#### CITY COUNCIL MEETING AGENDA CITY OF FOND DU LAC, WISCONSIN

Legislative Chambers 160 S Macy Street

> March 26, 2025 6:00 PM

#### 1. CALL TO ORDER

- a. Roll Call
- b. Declaration a Quorum Is Present
- c. Pledge of Allegiance
- d. Silent Reflection

#### PUBLIC HEARINGS

#### 3. CONSENT AGENDA

- a. March 12, 2025 Minutes
- b. List Of Claims Dated March 19, 2025

#### 4. AUDIENCE COMMENTS (Agenda and Non-agenda items)

#### 5. ACTION ITEMS

a. May 1, 2025-October 1, 2025 Class "B" Fermented Malt Beverage License

Corporation: Fond du Lac Softball Inc.

Agent: Marie Schumacher

Agent Address: N8095 E Ann Randall Dr., Fond du Lac

d/b/a: Fond du Lac Softball Inc.

Location of Premise: Lakeside Park Softball Island Concession

Introduction: City Clerk

#### 6. PRESENTATION OF INPUT ITEMS

a. Property Assessment Revaluation

Presented By: City Manager, Director of Administration and Senior Accountant

b. Annual Stormwater Report

Presented By: City Engineer

c. Proposed Ordinance Updating Financial Assistance Options Available Under Lead Service Line Replacement Program

Presented By: Director of Administration

#### 7. ADJOURN

#### CITY COUNCIL MEETING AGENDA CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> March 12, 2025 Minutes

Subject: March 12, 2025 Minutes

Initiator:

Recommendation:

ATTACHMENTS:

File Name

Minutes\_2025\_3\_12\_Meeting(1200).pdf

#### CITY COUNCIL MEETING MINUTES CITY OF FOND DU LAC, WISCONSIN

Legislative Chambers 160 S Macy Street

> March 12, 2025 6:00 PM

#### CALL TO ORDER

Roll Call

Present
Tiffany Brault
Antonio Godfrey
Keith Heisler
Angela C Luehring
Patrick Mullen
Thomas Schuessler
Brett Zimmermann

#### Administrative Staff

Joseph Moore, City Manager
Dyann Benson, Community Development Director
Tricia Davi, Director of Administration
Deb Hoffmann, City Attorney
Paul De Vries, Director of Public Works
Jon Mark Bolthouse, Library Director
Aaron Goldstein, Chief of Police
Jason Roberts, Assistant Fire Chief
Kathryn Duveneck, IT Services Director

Declaration a Quorum Is Present

President Brault declared a quorum present.

Pledge of Allegiance

Pledge of Allegiance was recited.

Silent Reflection

A moment of silent reflection was observed.

#### CONSENT AGENDA

February 26, 2025 Regular Council Minutes

List Of Claims Dated March 5, 2025

A Motion was made by Antonio Godfrey, Sr. to approve the consent agenda and seconded by Brett Zimmermann, and the motion was **Passed**.

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler, Zimmermann

#### AUDIENCE COMMENTS (Agenda and Non-agenda items)

<u>Spoke On Non-Agenda Item: North Main Street Corridor:</u>
Laura De Golier, 289 14th Street, Fond du Lac

#### ACTION ITEMS

"Class C" Wine License

A Motion was made by Thomas Schuessler to approve the "Class C" Wine License for LA Nails LLC d/b/a LA Nails at 459 W Johnson St., Suite A and seconded by Angela Luehring, and the motion was **Passed**.

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler, Zimmermann

Class "B" Fermented Malt License

A Motion was made by Patrick Mullen to approve the Class "B" Fermented Malt License for Wisco Cheese & Cheers LLC d/b/a Wisco Cheese & Cheers at 362 N Peters Ave., Suite B and seconded by Antonio Godfrey, Sr., and the motion was **Passed**.

