd Sidewalk Alley
(Circle all that apply)

Brief description of encroachment: Dumpster Other (describe below)

Parade Units & Cones

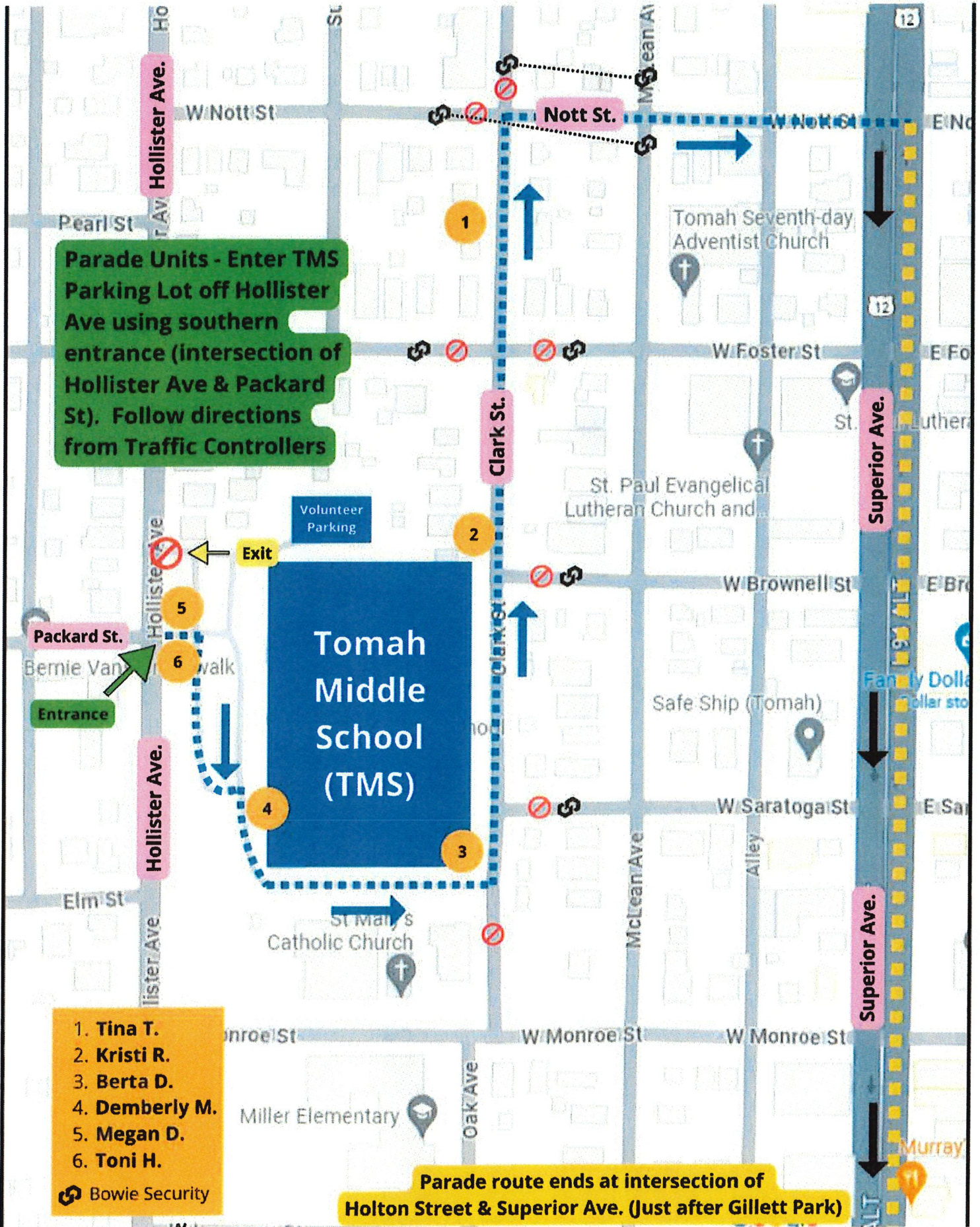
(Attach a scale drawing that relates to above description if needed)

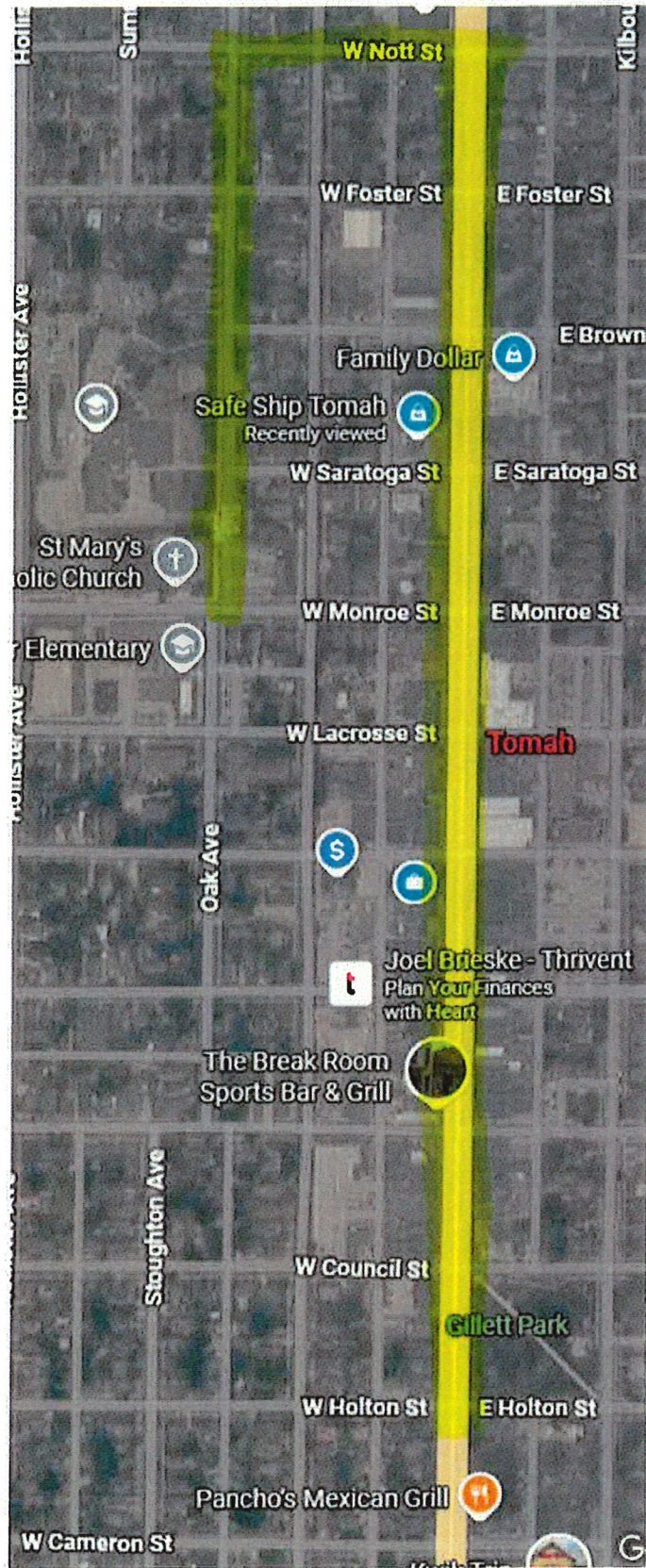
Proposed Start Date: July 4, 2026 **Permit Expiration Date:** July 4, 2026

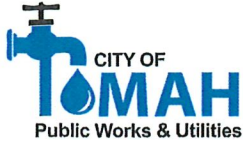
The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature [Signature] Date May 7, 2026

| | |
|------------------------|-------------|
| Permit Issued By _____ | Date: _____ |
| For office use only | |







STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Street Privilege Permit

**Summary and background information:
(Appropriate documents attached)**

The Elbow Room and Kelsey's are requesting the road closure of the alleyway for a joint event.

Fiscal Note:

\$75.00

Recommendation:

Recommendation to approve the alley closure for a joint event with the Elbow Room and Kelsey's. This approval would be for street closure only. Any applicable permits for alcohol or music-related items would need to be granted from another department. Notification to Dispatch at 608-269-8090 would need to be called in for EMS & Fire service alerts on day of event.

A handwritten signature in black ink that reads "Brandy Leis". The signature is written in a cursive style and is positioned above a horizontal line.

Director of Public Works & Utilities
Brandy Leis

A handwritten date in black ink that reads "5/19/26". The date is written in a cursive style and is positioned above a horizontal line.

Date

CITY OF TOMAH DEPARTMENT OF PUBLIC WORKS

Office (608) 374-7431

Fax # (608) 374-7444

Street Privilege Permit Application

Applicant Name: Kelsey's Elbow Room
Address: 201 Superior Ave
City/State/Zip: Tomah WI 54660
Phone: 608-372-3220

Location of encroachment: alleyway
(Address of adjacent tax parcel)

Tax parcel identification number: 286-01075-0000

Area to be occupied: Street Blvd Sidewalk **Alley**
(Circle all that apply)

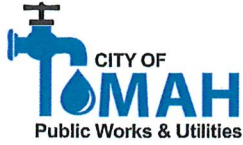
Brief description of encroachment: Dumpster Other(describe below)
Close alley for a customer appreciation party
(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: Aug 8th Permit Expiration Date: _____

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature: [Signature] Date: 5/19/26

Permit Issued By _____ Date: _____
For office use only



STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Street Privilege Permit

Summary and background information: (Appropriate documents attached)

Ethos Green Power Cooperative is requesting the alley closure at 115 W LaCrosse St for solar panel installation. Please see attached,

Fiscal Note:

\$75

Recommendation:

Recommendation to approve the street permit as attached. This approval would be for street closure only. Any applicable permits for alcohol or music-related items would need to be granted from another department. Notification to Dispatch at 608-269-8090 would need to be called in for EMS & Fire service alerts on day of event.



Director of Public Works & Utilities
Brandy Leis



Date

CITY OF TOMAH DEPARTMENT OF PUBLIC WORKS

Office (608) 374-7431

Fax # (608) 374-7444

Street Privilege Permit Application

erik@ethos.green

Applicant Name:

Ethos Green Power / Erik Amoft

Address:

203 Power Dr

City/State/Zip:

Wirogum WI 54665

Phone:

608-475-1842

Location of encroachment:

115 W La Crosse St

erik@ethos.green

(Address of adjacent tax parcel)

Tax parcel identification number: _____

Area to be occupied:

Street

Blvd

Sidewalk

Alley

(Circle all that apply)

Brief description of encroachment: Dumpster Other (describe below)

Solar panel installation

(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: 06-01-2026

Permit Expiration Date: _____

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature _____

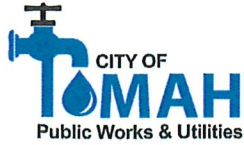
Date _____

05 21 2026

Permit Issued By _____

Date: _____

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STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Discussion and Potential Action: Memorial Bench Sidewalk Installment -Tomah Area Historical Museum

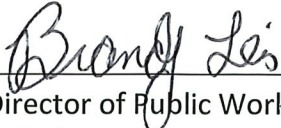
Summary and background information: (Appropriate documents attached)

Tomah Area Historical Museum is asking the Commission to revisit the idea of fixating a memorial bench on the sidewalk located at 321 Superior Ave. Minutes from July 23, 2025 where this item was discussed is attached.

Fiscal Note:

Recommendation:

Recommendation based on discussion.



Director of Public Works & Utilities
Brandy Leis



Date

MINUTES FOR PUBLIC WORKS COMMISSION

A Public Works Commission was held on **Wednesday, July 23, 2025 at 5:30 PM** in the Council Chambers at City Hall, 819 Superior Avenue, Tomah, WI.

Meeting was called to order at 5:30 PM by Dean Peterson

Join Zoom Meeting

<https://us06web.zoom.us/j/2708608080?pwd=ZTZ0cmllVEFEb1dzVDNwdi91UHFYQT09>

Meeting ID: 270 860 8080

Passcode: 206751

One tap mobile

+13092053325,,2708608080#,,,,*206751# US

Call to Order - Roll Call

Quorum Present (YES)

John Glynn (A), Dean Peterson (Y), Patrick Devine (A), Brian Rice, (Y), Kerwin Greeno (Y), Mayor Paul Dwyer (A), Mitch Koel (Y – via Zoom)

Also preset, Interim Director Brandy Leis, Joe Kube, Jeff Marten, Nick Morales, Nik Dorava, and Brian Berquist.

Approve Minutes

Motion by Greeno, seconded by Rice to approve July minutes as presented. All ayes. Motion carried.

Discussion Items

1. Airport Update

Fuel has been brought in; cost per gallon went down from \$5.70 to \$5.42. Mowing is in progress with all the rain we have had. Crack/seal coating on the tarmac will need to be reviewed.

2. Approval of Alley Closure

Motion by Greeno, seconded by Rice to approve the alley closure for a special event held in the alley between Kelsey's and the Elbow Room on August 9, 2025. All ayes. Motion carried.

3. Approval No Parking Area on Straw St

Motion by Koel and seconded by Rice to approve the No Parking area on Straw St. and the installation of the Parent Drop Off sign. All ayes. Motion carried.

4. Approval of Memorial Bench Sidewalk Installment - Tomah Area Historical Museum

Discussion on installing/permanently fixating a Memorial Bench on the sidewalk at the Tomah Area Historical Museum. All discussions on placement, liability, and maintenance were considered.

Motion by Rice and seconded by Greeno to deny the Memorial Bench installation/permanently fixated to the sidewalk. All ayes. Motion carried.

5. Discussion: Procedure and Criteria for Vacating Public Right of Way

This item was discussed at the Planning Commission meeting and is being brought to Public Works Commission meeting as a discussion item. Vacating public right of way could result in legal implications.

6. Project Updates

Item 11.

Minutes will be approved at

PWC meeting.



STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Roof Replacement on Well #11 & #12

**Summary and background information:
(Appropriate documents attached)**

Two quotes are provided and attached. Culpitt Roofing has been a responsive contractor for past projects with the Sewer and Water Departments as well as City Hall and the Street Department buildings.

Fiscal Note:

\$28,812

Recommendation:

I recommend the Public Works & Utilities Commission approve the roof replacement contract with Culpitt Roofing in the amount of \$28,812 for Well #11 & #12.



Public Works & Utilities Director
Brandy Leis



Date

CULPITT ROOFING

957 West Ave. N West Salem, WI 54669
 culpittroofing.com. info@culpittroofing.com
 P: 608-786-0660. F: 608-786-3510

| | | | |
|-----------------|---|--------------------|--------------|
| Name | City of Tomah - Public Works & Utilities | Date | 3/12/2026 |
| Address | 819 Superior Avenue | Estimator | Tim Higley |
| Town | Tomah, WI 54660 | Proposal ID | 4461 |
| E-mail | jmarten@TOMAHWI.GOV | Phone | 608-374-7431 |
| Building | Well House #11 - 1708 Kreyer Creek Road Tomah, WI 54660 | | |

Description of Work:

Culpitt Roofing Inc will install a new double lock standing seam metal roof on the wellhouse #11 located in Tomah, WI.

- No soffit, fascia, or favior barrier included in estimate
- Use field-formed 20" panels with 1 1/2" seam
- Install titanium underlayment
- Install ridge style vent
- Install D-style trim
- Flash skylight, one round chimney, one air exchanger, and one soil pipe
- Rehang existing gutter
- Culpitt Roofing Inc. will carry insurance and license in state of project.
- 25% downpayment and signature on final page of terms is required to move forward with this project.
- Customer is responsible for all building permits unless otherwise required by law.

| Product | Panel Size | Price |
|--------------------------|------------|--------------|
| 26 Gauge Smooth | 20" | \$ 13,687.00 |
| 26 Gauge Textured | 20" | \$ 14,006.00 |

Tim Higley
 Estimator Signature

3/12/2026
 Date

The numbers in this estimate are certified to the best of my knowledge with current pricing for the date listed above. This estimate is valid for 30 days after the date listed above. And price is subject to site evaluation.

CULPITT ROOFING

957 West Ave. N West Salem, WI 54669
 culpittroofing.com. info@culpittroofing.com
 P: 608-786-0660. F: 608-786-3510

| | | | |
|-----------------|--|--------------------|--------------|
| Name | City of Tomah Public Works & Utilities | Date | 3/12/2026 |
| Address | 819 Superior Avenue | Estimator | Tim Higley |
| Town | Tomah, WI 54660 | Proposal ID | 4462 |
| E-mail | jmarten@TOMAHWI.GOV | Phone | 608-347-7431 |
| Building | Wellhouse #12 - 2675 Well 12 Street, Tomah, WI 54660 | | |

Description of Work:

Culpitt Roofing Inc will install a new double lock standing seam metal roof on the well house #12 located in Tomah, WI.

- No soffit, fascia, or vapor barrier included in estimate
- Use field-formed 20" panels with 1 1/2" seam
- Install titnaium underlayment
- Flash skylight, two chimneys, and two air exchangers
- Install snow rail blocks for antenna
- Install ridge style vent
- Install D-style trim
- Rehang existing gutter
- Culpitt Roofing Inc. will carry insurance and license in state of project.
- 25% downpayment and signature on final page of terms is required to move forward with this project.
- Customer is responsible for all building permits unless otherwise required by law.

Option to install snow rail for an additional \$25/LF at time of roof installation

| Product | Panel Size | Price |
|--------------------------|------------|--------------|
| 26 Gauge Smooth | 20" | \$ 15,125.00 |
| 26 Gauge Textured | 20" | \$ 15,498.00 |


 Estimator Signature

3/12/2026
 Date

The numbers in this estimate are certified to the best of my knowledge with current pricing for the date listed above. This estimate is valid for 30 days after the date listed above. And price is subject to site evaluation.

INTERSTATE ROOFING & WTP., INC.

N5544 Commerce Road
ONALASKA, WISCONSIN 54650



(608) 783-2106
Fax (608) 783-1900

TO: Jeff Marten
Jmarten@tomahwi.gov

PROPOSAL

No 811231

| | |
|---------------------|-----------------|
| PHONE | DATE 04/21/2026 |
| JOB NAME/LOCATION | |
| Tomah Well Houses | |
| Wellhouse #11 & #12 | |
| Tomah, WI | |

We hereby submit specifications and estimates for:
Interstate Roofing & Waterproofing, Inc. disclaims any responsibility for asbestos below the roof.