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler, Zimmermann

"Class B" Intoxicating Liquor and Class "B" Fermented Malt License

A Motion was made by Brett Zimmermann to approve the "Class B" Intoxicating Liquor and Class "B" Fermented Malt License for Fond du Lac Beer Co. LLC d/b/a Fond du Lac Beer Company at 21 4th Street Court and seconded by Keith Heisler, and the motion was **Passed**.

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler, Zimmermann

#### PRESENTATION OF INPUT ITEMS

Update on Wage Study

City Manager, Joe Moore Presented An Update On Wage Study.

#### ADJOURN

A Motion was made by Brett Zimmermann to adjourn at 6:12 p.m. and seconded by Keith Heisler, and the motion was  ${f Passed}$ .

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler, Zimmermann

Margaret Hefter City Clerk

#### CITY COUNCIL MEETING AGENDA CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> List Of Claims Dated March 19, 2025

Subject:
List Of Claims Dated March 19, 2025

<u>Initiator:</u>

Recommendation:

ATTACHMENTS:

File Name

List\_of\_Claims\_Memo\_03-19-25.pdf

#### CITY OF FOND DU LAC - Memorandum

#### **Department of Administration**

**Date:** March 19, 2025

**To:** City Council

From: Tricia Davi, Director of Administration

**Re:** List of Claims

The list of claims for goods and services for the payment periods March 1, 2025 through March 14, 2025 for all funds total \$2,274,310.89. Wisconsin statute 66.0609 (2) requires the comptroller to file, at least monthly with the City Council, a list of approved claims paid.

Suggested Motion: Receive and File

#### CITY COUNCIL MEETING AGENDA CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> May 1, 2025-October 1, 2025 Class "B" Fermented Malt

Beverage License

<u>Subject:</u> Corporation: Fond du Lac Softball Inc.

Agent: Marie Schumacher

Agent Address: N8095 E Ann Randall Dr., Fond du Lac

d/b/a: Fond du Lac Softball Inc.

Location of Premise: Lakeside Park Softball Island

Concession

Introduction: City Clerk

Initiator:
City Clerk

Recommendation: Approve

ATTACHMENTS:

File Name

FDL Softball.pdf

rpt #7059

Form AB-200

#### Alcohol Beverage License Application

| For Municipal Use Only |        |      |    |     |  |
|------------------------|--------|------|----|-----|--|
| Munici                 | pality |      |    |     |  |
| CITY                   | OF     | FOND | DU | LAC |  |

| License(s) Requested: (up to two boxes ma  | Fees   |  |   |
|--|--|--|---|
| ☐ Class "A" Beer \$  | Class "B" Beer \$ 10                         | License Fees                             | \$ 100  |
| Class A" Liquor \$   | ☐ "Class B" Liquor \$                        | Background Check Fee                     | \$  |
| Class A" Liquor (cider only) \$  | Reserve "Class B" Liquor \$                  | Publication Fee                          | \$ 35   |