- Install new Elevate UC-3 Standing Seam roof system**
- Remove existing shingles and edge metal (leave existing fascia, salvage gutter for re-installation)
- Install Elevate Clad-Gard Ice & Water Shield
- Skylight/roof hatch will need to be lifted and placed on a 2x curb by interstate roofing
- Fabricate and install custom saddle behind curbs and roof hatch for well replacement
- Install new 24ga drip edge around perimeter of roof
- Install a new Elevate UC-3 Standing Seam Roof System
- Install 24ga vented ridge cap
- Install metal flashing per Elevate specifications
- Reinstall existing gutter and downspouts
- Provide 20 year manufacture warranty

Base Bid Wellhouse #11 Price: 40,750.00

Base Bid Wellhouse #12 Price: 42,500.00

Wet/rotten decking will be replaced on a time and material basis
Tomah Gov is responsible for all HVAC/Electrical disconnects needed for roofing
Snow Removal not included

We Propose hereby to furnish material and labor -- complete in accordance with the above specifications, for the sum of: _____ dollars (_____)

This is to advise you that in furnishing labor or materials for the above listed job, Interstate Roofing & Waterproofing, Inc. will maintain construction lien rights on the property and will claim a lien to the extend of all unpaid invoices.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation insurance.

Authorized Signature _____

Dalton Kloehn

Note: This proposal may be withdrawn by us if not accepted within 30 days.

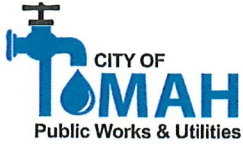
Signature _____

Signature _____

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Item 12.



STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Approval: Compliant Maintenance Annual Report

Summary and background information: (Appropriate documents attached)

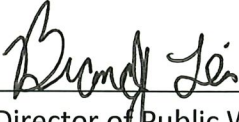
The Wastewater Treatment Facility has a yearly audit called the Compliance Maintenance Annual Report (CMAR). A requirement with this report calls for a resolution from the City Council, confirming the report has been reviewed by the City of Tomah

Fiscal Note:

N/A

Recommendation:

Recommendation to approve the CMAR and forward the approval on to the City Council for resolution approval.



Director of Public Works & Utilities
Brandy Leis



Date

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 **2025**

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 | 1.0705 | x | 360 | x | 8.34 | = | 3,214 |
| February | 0.9977 | x | 387 | x | 8.34 | = | 3,222 |
| March | 1.1629 | x | 363 | x | 8.34 | = | 3,518 |
| April | 1.3333 | x | 292 | x | 8.34 | = | 3,249 |
| May | 1.3357 | x | 363 | x | 8.34 | = | 4,048 |
| June | 1.5349 | x | 322 | x | 8.34 | = | 4,122 |
| July | 1.5552 | x | 282 | x | 8.34 | = | 3,653 |
| August | 1.1731 | x | 329 | x | 8.34 | = | 3,215 |
| September | 1.1204 | x | 371 | x | 8.34 | = | 3,463 |
| October | 1.0673 | x | 396 | x | 8.34 | = | 3,529 |
| November | 1.0025 | x | 424 | x | 8.34 | = | 3,544 |
| December | 1.0145 | x | 418 | x | 8.34 | = | 3,540 |

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 | 3.3 | x | 90 | = | 2.97 |
| | | x | 100 | = | 3.3 |
| Design BOD, lbs/day | 4500 | x | 90 | = | 4050 |
| | | x | 100 | = | 4500 |

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

| | Months of Influent | Number of times flow was greater than 90% of | Number of times flow was greater than 100% of | Number of times BOD was greater than 90% of design | Number of times BOD was greater than 100% of design |
|-------------------------------|--------------------------|--|---|--|---|
| January | 1 | 0 | 0 | 0 | 0 |
| February | 1 | 0 | 0 | 0 | 0 |
| March | 1 | 0 | 0 | 0 | 0 |
| April | 1 | 0 | 0 | 0 | 0 |
| May | 1 | 0 | 0 | 0 | 0 |
| June | 1 | 0 | 0 | 1 | 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 |
| Total Number of Points | | | | | 3 |

3

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 2025

3. Flow Meter

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

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

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 |
| <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No | <input type="radio"/> No | <input checked="" type="radio"/> 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.

Item 13. Did your facility accept hauled industrial wastes, landfill leachate, etc.?

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 2025

| | |
|--|--|
| <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> | |
|--|--|

| | |
|---|-----------|
| Total Points Generated | 3 |
| Score (100 - Total Points Generated) | 97 |
| Section Grade | A |

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 2025

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 | 15 | 1 | 0 | 0 |
| February | 25 | 22.5 | 26 | 1 | 1 | 1 |
| March | 25 | 22.5 | 25 | 1 | 1 | 1 |
| April | 25 | 22.5 | 10 | 1 | 0 | 0 |
| May | 15 | 13.5 | 8 | 1 | 0 | 0 |
| June | 15 | 13.5 | 8 | 1 | 0 | 0 |
| July | 13 | 11.7 | 8 | 1 | 0 | 0 |
| August | 13 | 11.7 | 9 | 1 | 0 | 0 |
| September | 15 | 13.5 | 9 | 1 | 0 | 0 |
| October | 15 | 13.5 | 10 | 1 | 0 | 0 |
| November | 25 | 22.5 | 12 | 1 | 0 | 0 |
| December | 25 | 22.5 | 13 | 1 | 0 | 0 |

20

* Equals limit if limit is <= 10

| | | | |
|--|----|----|-----------|
| Months of discharge/yr | 12 | | |
| Points per each exceedance with 12 months of discharge | | 7 | 3 |
| Exceedances | | 2 | 2 |
| 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?

February and March we had high and low temperature swings

2. Flow Meter Calibration

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

Yes Enter last calibration date (MM/DD/YYYY)
2025-04-21

No

If No, please explain:

3. Treatment Problems

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

Cold winter nights and hot summer days

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

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 **2025**

If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?
 Yes
 No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?
 Yes
 No
 N/A

Please explain unless not applicable:

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

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 **2025**

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 | 25 | 22.5 | 6 | 1 | 0 | 0 |
| February | 25 | 22.5 | 7 | 1 | 0 | 0 |
| March | 25 | 22.5 | 8 | 1 | 0 | 0 |
| April | 25 | 22.5 | 6 | 1 | 0 | 0 |
| May | 15 | 13.5 | 7 | 1 | 0 | 0 |
| June | 15 | 13.5 | 8 | 1 | 0 | 0 |
| July | 15 | 13.5 | 6 | 1 | 0 | 0 |
| August | 15 | 13.5 | 13 | 1 | 0 | 0 |
| September | 15 | 13.5 | 14 | 1 | 0 | 1 |
| October | 15 | 13.5 | 12 | 1 | 0 | 0 |
| November | 25 | 22.5 | 8 | 1 | 0 | 0 |
| December | 25 | 22.5 | 7 | 1 | 0 | 0 |

3

* Equals limit if limit is <= 10

| | | | |
|--|----------|----------|--|
| Months of Discharge/yr | 12 | | |
| Points per each exceedance with 12 months of discharge: | 7 | 3 | |
| Exceedances | 0 | 1 | |
| Points | 0 | 3 | |
| Total Number of Points | | 3 | |

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?

Ran the ferric drip for few days.

| | |
|---|-----------|
| Total Points Generated | 3 |
| Score (100 - Total Points Generated) | 97 |
| Section Grade | A |

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 **2025**

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 | 9.4 | 9.4 | 1.767 | 0 | 1.13 | 1.348 | 1.695 | 2.462 | 0 |
| February | 9.4 | 9.4 | 4.096 | 0 | 2.886 | 3.426 | 4.708 | 5.362 | 0 |
| March | 9.4 | 9.4 | 3.463 | 0 | 7.443 | 5.014 | 2.658 | .848 | 0 |
| April | 7.3 | 9.4 | .201 | 0 | .396 | .184 | .244 | .026 | 0 |
| May | 7.3 | 9.4 | .086 | 0 | .018 | .04 | .178 | .133 | 0 |
| June | 4.7 | 5.3 | .154 | 0 | .382 | .046 | .194 | .054 | 0 |
| July | 4.7 | 5.3 | .038 | 0 | 0 | 0 | .054 | .04 | 0 |
| August | 4.7 | 5.3 | .095 | 0 | .072 | .106 | .098 | .102 | 0 |
| September | 4.7 | 5.3 | .087 | 0 | .11 | .102 | .023 | .098 | 0 |
| October | 9.4 | 9.4 | .065 | 0 | .078 | .038 | .06 | .076 | 0 |
| November | 9.4 | 9.4 | .074 | 0 | .09 | .1 | 0 | 0 | 0 |
| December | 9.4 | 9.4 | 1.132 | 0 | 1.488 | 1.11 | 1.645 | .177 | 0 |
| Points per each exceedance of Monthly average: | | | | | | | | | 10 |
| Exceedances, Monthly: | | | | | | | | | 0 |
| Points: | | | | | | | | | 0 |
| Points per each exceedance of weekly average (when there is no monthly average): | | | | | | | | | 2.5 |
| Exceedances, Weekly: | | | | | | | | | 0 |
| Points: | | | | | | | | | 0 |
| Total Number of Points | | | | | | | | | 0 |

0

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

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

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

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
5/5/2026 **2025**

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 | 0.219 | 1 | 0 |
| February | 1 | 0.270 | 1 | 0 |
| March | 1 | 0.295 | 1 | 0 |
| April | 1 | 0.227 | 1 | 0 |
| May | 1 | 0.247 | 1 | 0 |
| June | 1 | 0.247 | 1 | 0 |
| July | 1 | 0.228 | 1 | 0 |
| August | 1 | 0.300 | 1 | 0 |
| September | 1 | 0.449 | 1 | 0 |
| October | 1 | 0.464 | 1 | 0 |
| November | 1 | 0.352 | 1 | 0 |
| December | 1 | 0.324 | 1 | 0 |
| Months of Discharge/yr | | | 12 | |
| Points per each exceedance with 12 months of discharge: | | | | 10 |
| Exceedances | | | | 0 |
| Total Number of Points | | | | 0 |