| Class C" Liquor (wine only) \$   |  | Total Fees                               | \$135   |
| Part A: Premises/Business Informati  | on   |  |   |
| 1. Legal Business Name (individual name if sole p  |  |  |   |
| 2. Business Trade Name or DBA  | ball Inc                                     |  |   |
| EST.   |  |  |   |
| 3. FEIN 39-1501701   |  | eller's Permit Number                    |   |
| 5. Entity Type (check one)   | 1 450-0                                      | 000349938-02                             |   |
| Sole Proprietor Partnership  | Limited Liability Company                    | ☐ Corporation ☒ Nonpro                   | fit Organization  |
| 6. State of Organization   | 7. Date of Organization                      | 8. Wisconsin DFI Registration            |   |
| 9. Premises Address  | 5/6/965                                      | 45121000391                              | 1438-0A   |
| (050 N) Main St. 1   | axeside Park                                 | UFC                                      | 80 120  |
| 10. City   | ZWKVOTVV TONIE                               | 11. State 12. Zip Code                   | 511026  |
| 13. County   | 14. Governing Municipality: (City            | ☐ Town ☐ Village 15. Alderman            | 04435   |
| Food du lad  | of: fond du l                                | Town Village                             | ic District   |
| 16. Premises Phone   | 17. Premises Email                           | 18. Website                              |   |
| 920 251-7644   | Schumacher 1007                              |  |   |
| <ol> <li>Premises Description - Describe the building<br/>are kept. Describe all rooms within the building<br/>only on the premises described in this applica</li> </ol> | g, including living quarters. Authorized ald | cohol beverage activities and storage of |   |
|  |  |  |   |
| Stored in Secure walk  | in cooler served                             | out of Concession                        | Stand.  |
| 20. Mailing Address (if different from premises add  |  |  |   |
| PO BOX 11055   |  |  |   |
| End du Lac   |  | 22. State 23. Zip Code 540               | 9310  |
| Part B: Questions  |  |  | 100   |
| Has the business (sole proprietorship, par<br>violating federal or state laws or local ordi  |  |  | ☐ Yes No  |
| If yes, list the details of violation below. At  |  | ŭ  | _ ^   |
| Law/Ordinance Violated   | Location                                     | Trial Date                               |   |
| Penalty Imposed  |  | Was sentence completed?                  | Yes No  |
| Law/Ordinance Violated   | Location                                     | Trial Date                               | 100 m |
|  | Section and Section (SE                      | ,  |   |
| Penalty Imposed  |  | Was sentence completed?                  | Yes No  |