0

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

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

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

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

Compliance Maintenance Annual Report

Tomah Wastewater Treatment Facility

Last Updated: Reporting For:
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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:

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. 005 - 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 | 1.6 | | | 4.3 | | | 5.2 | | | 2.8 | | | | 0 | 0 |
| Cadmium | | 39 | 85 | .59 | | | .37 | | | .72 | | | .73 | | | | 0 | 0 |
| Copper | | 1500 | 4300 | 130 | | | 160 | | | 340 | | | 380 | | | | 0 | 0 |
| Lead | | 300 | 840 | 14 | | | 9.7 | | | 13 | | | 18 | | | | 0 | 0 |
| Mercury | | 17 | 57 | .084 | | | .16 | | | .32 | | | .2 | | | | 0 | 0 |
| Molybdenum | 60 | | 75 | 2.2 | | | 2.4 | | | 5.1 | | | 4.2 | | | 0 | | 0 |
| Nickel | 336 | | 420 | 16 | | | 15 | | | 36 | | | 29 | | | 0 | | 0 |
| Selenium | 80 | | 100 | 2.6 | | | 2.8 | | | 4.5 | | | 5.5 | | | 0 | | 0 |
| Zinc | | 2800 | 7500 | 150 | | | 150 | | | 530 | | | 520 | | | | 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> | 0 | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%;">Outfall Number:</td><td style="text-align: center;">005</td></tr> <tr><td>Biosolids Class:</td><td style="text-align: center;">A</td></tr> <tr><td>Bacteria Type and Limit:</td><td style="text-align: center;">Fecal Coliform</td></tr> <tr><td>Sample Dates:</td><td>01/01/2025 - 03/31/2025</td></tr> <tr><td>Density:</td><td>9</td></tr> <tr><td>Sample Concentration Amount:</td><td>MPN/G TS</td></tr> <tr><td>Requirement Met:</td><td>Yes</td></tr> <tr><td>Land Applied:</td><td>No</td></tr> <tr><td>Process:</td><td>Pasteurization</td></tr> <tr><td>Process Description:</td><td>Ground frozen</td></tr> </table> | Outfall Number: | 005 | Biosolids Class: | A | Bacteria Type and Limit: | Fecal Coliform | Sample Dates: | 01/01/2025 - 03/31/2025 | Density: | 9 | Sample Concentration Amount: | MPN/G TS | Requirement Met: | Yes | Land Applied: | No | Process: | Pasteurization | Process Description: | Ground frozen | |
| Outfall Number: | 005 | | | | | | | | | | | | | | | | | | | | |
| Biosolids Class: | A | | | | | | | | | | | | | | | | | | | | |
| Bacteria Type and Limit: | Fecal Coliform | | | | | | | | | | | | | | | | | | | | |
| Sample Dates: | 01/01/2025 - 03/31/2025 | | | | | | | | | | | | | | | | | | | | |
| Density: | 9 | | | | | | | | | | | | | | | | | | | | |
| Sample Concentration Amount: | MPN/G TS | | | | | | | | | | | | | | | | | | | | |
| Requirement Met: | Yes | | | | | | | | | | | | | | | | | | | | |
| Land Applied: | No | | | | | | | | | | | | | | | | | | | | |
| Process: | Pasteurization | | | | | | | | | | | | | | | | | | | | |
| Process Description: | Ground frozen | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%;">Outfall Number:</td><td style="text-align: center;">005</td></tr> <tr><td>Biosolids Class:</td><td style="text-align: center;">A</td></tr> <tr><td>Bacteria Type and Limit:</td><td style="text-align: center;">Fecal Coliform</td></tr> <tr><td>Sample Dates:</td><td>01/01/2025 - 12/31/2025</td></tr> <tr><td>Density:</td><td>9</td></tr> <tr><td>Sample Concentration Amount:</td><td>MPN/G TS</td></tr> <tr><td>Requirement Met:</td><td>Yes</td></tr> <tr><td>Land Applied:</td><td>No</td></tr> <tr><td>Process:</td><td>Pasteurization</td></tr> <tr><td>Process Description:</td><td>we do not land apply farmers do that</td></tr> </table> | Outfall Number: | 005 | Biosolids Class: | A | Bacteria Type and Limit: | Fecal Coliform | Sample Dates: | 01/01/2025 - 12/31/2025 | Density: | 9 | Sample Concentration Amount: | MPN/G TS | Requirement Met: | Yes | Land Applied: | No | Process: | Pasteurization | Process Description: | we do not land apply farmers do that | |
| Outfall Number: | 005 | | | | | | | | | | | | | | | | | | | | |
| Biosolids Class: | A | | | | | | | | | | | | | | | | | | | | |
| Bacteria Type and Limit: | Fecal Coliform | | | | | | | | | | | | | | | | | | | | |
| Sample Dates: | 01/01/2025 - 12/31/2025 | | | | | | | | | | | | | | | | | | | | |
| Density: | 9 | | | | | | | | | | | | | | | | | | | | |
| Sample Concentration Amount: | MPN/G TS | | | | | | | | | | | | | | | | | | | | |
| Requirement Met: | Yes | | | | | | | | | | | | | | | | | | | | |
| Land Applied: | No | | | | | | | | | | | | | | | | | | | | |
| Process: | Pasteurization | | | | | | | | | | | | | | | | | | | | |
| Process Description: | we do not land apply farmers do that | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%;">Outfall Number:</td><td style="text-align: center;">005</td></tr> <tr><td>Biosolids Class:</td><td style="text-align: center;">A</td></tr> <tr><td>Bacteria Type and Limit:</td><td style="text-align: center;">Fecal Coliform</td></tr> <tr><td>Sample Dates:</td><td>04/01/2025 - 06/30/2025</td></tr> <tr><td>Density:</td><td>9</td></tr> <tr><td>Sample Concentration Amount:</td><td>MPN/G TS</td></tr> <tr><td>Requirement Met:</td><td>Yes</td></tr> <tr><td>Land Applied:</td><td>No</td></tr> <tr><td>Process:</td><td>Pasteurization</td></tr> <tr><td>Process Description:</td><td>We haul to farmers they apply.</td></tr> </table> | Outfall Number: | 005 | Biosolids Class: | A | Bacteria Type and Limit: | Fecal Coliform | Sample Dates: | 04/01/2025 - 06/30/2025 | Density: | 9 | Sample Concentration Amount: | MPN/G TS | Requirement Met: | Yes | Land Applied: | No | Process: | Pasteurization | Process Description: | We haul to farmers they apply. | |
| Outfall Number: | 005 | | | | | | | | | | | | | | | | | | | | |
| Biosolids Class: | A | | | | | | | | | | | | | | | | | | | | |
| Bacteria Type and Limit: | Fecal Coliform | | | | | | | | | | | | | | | | | | | | |
| Sample Dates: | 04/01/2025 - 06/30/2025 | | | | | | | | | | | | | | | | | | | | |
| Density: | 9 | | | | | | | | | | | | | | | | | | | | |
| Sample Concentration Amount: | MPN/G TS | | | | | | | | | | | | | | | | | | | | |
| Requirement Met: | Yes | | | | | | | | | | | | | | | | | | | | |
| Land Applied: | No | | | | | | | | | | | | | | | | | | | | |
| Process: | Pasteurization | | | | | | | | | | | | | | | | | | | | |
| Process Description: | We haul to farmers they apply. | | | | | | | | | | | | | | | | | | | | |

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| | |
|------------------------------|---------------------------------------|
| Outfall Number: | 005 |
| Biosolids Class: | A |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 07/01/2025 - 09/30/2025 |
| Density: | 9 |
| Sample Concentration Amount: | MPN/G TS |
| Requirement Met: | Yes |
| Land Applied: | No |
| Process: | Pasteurization |
| Process Description: | We don't land apply. Farmers do that. |

| | |
|------------------------------|-----------------------------------|
| Outfall Number: | 005 |
| Biosolids Class: | A |
| Bacteria Type and Limit: | Fecal Coliform |
| Sample Dates: | 10/01/2025 - 12/31/2025 |
| Density: | 9 |
| Sample Concentration Amount: | MPN/G TS |
| Requirement Met: | Yes |
| Land Applied: | No |
| Process: | Pasteurization |
| Process Description: | We haul to farmers and they apply |

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: | 005 |
| Method Date: | 03/31/2025 |
| Option Used To Satisfy Requirement: | pH Adjustment of Sludge |
| Requirement Met: | Yes |
| Land Applied: | No |
| Limit (if applicable): | |
| Results (if applicable): | |

| | |
|-------------------------------------|-------------------------|
| Outfall Number: | 005 |
| Method Date: | 12/31/2025 |
| Option Used To Satisfy Requirement: | pH Adjustment of Sludge |
| Requirement Met: | Yes |
| Land Applied: | No |
| Limit (if applicable): | |
| Results (if applicable): | |

Item 13.

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5/5/2026 **2025**

| | | | |
|---|-------------------------|--|----------|
| Outfall Number: | 005 | | 0 |
| Method Date: | 06/30/2025 | | |
| Option Used To Satisfy Requirement: | pH Adjustment of Sludge | | |
| Requirement Met: | Yes | | |
| Land Applied: | No | | |
| Limit (if applicable): | | | |
| Results (if applicable): | | | |
| Outfall Number: | 005 | | 0 |
| Method Date: | 09/30/2025 | | |
| Option Used To Satisfy Requirement: | pH Adjustment of Sludge | | |
| Requirement Met: | Yes | | |
| Land Applied: | No | | |
| Limit (if applicable): | | | |
| Results (if applicable): | | | |
| Outfall Number: | 005 | | 0 |
| Method Date: | 12/31/2025 | | |
| Option Used To Satisfy Requirement: | pH Adjustment of Sludge | | |
| Requirement Met: | Yes | | |
| Land Applied: | No | | |
| Limit (if applicable): | | | |
| Results (if applicable): | | | |
| <p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| <p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> >= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> < 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| <p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 5px;">No issues</div> | | | |

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

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2025

Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

Yes

No

If No, please explain:

Could use more help/staff for:

1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?

Yes

No

If No, please explain:

2. Preventative Maintenance

2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?

Yes (Continue with question 2)

No (40 points)

If No, please explain, then go to question 3:

2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?

Yes

No (10 points)

2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?

Yes

Paper file system

Computer system

Both paper and computer system

No (10 points)

0

3. O&M Manual

3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?

Yes

No

4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

Excellent

Very good

Good

Fair

Poor

Describe your rating:

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continue to do upgrades yearly.

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

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2025

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:

BRANDY L LEIS

Certification No:

31636

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 | | X | | |
| D | Disinfection | X | | | X |
| L | Laboratory | X | | | X |
| U | Unique Treatment Systems | | | | |
| SS | Sanitary Sewage Collection | X | NA | NA | X |

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)

2.3 For wastewater treatment facilities with a registered or certified laboratory, is at least one operator that works in the laboratory certified at the basic level in the laboratory (L) subclass?

- Yes
- No
- N/A – Wastewater treatment facility does not have a registered or certified laboratory

2.4 For wastewater treatment facilities that own and operate a sanitary sewage collection system, has at least one operator been designated the OIC for sanitary sewage collection system and certified at the basic level in the sanitary sewage collection system (SS) subclass?

- Yes
- No
- N/A – Owner of the Wastewater treatment facility does not own and operate a sanitary sewage collection system

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

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| | |
|---|----------|
| <input type="checkbox"/> An arrangement with another certified operator <input type="checkbox"/> An arrangement with another community with a certified operator <input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year <input type="checkbox"/> A consultant to serve as your certified operator <input type="checkbox"/> None of the above (20 points) If "None of the above" is selected, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | 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? OIT and Basic Certification: <input type="radio"/> Averaging 6 or more CECs per year. <input type="radio"/> Averaging less than 6 CECs per year. Advanced Certification: <input checked="" type="radio"/> Averaging 8 or more CECs per year. <input type="radio"/> Averaging less than 8 CECs per year. | |

| | |
|---|------------|
| 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="Megan Sweda"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-374-7452"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="msweda@tomahwi.gov"/></p> | | | | | | | | | | | | | | | | | |
| <p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 80px;" type="text" value="2025"/></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="2025"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 100%;" type="text" value="1,667,770.00"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="3,956.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="1,663,814.00"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="41,168.00"/></td> </tr> </table> | 3.2.1 Ending Balance Reported on Last Year's CMAR | | \$ | <input style="width: 100%;" type="text" value="1,667,770.00"/> | 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) | - | \$ | <input style="width: 100%;" type="text" value="3,956.00"/> | 3.2.3 Adjusted January 1st Beginning Balance | | \$ | <input style="width: 100%;" type="text" value="1,663,814.00"/> | 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | + | \$ | <input style="width: 100%;" type="text" value="41,168.00"/> | |
| 3.2.1 Ending Balance Reported on Last Year's CMAR | | \$ | <input style="width: 100%;" type="text" value="1,667,770.00"/> | | | | | | | | | | | | | | |
| 3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) | - | \$ | <input style="width: 100%;" type="text" value="3,956.00"/> | | | | | | | | | | | | | | |
| 3.2.3 Adjusted January 1st Beginning Balance | | \$ | <input style="width: 100%;" type="text" value="1,663,814.00"/> | | | | | | | | | | | | | | |
| 3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) | + | \$ | <input style="width: 100%;" type="text" value="41,168.00"/> | | | | | | | | | | | | | | |

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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

\$ 1,704,982.00

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? \$ 1,000,000.00

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 | Replace Polymer system | \$70,000 | 2026 |
| 2 | Upgrade Oxidation Ditch | \$500,000 | 2030 |
| 3 | Hollister and Schaller sewer replace | \$2,100,000 | 2026 |
| 4 | List station abandon | \$750,000 | 2026 |
| 5 | Lift station replacement | \$750,000 | 2028 |
| 6 | Replace second half of Hollister sewer main | \$2,100,000 | 2027 |
| 7 | Replace lift station | \$1,000,000 | 2030 |

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

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| | Electricity Consumed (kWh) | Natural Gas Consumed (therms) |
|----------------|----------------------------|-------------------------------|
| January | 8,620 | |
| February | 7,823 | |
| March | 7,958 | |
| April | 8,581 | |
| May | 6,770 | |
| June | 5,950 | |
| July | 5,794 | |
| August | 5,029 | |
| September | 5,499 | |
| October | 5,790 | |
| November | 5,793 | |
| December | 8,122 | |
| Total | 81,729 | 0 |
| Average | 6,811 | 0 |

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

- No
- Yes

Year:

By Whom:

Describe and Comment:

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6.4 Future Energy Related Equipment

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

eliminate a lift station fall of 2026

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 | 83,000 | 33.19 | 2,501 | 99.63 | 833 | 4,603 |
| February | 73,000 | 27.94 | 2,613 | 90.22 | 809 | 4,483 |
| March | 82,000 | 36.05 | 2,275 | 109.06 | 752 | 2,130 |
| April | 91,000 | 40.00 | 2,275 | 97.47 | 934 | 1,573 |
| May | 56,200 | 41.41 | 1,357 | 125.49 | 448 | 490 |
| June | 69,000 | 46.05 | 1,498 | 123.66 | 558 | 71 |
| July | 57,900 | 48.21 | 1,201 | 113.24 | 511 | 1 |
| August | 49,900 | 36.37 | 1,372 | 99.67 | 501 | 20 |
| September | 97,000 | 33.61 | 2,886 | 103.89 | 934 | 72 |
| October | 104,000 | 33.09 | 3,143 | 109.40 | 951 | 637 |
| November | 89,000 | 30.08 | 2,959 | 106.32 | 837 | 2,363 |
| December | 89,000 | 31.45 | 2,830 | 109.74 | 811 | 4,713 |
| Total | 941,000 | 437.45 | | 1,287.79 | | 21,156 |
| Average | 78,417 | 36.45 | 2,243 | 107.32 | 740 | 1,763 |

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?

Changing our oxidation ditch drives to VFDs

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:

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="32"/> | % of system/year |
| Root removal | <input type="text" value=".001"/> | % of system/year |
| Flow monitoring | <input type="text" value="100"/> | % of system/year |
| Smoke testing | <input type="text" value="0"/> | % of system/year |
| Sewer line televising | <input type="text" value="25"/> | % of system/year |
| Manhole inspections | <input type="text" value="42"/> | % of system/year |
| Lift station O&M | <input type="text" value="13"/> | # per L.S./year |
| Manhole rehabilitation | <input type="text" value=".03"/> | % of manholes rehabbed |
| Mainline rehabilitation | <input type="text" value=".02"/> | % of sewer lines rehabbed |
| Private sewer inspections | <input type="text" value="0"/> | % of system/year |
| Private sewer I/I | <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="38.338"/> | Total actual amount of precipitation last year in inches |
| <input type="text" value="32"/> | Annual average precipitation (for your location) |
| <input type="text" value="57"/> | Miles of sanitary sewer |
| <input type="text" value="7"/> | 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="4"/> | Number of complaints |
| <input type="text" value="1.2"/> | Average daily flow in MGD (if available) |
| <input type="text" value="2.870"/> | 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="0.02"/> | Basement backups (number/sewer mile) |
| <input type="text" value="0.07"/> | Complaints (number/sewer mile) |
| <input type="text" value="2.4"/> | Peaking factor ratio (Peak Monthly:Annual Daily Avg) |
| <input type="text" value="0.0"/> | 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: | |
| none | |
| 5.4 What is being done to address infiltration/inflow in your collection system? | |
| Replacing old sewers and installing sump pump lines | |

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

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Grading Summary

WPDES No: 0021318

| SECTIONS | LETTER GRADE | GRADE POINTS | WEIGHTING FACTORS | SECTION POINTS |
|---|--------------|--------------|-------------------|----------------|
| Influent | A | 4 | 3 | 12 |
| BOD/CBOD | C | 2 | 10 | 20 |
| 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 |
| TOTALS | | | 37 | 128 |
| GRADE POINT AVERAGE (GPA) = 3.46 | | | | |

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: | <input type="text" value="City of Tomah Wastewater"/> |
| Date of Resolution or Action Taken: | <input type="text"/> |
| Resolution Number: | <input type="text"/> |
| Date of Submittal: | <input type="text"/> |

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 = C

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

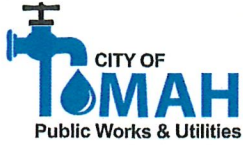
Collection Systems: Grade = A

(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. = 3.46



STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Discussion and Potential Action – Adding Additional Trees in the city limits

Summary and background information: (Appropriate documents attached)

This item was carried over from last months request to appear.

Fiscal Note:

Recommendation:

Recommendation based on discussion

A handwritten signature in black ink that reads "Brandy Leis". The signature is written in a cursive style and is positioned above a horizontal line.

Public Works & Utilities Director
Brandy Leis

A handwritten date in black ink that reads "5/19/26". The date is written in a cursive style and is positioned above a horizontal line.

Date



STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Discussion and Potential Action: Recommendation to Amend Ordinance Sec. 38-33
(Nonresidential Property)

Summary and background information: (Appropriate documents attached)

This item was carried over from last month's discussion.