| 2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes No beverages.                      |                          |                         |                                    |  |   |                  |
|---|--------------------------|-------------------------|------------------------------------|--|---|------------------|
| If yes, describe the nature and status o  | f pending charges u      | ising the space be      | low. Attach a                      | additional sheets a                            | as needed.                                      |                  |
|   |                          |                         |                                    |  |   |                  |
|   |                          |                         |                                    |  |   |                  |
|   | er dia stara             |                         | manlavasa a                        | uumara ar athar r                              | alatad  |                  |
| Is the applicant business or any of its of individuals or entities a restricted investigation of the restricted investigation.                          | stor with any interes    | st in an alcohol be     | verage prod                        | ducer or distributo                            | or? Yes   | No No            |
|   |                          |                         |                                    |  |   |                  |
|   |                          |                         |                                    |  |   |                  |
| Is the applicant business owned by and  | other business entity    | v?                      |                                    |  | 🗆 Yes 🗔   | / No             |
| If yes, provide the name(s) and FEIN(s  | ) of the business en     | tity owners below.      | Attach addi                        | tional sheets as n                             | eeded.  | Á                |
| 4a. Name of Business Entity   |                          | 4b. Business            | Entity FEIN                        |  |   |                  |
| 5 Have the analysis agent angels are  | international the re     | annanible bayarar       | a consor tro                       | ining requirement                              | for   |                  |
| <ol><li>Have the partners, agent, or sole propr<br/>this license period? Submit proof of cor</li></ol>  |                          |                         |                                    |  |   | No               |
| 6. Is the applicant business indebted to a  |                          |                         |                                    |  |   | No.              |
| 7. Does the applicant business owe past   | due municipal prope      | erty taxes, assessi     | ments, or oth                      | ner fees?                                      | Yes   | ₹ No             |
| Part C: Individual Information  |                          |                         |                                    |  |   |                  |
| List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability company. | s, and agent of a corp   | oration or nonprofit of | itions in the a<br>organization, a | pplicant business or<br>all partners of a part | r businesses listed in<br>nership, and all men  | Part B,<br>bers, |
| Include Form AB-100 for each person listed be   | low. Corporations and    | d LLCs must appoint     | an agent by i                      | ncluding Form AB-1                             | 01.   |                  |
| Last Name   | First Name               |                         | Title                              |  | Phone   |                  |
| Schumacher  | Marie                    |                         | Preside                            | ent/Agent                                      |   |                  |
| KOTTKE.   | Bun                      |                         | Vice P                             | rosident                                       |   |                  |
| Schumacher  | Brian                    |                         | Trous                              | 110  |   |                  |
| Miroby-Stinke   | Mea                      |                         | Servoto                            | 1111   |   |                  |
| Part D: Attestation   | i reg                    |                         | - oction                           | <u> </u>                                       |   |                  |
| One of the following must sign and attest   | to this application:     |                         |                                    |  |   |                  |
| 2010-000  | al partner of a partne   |                         | corporate c                        |  | member of an LL                                 |                  |
| READ CAREFULLY BEFORE SIGNING: Und<br>I am acting solely on behalf of the applicant be  | ler penalty of law, I ha | ave answered each       | of the above of                    | questions completel                            | ly and truthfully. I ag<br>nse, Further, Lagree | ree that         |
| rights and responsibilities conferred by the lice   | ense(s), if granted, wi  | Il not be assigned to   | another indiv                      | vidual or entity. I ag                         | gree to operate this b                          | usiness          |
| according to the law, including but not limited to any portion of a licensed premises during in   | spection will be deen    | ned a refusal to allow  | w inspection.                      | Such refusal is a m                            | isdemeanor and gro                              | unds for         |
| revocation of this license. I understand that a understand that I may be prosecuted for subm  |                          |                         |                                    |  |   |                  |
| ingly provides materially false information on  |                          |                         |                                    |  |   |                  |
| Last Name   |                          | First Name              |                                    |  | M.I.  |                  |
| Schumacher  | Email                    | Murie                   |                                    |  | Phone   |                  |
| Procedent   | 50                       | humacher                | -11120                             | AN II MAN                                      | 4 926 761                                       | 7/04/            |
| Signature   | 30                       | HUM INCHE               | Date                               | gran co  | 11 100 00                                       | 10219            |
| Marie Schungeho   |                          |                         | 311                                | 0/25   |   |                  |
| Part E: For Clerk Use Only  |                          |                         | 15                                 |  | Data Ulasa - I                                  |                  |
| Date Application Was Filed With Clerk Licens  | se Number<br>C - 002'    | 7                       | Date Lic                           | cense Granted                                  | Date License Issue                              | ad               |
| Signature of Clerk/Deputy Clerk   |                          |                         |                                    | Date Provisional L                             | icense Issued (if app                           | olicable)        |