Fiscal Note:

Amending this ordinance would impose a financial burden and create fiscal pressure on the Public Works Department.

Recommendation:

Recommendation based on discussion



Public Works & Utilities Director
Brandy Leis



Date

Sec. 38-33. - Repair; replacement.

- (a) *Residential property.* The city shall pay for the repair or replacement of sidewalks for residential property; provided, however, that the city shall not pay for, and the owner shall bear responsibility for, any repair or replacement which is the proximate result of any intentional or negligent damage by the property owner, or the property owner's tenant, lessee, assignee, employee, agent, or guest.
- (b) *Nonresidential property.* The property owner of nonresidential property shall pay for all repair or replacement of sidewalks for said property.
- (c) *Notice to owner.* If the property owner is responsible for maintenance, repairs, and replacement of sidewalks pursuant to this article, the city may, by resolution or order, direct laying, removal, replacement or repair or any sidewalk or part thereof. Notice of the directive shall be served upon the responsible owner of each property either by personally delivering the same to the owner or his agent or, in case the owner or agent cannot be found in the city, by publishing one insertion in the official newspaper.
- (d) *Default by owner.* If the property owner, after notice has been served as provided in this section, shall neglect for a period of 20 days after notice to lay, remove, replace or repair the sidewalk, the city may cause the work to be done at the expense of the owner. The charges shall be entered in the tax roll as a special tax to be collected in the same manner as other taxes.

(Code 1993, § 8.02(5)—(7))

Contractor's Application for Payment

| | |
|--|--|
| Owner: <u>City of Tomah</u> | Owner's Project No.: _____ |
| Engineer: <u>Town & Country Engineering, Inc.</u> | Engineer's Project No.: <u>TO 149</u> |
| Contractor: <u>Gerke Excavating, Inc.</u> | Contractor's Project No.: _____ |
| Project: <u>2025 Lake Tomah Forebay Cleaning</u> | |
| Application No.: <u>3 - Final</u> | |
| Application Date: <u>5/12/2026</u> | |
| Application Period: From <u>11/11/2025</u> to <u>5/1/2026</u> | |

| | |
|--|---------------------|
| 1. Original Contract Price | \$ 356,443.00 |
| 2. Net change by Change Orders | \$ - |
| 3. Current Contract Price (Line 1 + Line 2) | \$ 356,443.00 |
| 4. Total Work completed and materials stored to date (Sum of Column G Lump Sum Total and Column J Unit Price Total) | \$ 288,551.75 |
| 5. Retainage | |
| a. <u>0.0%</u> X <u>\$ 288,551.75</u> Work Completed | \$ - |
| b. <u>5.0%</u> X _____ Stored Materials | \$ - |
| c. Total Retainage (Line 5.a + Line 5.b) | \$ - |
| 6. Amount eligible to date (Line 4 - Line 5.c) | \$ 288,551.75 |
| 7. Less previous payments (Line 6 from prior application) | \$ 268,622.25 |
| 8. Amount due this application | \$ 19,929.50 |

Contractor's Certification

The undersigned Contractor certifies, to the best of its knowledge, the following:

Contractor: Gerke Excavating Inc

Signature: [Signature] **Date:** 5/14/26

| | |
|--|--------------------------|
| Recommended by Engineer | Approved by Owner |
| By: <u>Nikolas Danava [Signature]</u> | By: _____ |
| Title: <u>Project Engineer</u> | Title: _____ |
| Date: <u>5-14-2026</u> | Date: _____ |

Approved by Funding Agency

By: _____ **By:** _____

Title: _____ **Title:** _____

Date: _____ **Date:** _____

Progress Estimate - Unit Price Work

Contractor's Application for Payment

Owner: City of Tomah
 Engineer: Town & Country Engineering, Inc.
 Contractor: Gerke Excavating, Inc.
 Project: 2025 Lake Tomah Forebay Cleaning

Owner's Project No.
 Engineer's Project No. TO 149
 Contractor's Project No.

Application No.: 3 - Final

From 11/11/2025 to 5/1/2026

Application Date: 5/12/2026

| A | B | C | D | E | F | | | G | H | J | K |
|-------------------|--|----------------------|----------|---------------------------------|--------------------------------|-------------|---------------------|---|--|--|--------------------------------|
| Bid Item No. | Description | Contract Information | | | | This Period | | Work Completed | | Work Completed and Materials Stored to Date (H) (\$) | % of Value of Item (J / F) (%) |
| | | Item Qty. | Units | Unit Price (\$) | Value of Bid Item (C X E) (\$) | Qty. | Value (\$) | Estimated Quantity Incorporated in the Work | Value of Work Completed to Date (E X G) (\$) | | |
| Original Contract | | | | | | | | | | | |
| BASE BID | | | | | | | | | | | |
| 1 | Excavation and Disposal of Lake Tomah Forebay Sediment | 1 | lump sum | \$ 271,565.00 | \$ 271,565.00 | - | \$ - | 0.75 | \$ 203,673.75 | \$ 203,673.75 | 75% |
| 2 | Clearing and Grubbing | 1 | lump sum | \$ 6,580.00 | \$ 6,580.00 | - | \$ - | 1.00 | \$ 6,580.00 | \$ 6,580.00 | 100% |
| 3 | Site Restoration | 1 | lump sum | \$ 40,661.00 | \$ 40,661.00 | 0.75 | \$ 30,495.75 | 1.00 | \$ 40,661.00 | \$ 40,661.00 | 100% |
| 4 | Erosion Control | 1 | lump sum | \$ 37,637.00 | \$ 37,637.00 | - | \$ - | 1.00 | \$ 37,637.00 | \$ 37,637.00 | 100% |
| | | | | Original Contract Totals | \$ 356,443.00 | | \$ 30,495.75 | | \$ 288,551.75 | \$ 288,551.75 | 81% |

Contractor's Application for Payment

| | |
|---|---|
| Owner: <u>City of Tomah</u> Engineer: <u>Town & Country Engineering, Inc.</u> Contractor: <u>Gerke Excavating, Inc.</u> Project: <u>2026 Street and Utility Improvements</u> | Owner's Project No.: _____ Engineer's Project No.: <u>TO 150</u> Contractor's Project No.: _____ |
| Application No.: <u>2</u> | |
| Application Period: From <u>4/10/2026</u> to <u>5/8/2026</u> | |
| Application Date: <u>5/12/2026</u> | |

| | |
|--|-----------------|
| 1. Original Contract Price | \$ 3,056,123.86 |
| 2. Net change by Change Orders | \$ - |
| 3. Current Contract Price (Line 1 + Line 2) | \$ 3,056,123.86 |
| 4. Total Work completed and materials stored to date (Sum of Column G Lump Sum Total and Column J Unit Price Total) | \$ 495,713.79 |
| 5. Retainage | |
| a. <u>5.0%</u> X <u>\$ 495,713.79</u> Work Completed | \$ 24,785.69 |
| b. <u>5.0%</u> X _____ Stored Materials | \$ - |
| c. Total Retainage (Line 5.a + Line 5.b) | \$ 24,785.69 |
| 6. Amount eligible to date (Line 4 - Line 5.c) | \$ 470,928.10 |
| 7. Less previous payments (Line 6 from prior application) | \$ 89,749.39 |
| 8. Amount due this application | \$ 381,178.71 |
| 9. Balance to finish, including retainage (Line 3 - Line 6) | \$ 2,585,195.76 |

Contractor's Certification

The undersigned Contractor certifies, to the best of its knowledge, the following:

- (1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment;
- (2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such liens, security interest, or encumbrances); and
- (3) All the Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Contractor: Gerke Excavating Inc
Signature: [Signature] **Date:** 5/13/26

| | |
|---|--|
| Recommended by Engineer By: <u>Nikolas Oran</u> Title: <u>Project Engineer</u> Date: <u>5-14-2026</u> | Approved by Owner By: _____ Title: _____ Date: _____ |
|---|--|

| | |
|---|--|
| Approved by Funding Agency By: _____ Title: _____ Date: _____ | By: _____ Title: _____ Date: _____ |
|---|--|

Progress Estimate - Unit Price Work **Contractor's Application for Payment**

Owner: City of Tomah
 Engineer: Town & Country Engineering, Inc.
 Contractor: Gerke Excavating, Inc.
 Project: 2026 Street and Utility Improvements - Hollister Ave, Schaller St and West Elizabeth St

Owner's Project No.
 Engineer's Project No. TO 150
 Contractor's Project No.