| Form |     |    |
|------|-----|----|
| Α    | B-1 | 00 |

#### **Alcohol Beverage Individual Questionnaire**

| Date |  |
|------|--|
|      |  |

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
   members and agent of a limited liability company
- · all partners of a partnership

| Your alcohol beverage application or renewal is not complete  | until all re    | equired                                       | I Individual Questionna    | ires are s    | ubmitted.             |  |
|---|-----------------|---|----------------------------|---------------|-----------------------|--|
| Part A: Business Information  |                 |   |                            |               |                       |  |
| 1. Legal Business Name (Individual name if sole proprietor) FOOD My LAC SAFDAN INC.   |                 |   |                            |               |                       |  |
| 2. Business Trade Name or DBA   |                 |   |                            |               |                       |  |
| 3. Entity Type (check one)  |                 |   |                            |               |                       |  |
| ☐ Sole Proprietor ☐ Partnership ☐ Limited L   | iability Co     | mpany   | Corporation                | $\square$ $N$ | onprofit Organization |  |
|   |                 |   |                            |               |                       |  |
| Part B: Individual Information  |                 |   |                            |               |                       |  |
| 1. Last Name  | 2. First Na     | ame   |                            |               | 3. M.I.               |  |
| Schumacher  | $\mathcal{U}$   | lari  | l                          |               | A                     |  |
| Relationship to Business (Title)      Business (Title)      Fig. 1.      S. Email      S. Email | •               | 1 1000  |                            | 16            | Phone                 |  |
| President   |                 |   |                            |               |                       |  |
| 7. Home Address   |                 |   | ÷ ÷                        |               |                       |  |
| Will Llaboury more of CHORKAL   | ^ ,<br>  19. St | -4-   | 10. Zip Code               | 144           | . Date of Birth       |  |
| 8. City   |                 |   | 6110.20                    | '1            | , Date of Birth       |  |
| 12. Drivers License/State ID Number   |                 | <u>()                                    </u> | 13. Drivers License/State  | ID State      | _                     |  |
| (   |                 |   | Wisconsin                  | i ib otate c  | i issuarios           |  |
|   |                 |   | - Macanani                 |               | ·                     |  |
| Part C: Address History   |                 | - ;   |                            |               |                       |  |
| Do you currently reside in Wisconsin?   |                 |   |                            |               | Yes □ No              |  |
| 1. Do you can entry reside in wisconsin:  |                 |   |                            |               | T                     |  |
| If yes to 1 above, how long have you continuously lived in  | Wisconsir       | n prior                                       | to the date of application | n?            | Years Months          |  |
|   |                 |   |                            |               | 3                     |  |
| 2. List in chronological order all of your addresses within the   |                 | rs. Atta                                      | ch additional sheets if r  |               |                       |  |
| Previous Address 1  | City            | 1 1   |                            | State         | Zip Code              |  |
| 18 Howard Prue  |                 | <u>a a</u>                                    | u lac                      | WI            | 64936                 |  |
| Previous Address 2  | City            |   |                            | State         | Zip Code              |  |
| Previous Address 3  | City            |   |                            | State         | Zin Codo              |  |
| F16VIOUS AUGIESS 3  | City            |   |                            | State         | Zip Code              |  |
| Previous Address 4  | City            |   |                            | State         | Zip Code              |  |
| T TOVINGE PROGRESS TO   | Oity            |   |                            | Olate         | Zip Code              |  |
| Previous Address 5  | City            |   |                            | State         | Zip Code              |  |
|   |                 |   |                            |               | '                     |  |
| List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  |                 |   |                            |               |                       |  |
| State County State County   | Sta             |   | County                     | State         | County                |  |
| WI Fond du lac  |                 |   | •                          |               |                       |  |
| State County State County   | Sta             | ete   | County                     | State         | County                |  |
|   |                 | <u></u>                                       |                            |               |                       |  |

Continued  $\rightarrow$ 

| Part D: Criminal History  |                        |                           |                        |  |  |  |
|---|------------------------|---------------------------|------------------------|--|--|--|
| 1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?   |                        |                           |                        |  |  |  |
| If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.   |                        |                           |                        |  |  |  |
| Law/Ordinance Violated  | Location               |                           | Conviction Date        |  |  |  |
| Penalty Imposed   |                        | Was sentence completed?   | . Yes No               |  |  |  |
| Law/Ordinance Violated  | Location               |                           | Conviction Date        |  |  |  |
| Penalty Imposed   | •                      | Was sentence completed?   | . Yes No               |  |  |  |
| Law/Ordinance Violated  | Location               |                           | Conviction Date        |  |  |  |
| Penalty Imposed   |                        | Was sentence completed?   | . Yes No               |  |  |  |
| Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of persheets as needed.  | nother state's laws or | any county or municipal   | . Yes No               |  |  |  |
| ¥.  |                        |                           |                        |  |  |  |
| Part E: Attestation   | Control of the control | ili ne sra, rkeli kaca se | LA LIST IN SUSPINE SUS |  |  |  |
| READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. |                        |                           |                        |  |  |  |
| Signature<br>Marie Schumacher   |                        | Date 3/6/95               |                        |  |  |  |