Application No.: 2 From 4/10/2026 to 5/8/2026 Application Date: 5/12/2026

| A Bid Item No. | B Description | C Contract Information | | | | D This Period | | E Work Completed | | G Estimated Quantity Incorporated in the Work | H Value of Work Completed to Date (E X G) (\$) | J Work Completed and Materials Stored to Date (H) (\$) | K % of Value of Item (J / F) (%) | L Balance to Finish (F - J) (\$) |
|--|--|---------------------------|------------|----------------------|-------------------------------------|------------------|-----------------|---------------------|---------------|--|---|---|-------------------------------------|-------------------------------------|
| | | F Item Qty. | G Units | H Unit Price (\$) | I Value of Bid Item (C X E) (\$) | J Qty. | K Value (\$) | | | | | | | |
| Original Contract | | | | | | | | | | | | | | |
| BASE BID - Hollister Avenue, Elizabeth Street and Schaeffer Street | | | | | | | | | | | | | | |
| 1 | 8" PVC Sanitary Sewer | 2,380 | lin. ft. | \$ 88.95 | \$ 211,701.00 | 810.00 | \$ 72,049.50 | 810.00 | \$ 72,049.50 | \$ 72,049.50 | \$ 72,049.50 | 34% | \$ 139,651.50 | |
| 2 | 6" PVC Sanitary Sewer Laterals | 885 | lin. ft. | \$ 44.72 | \$ 39,577.20 | 226.00 | \$ 10,106.72 | 226.00 | \$ 10,106.72 | \$ 10,106.72 | \$ 10,106.72 | 26% | \$ 29,470.48 | |
| 3 | 48" Standard Sanitary Manhole Masonry | 48 | vert. ft. | \$ 547.06 | \$ 26,083.82 | 19.30 | \$ 10,558.26 | 19.30 | \$ 10,558.26 | \$ 10,558.26 | \$ 10,558.26 | 40% | \$ 15,525.56 | |
| 4 | Sanitary Manhole Castings | 13 | each | \$ 1,886.12 | \$ 24,519.56 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 24,519.56 | |
| 5 | Existing Casting Adjustment | 8 | each | \$ 821.42 | \$ 6,571.36 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 6,571.36 | |
| 6 | 8" x 6" Sanitary Sewer Wyes | 25 | each | \$ 352.69 | \$ 8,817.25 | 9.00 | \$ 3,174.21 | 9.00 | \$ 3,174.21 | \$ 3,174.21 | \$ 3,174.21 | 36% | \$ 5,643.04 | |
| 7 | 6" x 4" PVC Reducers | 14 | each | \$ 327.28 | \$ 4,581.92 | 6.00 | \$ 1,963.68 | 6.00 | \$ 1,963.68 | \$ 1,963.68 | \$ 1,963.68 | 43% | \$ 2,618.24 | |
| 8 | Sanitary Service Lateral Reconnections | 21 | each | \$ 639.20 | \$ 13,423.20 | 6.00 | \$ 3,835.20 | 6.00 | \$ 3,835.20 | \$ 3,835.20 | \$ 3,835.20 | 29% | \$ 9,588.00 | |
| 9 | 12" D.I. Water Main | 1,740 | lin. ft. | \$ 146.49 | \$ 254,892.60 | 997.00 | \$ 146,050.53 | 997.00 | \$ 146,050.53 | \$ 146,050.53 | \$ 146,050.53 | 57% | \$ 108,842.07 | |
| 10 | 8" D.I. Water Main | 1,980 | lin. ft. | \$ 107.77 | \$ 213,384.60 | 54.00 | \$ 5,819.58 | 54.00 | \$ 5,819.58 | \$ 5,819.58 | \$ 5,819.58 | 3% | \$ 207,565.02 | |
| 11 | 6" D.I. Hydrant Leads and Water Main | 84 | lin. ft. | \$ 140.70 | \$ 11,818.80 | 28.00 | \$ 3,939.60 | 28.00 | \$ 3,939.60 | \$ 3,939.60 | \$ 3,939.60 | 33% | \$ 7,879.20 | |
| 12 | 4" Styrofoam Insulation | 8 | lin. ft. | \$ 148.62 | \$ 1,188.96 | 8.00 | \$ 1,188.96 | 8.00 | \$ 1,188.96 | \$ 1,188.96 | \$ 1,188.96 | 100% | \$ - | |
| 13 | 12" Gate Valves and Boxes | 7 | each | \$ 5,209.64 | \$ 36,467.48 | 4.00 | \$ 20,838.56 | 4.00 | \$ 20,838.56 | \$ 20,838.56 | \$ 20,838.56 | 57% | \$ 15,628.92 | |
| 14 | 8" Gate Valves and Boxes | 5 | each | \$ 3,005.34 | \$ 15,026.70 | 1.00 | \$ 3,005.34 | 1.00 | \$ 3,005.34 | \$ 3,005.34 | \$ 3,005.34 | 20% | \$ 12,021.36 | |
| 15 | 6" Gate Valves and Boxes | 7 | each | \$ 2,169.01 | \$ 15,183.07 | 2.00 | \$ 4,338.02 | 2.00 | \$ 4,338.02 | \$ 4,338.02 | \$ 4,338.02 | 29% | \$ 10,845.05 | |
| 16 | Hydrants | 7 | each | \$ 6,476.49 | \$ 45,335.43 | 2.00 | \$ 12,952.98 | 2.00 | \$ 12,952.98 | \$ 12,952.98 | \$ 12,952.98 | 29% | \$ 32,382.45 | |
| 17 | 1" Corporation Stops | 38 | each | \$ 354.64 | \$ 13,476.32 | 5.00 | \$ 1,773.20 | 6.00 | \$ 2,127.84 | \$ 2,127.84 | \$ 2,127.84 | 16% | \$ 11,348.48 | |
| 18 | 1.5" Corporation Stops | 1 | each | \$ 1,477.78 | \$ 1,477.78 | 1.00 | \$ 1,477.78 | 1.00 | \$ 1,477.78 | \$ 1,477.78 | \$ 1,477.78 | 100% | \$ - | |
| 19 | 1" Curb Stops | 38 | each | \$ 461.12 | \$ 17,522.56 | 5.00 | \$ 2,305.60 | 6.00 | \$ 2,766.72 | \$ 2,766.72 | \$ 2,766.72 | 16% | \$ 14,755.84 | |
| 20 | 1.5" Curb Stops | 1 | each | \$ 1,474.31 | \$ 1,474.31 | 1.00 | \$ 1,474.31 | 1.00 | \$ 1,474.31 | \$ 1,474.31 | \$ 1,474.31 | 100% | \$ - | |
| 21 | 1" Curb Stop Boxes | 38 | each | \$ 360.91 | \$ 13,714.58 | 5.00 | \$ 1,804.55 | 6.00 | \$ 2,165.46 | \$ 2,165.46 | \$ 2,165.46 | 16% | \$ 11,549.12 | |
| 22 | 1.5" Curb Stop Boxes | 1 | each | \$ 1,262.70 | \$ 1,262.70 | 1.00 | \$ 1,262.70 | 1.00 | \$ 1,262.70 | \$ 1,262.70 | \$ 1,262.70 | 100% | \$ - | |
| 23 | 1" Copper Water Service Laterals | 1,300 | lin. ft. | \$ 44.14 | \$ 57,382.00 | 222.00 | \$ 9,799.08 | 256.00 | \$ 11,299.84 | \$ 11,299.84 | \$ 11,299.84 | 20% | \$ 46,082.16 | |
| 24 | 1.5" Copper Water Service Laterals | 25 | lin. ft. | \$ 69.96 | \$ 1,749.00 | 21.00 | \$ 1,469.16 | 21.00 | \$ 1,469.16 | \$ 1,469.16 | \$ 1,469.16 | 84% | \$ 279.84 | |
| 25 | Water Service Lateral Reconnections | 35 | each | \$ 313.69 | \$ 10,979.15 | 7.00 | \$ 2,195.83 | 7.00 | \$ 2,195.83 | \$ 2,195.83 | \$ 2,195.83 | 20% | \$ 8,783.32 | |
| 26 | Existing Main Reconnections | 7 | each | \$ 5,155.26 | \$ 36,086.82 | 2.00 | \$ 10,310.52 | 2.00 | \$ 10,310.52 | \$ 10,310.52 | \$ 10,310.52 | 29% | \$ 25,776.30 | |
| 27 | 12" HP Storm Sewer | 640 | lin. ft. | \$ 42.89 | \$ 27,449.60 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 27,449.60 | |
| 28 | 15" HP Storm Sewer | 210 | lin. ft. | \$ 49.23 | \$ 10,338.30 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 10,338.30 | |
| 29 | 18" HP Storm Sewer | 1,070 | lin. ft. | \$ 57.41 | \$ 61,428.70 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 61,428.70 | |
| 30 | 12" HP Apron Endwall Without Grate | 3 | each | \$ 501.81 | \$ 1,505.43 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 1,505.43 | |
| 31 | 18" HP Apron Endwall With Grate | 1 | each | \$ 1,569.64 | \$ 1,569.64 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 1,569.64 | |
| 32 | 4" Sump Drain | 430 | lineal ft. | \$ 27.12 | \$ 11,661.60 | - | \$ - | - | \$ - | \$ - | \$ - | 0% | \$ 11,661.60 | |

| Bid Item No. | Description | Contract Information | | | | This Period | | Work Completed | | Work Completed and Materials Stored to Date (H) (\$) | % of Value of Item (J / F) (%) | Balance to Finish (F - J) (\$) |
|--|---|----------------------|----------|-----------------|--------------------------------|-------------|--------------|---|--|--|--------------------------------|--------------------------------|
| | | Item Qty. | Units | Unit Price (\$) | Value of Bid Item (C X E) (\$) | Qty. | Value (\$) | Estimated Quantity Incorporated in the Work | Value of Work Completed to Date (E X G) (\$) | | | |
| 33 | 4" PVC Tees or Elbows for Sump Pump Drains | 6 | each | \$ 208.56 | \$ 1,251.36 | - | \$ - | - | \$ - | \$ - | 0% | \$ 1,251.36 |
| 34 | Rectangular Curb Catch Basin with Casting | 33 | each | \$ 3,840.05 | \$ 126,721.65 | - | \$ - | - | \$ - | \$ - | 0% | \$ 126,721.65 |
| 35 | Excavation/Fill to Subgrade | 1 | lump sum | \$ 193,757.17 | \$ 193,757.17 | 0.20 | \$ 38,751.43 | 0.30 | \$ 58,127.15 | \$ 58,127.15 | 30% | \$ 135,630.02 |
| 36 | Excavation and Disposal of Bad Subbase Below Subgrade | 1,750 | cu. yd. | \$ 13.19 | \$ 23,082.50 | - | \$ - | - | \$ - | \$ - | 0% | \$ 23,082.50 |
| 37 | 3" Breaker Run Base Course & Breaker Run Replacement of Excavation of Bad Subbase Below Subgrade | 15,450 | tons | \$ 14.99 | \$ 231,595.50 | - | \$ - | - | \$ - | \$ - | 0% | \$ 231,595.50 |
| 38 | 3/4" Crushed Aggregate Base Course | 11,500 | tons | \$ 16.49 | \$ 189,635.00 | 238.94 | \$ 3,940.12 | 238.94 | \$ 3,940.12 | \$ 3,940.12 | 2% | \$ 185,694.88 |
| 39 | Sawcutting Existing Concrete and Asphalt Pavements | 1,650 | lin. ft. | \$ 2.36 | \$ 3,894.00 | - | \$ - | 1,000.00 | \$ 2,360.00 | \$ 2,360.00 | 61% | \$ 1,534.00 |
| 40 | Topsoil Restoration, Seeding, Fertilizing & Mulching | 10,000 | sq. yds. | \$ 5.85 | \$ 58,500.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 58,500.00 |
| 41 | 1.75" Hot Mix Asphalt Lower Course, Type 4 LT | 1,700 | tons | \$ 133.94 | \$ 227,698.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 227,698.00 |
| 42 | Clean & Tack | 15,400 | sq. yds. | \$ 1.01 | \$ 15,554.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 15,554.00 |
| 43 | 1.5" Hot Mix Asphalt Surface Course, Type 5 LT | 1,480 | tons | \$ 115.90 | \$ 171,532.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 171,532.00 |
| 44 | 3" Hot-Mix Asphalt Driveways | 450 | sq. yds. | \$ 30.50 | \$ 13,725.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 13,725.00 |
| 45 | 24" Concrete Curb & Gutter | 7,125 | lin. ft. | \$ 17.85 | \$ 127,181.25 | - | \$ - | - | \$ - | \$ - | 0% | \$ 127,181.25 |
| 46 | 4" Thick Concrete Sidewalk | 34,000 | sq. ft. | \$ 5.76 | \$ 195,840.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 195,840.00 |
| 47 | 6" Thick Concrete Sidewalk and Driveway Approaches | 17,500 | sq. ft. | \$ 5.88 | \$ 102,900.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 102,900.00 |
| 48 | Remove and Replace Walkway with Rail | 1 | lump sum | \$ 4,986.42 | \$ 4,986.42 | - | \$ - | - | \$ - | \$ - | 0% | \$ 4,986.42 |
| 49 | Remove and Reinstall Brick Drive at #515 Schaller Street | 1 | lump sum | \$ 1,862.42 | \$ 1,862.42 | - | \$ - | - | \$ - | \$ - | 0% | \$ 1,862.42 |
| 50 | Remove, Relocate and Reinstall Mailboxes and Signs | 1 | lump sum | \$ 10,822.53 | \$ 10,822.53 | 0.50 | \$ 5,411.27 | 0.50 | \$ 5,411.27 | \$ 5,411.27 | 50% | \$ 5,411.26 |
| 51 | Regrade Ditch Station 21+30 | 100 | lin. ft. | \$ 17.45 | \$ 1,745.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 1,745.00 |
| 52 | Erosion Control | 1 | lump sum | \$ 9,377.23 | \$ 9,377.23 | 1.00 | \$ 9,377.23 | 1.00 | \$ 9,377.23 | \$ 9,377.23 | 100% | \$ - |
| 53 | Traffic Control | 1 | lump sum | \$ 10,080.00 | \$ 10,080.00 | 1.00 | \$ 10,080.00 | 1.00 | \$ 10,080.00 | \$ 10,080.00 | 100% | \$ - |
| 54 | Valley Gutter | 1 | each | \$ 2,625.00 | \$ 2,625.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 2,625.00 |
| ALTERNATE BID NO. 1 - Recycled Aggregate | | | | \$ - | \$ - | - | \$ - | - | \$ - | \$ - | - | \$ - |
| A1-1 | Add/Deduct for 3" Recycled Concrete Breaker Run Base Course (pay in addition to Base Bid Item 38) | 16,550 | tons | \$ - | \$ - | - | \$ - | - | \$ - | \$ - | - | \$ - |
| A1-2 | Add/Deduct for 3/4" Recycled Concrete Base Course (pay in addition to Base Bid Item 39) | 12,100 | tons | \$ (0.52) | \$ (6,292.00) | 743.19 | \$ (386.46) | 1,225.02 | \$ (637.01) | \$ (637.01) | 10% | \$ (5,654.99) |
| ALTERNATE BID NO. 2 - Glendale Avenue | | | | \$ - | \$ - | - | \$ - | - | \$ - | \$ - | - | \$ - |
| A2-1 | 3" D.I. Water Main | 55 | lin. ft. | \$ 106.69 | \$ 5,867.95 | - | \$ - | 59.00 | \$ 6,294.71 | \$ 6,294.71 | 107% | \$ (426.76) |
| A2-2 | 12" D.I. Water Main | 110 | lin. ft. | \$ 178.12 | \$ 19,593.20 | - | \$ - | 122.00 | \$ 21,730.64 | \$ 21,730.64 | 111% | \$ (2,137.44) |
| A2-3 | 3" Gate Valves and Boxes | 1 | each | \$ 3,901.09 | \$ 3,901.09 | - | \$ - | 1.00 | \$ 3,901.09 | \$ 3,901.09 | 100% | \$ - |
| A2-4 | 12" Gate Valves and Boxes | 2 | each | \$ 5,403.86 | \$ 10,807.72 | - | \$ - | 2.00 | \$ 10,807.72 | \$ 10,807.72 | 100% | \$ - |
| A2-5 | Existing Main Reconnections | 4 | each | \$ 1,875.66 | \$ 7,502.64 | - | \$ - | 4.00 | \$ 7,502.64 | \$ 7,502.64 | 100% | \$ - |

| Bid Item No. | Description | Contract Information | | | | This Period | | Work Completed | | Work Completed and Materials Stored to Date (H) (\$) | % of Value of Item (I / F) (%) | Balance to Finish (F - J) (\$) |
|---------------------------------|--|----------------------|------------------------|------------------------|--------------------------------|-------------|----------------------|---|--|--|--------------------------------|--------------------------------|
| | | Item Qty. | Units | Unit Price (\$) | Value of Bid Item (C X E) (\$) | Qty. | Value (\$) | Estimated Quantity Incorporated in the Work | Value of Work Completed to Date (E X G) (\$) | | | |
| A2-6 | Excavation/Fill to Subgrade | 1 | lump sum | \$ 10,750.06 | \$ 10,750.06 | - | \$ - | 0.50 | \$ 5,375.03 | \$ 5,375.03 | 50% | \$ 5,375.03 |
| A2-7 | Excavation and Disposal of Bad Subbase Below Subgrade | 150 | cu. yd. | \$ 14.29 | \$ 2,143.50 | - | \$ - | - | \$ - | \$ - | 0% | \$ 2,143.50 |
| A2-8 | 3" Breaker Run Base Course & Breaker Run Replacement of Excavation of Bad Subbase Below Subgrade | 1,100 | tons | \$ 14.99 | \$ 16,489.00 | - | \$ - | 371.46 | \$ 5,568.19 | \$ 5,568.19 | 34% | \$ 10,920.81 |
| A2-9 | 3/4" Crushed Aggregate Base Course | 600 | tons | \$ 16.65 | \$ 9,990.00 | 22.42 | \$ 373.29 | 504.25 | \$ 8,395.76 | \$ 8,395.76 | 84% | \$ 1,594.24 |
| A2-10 | Topsoil Restoration, Seeding, Fertilizing & Mulching | 500 | sq. yds. | \$ 9.42 | \$ 4,710.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 4,710.00 |
| A2-11 | 24" Concrete Curb & Gutter | 180 | lin. ft. | \$ 17.85 | \$ 3,213.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 3,213.00 |
| A2-12 | 4" Thick Concrete Sidewalk | 500 | sq. ft. | \$ 10.50 | \$ 5,250.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 5,250.00 |
| A2-13 | 6" Thick Concrete Sidewalk and Driveway Approaches | 1,400 | sq. ft. | \$ 5.88 | \$ 8,232.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 8,232.00 |
| A2-14 | Erosion Control | 1 | lump sum | \$ 477.95 | \$ 477.95 | - | \$ - | 1.00 | \$ 477.95 | \$ 477.95 | 100% | \$ - |
| A2-15 | Traffic Control | 1 | lump sum | \$ 630.00 | \$ 630.00 | - | \$ - | 1.00 | \$ 630.00 | \$ 630.00 | 100% | \$ - |
| SUPPLEMENTAL BID ITEMS | | | | \$ - | \$ - | | \$ - | - | \$ - | \$ - | | \$ - |
| S1 | Existing Property Corner Replacement | 12 | each | \$ 166.69 | \$ 2,000.28 | - | \$ - | - | \$ - | \$ - | 0% | \$ 2,000.28 |
| S2 | Removal and Replacement of Unsuitable Trench Backfill | 2,000 | cu. yds. in the trench | \$ 14.42 | \$ 28,840.00 | - | \$ - | - | \$ - | \$ - | 0% | \$ 28,840.00 |
| Original Contract Totals | | | | \$ 3,056,123.86 | | | \$ 401,240.75 | | \$ 495,713.79 | \$ 495,713.79 | 16% | \$ 2,560,410.07 |