| Form |            |    |
|------|------------|----|
| Α    | <b>B-1</b> | 01 |

#### Alcohol Beverage Appointment of Agent

| Date |  |
|------|--|
|      |  |

|  |   |  | owners woners weaps to transfer or the transfer of the transfer was the transfer of the transf |
|--|---|--|--|
| Agent Type (check one)   |   |  |  |
| Original (no fee)  | Successor (\$10 fee for m   | unicipal licensees only)               |  |
|  |   |  |  |
| D. ( ) D. ( ) L. ( )   |   |  |  |
| Part A: Business Inform  1. Legal Business Name (individent  |   |  |  |
| Frod du lan  | Soft ball ind.  |  |  |
| 2, Business Trade Name or DBA  |   |  |  |
| PS1  |   |  |  |
| 3, Entity Type (check one)   | Limited Liability Company   | Corporation                            | Nonprofit Organization   |
| 4. Alcohol Beverage Business Au  | uthorization (check one)  | 5. If successor agent, provide State P | ermit or Municipal Retail License Number   |
| Municipal Retail Lice  |   |  |  |
| 6. Describe the reason for appoint   | nting a successor agent, if successor                             | r is checked above.                    |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Part B: Agent Information  | on  |  |  |
| 1. Last Name   |   | 2, First Name                          | 3. M.I.  |
| <u>Schumacher</u>  | •   | Marie                                  | H-   |
| 4. Email   | 1560 A Amaril As  | _                                      | 5. Phone   |
| 6. Home Address  | 1003 60 Amorti cou  | 1                                      |  |
| 1N81995 E Ann  | Pandall Dr.   |  |  |
| 7. City  | <u> </u>  | 8. State 9. Zip Code                   | 10. Age  |
| Fond du lac  |   | wi 54937.                              |  |
| 11 Drivers License/State ID Nur  | nher  |  | e/State ID State of Issuance   |
|  |   | Miscons                                | I W  |
|  |   |  |  |
| Part C: Agent Questions  | <b>S</b>  |  |  |
| in the second se | sponsible beverage server traini                                  | ng requirement?                        | Yes No   |
| Have you completed Form     Submit a completed Form  | n AB-100, <i>Alcohol Beverage Ind</i><br>n AB-100 with this form. | lividual Questionnaire?                | Yes No   |
| Have you been a Wiscons     See instructions for except  | sin resident for at least 90 contir<br>otions.                    | nuous days?                            |  |
|  |   |  |  |

| Part D: Business Attestation   |  |  |   |
|--|--|--|---|
| READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a sur I understand that I may be prosecuted for subtany person who knowingly provides materially if convicted. | liability company with full authority and<br>that I am authorized by the above-name<br>ccessor agent, I rescind all previous age<br>printing false statements and affidavits i | I control of the premises a<br>ned entity to authorize this<br>ent appointments for this pr<br>n connection with this appl | nd of all alcohol<br>individual to act<br>emises. Further,<br>ication, and that |
| Last Name  | First Name   |  | M.I.  |
| Schumacher   | Marie  |  | H .   |
| Title  | Email  | Phone  |   |
| President  |  |  |   |
| Signature Schurachou   |  | 3/11/25  |   |
|  |  |  |   |
| Part E: Agent Attestation  |  |  |   |
| READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more   | pany and assume full responsibility for the<br>ess. I further understand that I may be<br>on, and that any person who knowingly p  | ne conduct of all alcohol be<br>prosecuted for submitting  | everage activities false statements   |
| Last Name  | First Name   |  | M.L   |
| Schumober  | Marie  |  | 14.   |
| Signature  | 1 5000   | Date   |   |
|  |  | 1  |   |

#### CITY COUNCIL MEETING AGENDA CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> Property Assessment Revaluation

<u>Subject:</u> Presented By: City Manager, Director of Administration

and Senior Accountant

Initiator:

Recommendation:

ATTACHMENTS:

File Name

Property\_Revaluation\_Slides\_03-26-25\_tms.pdf



## PROPERTY REVALUATIONS



Cities use the value of properties to determine how much property tax an owner pays.

An accurate valuation ensures that all property owners pay a fair share of property taxes.



Updating property values does not mean the city receives more money overall, only a change in levy will do that.

**Example 1 - Before Revaluation** 

Value = \$400K Levy = \$10K









|          | A       | В       | C       | D       |
|----------|---------|---------|---------|---------|
| Value    | \$100K  | \$100K  | \$100K  | \$100K  |
| Share    | 25%     | 25%     | 25%     | 25%     |
| Tax Owed | \$2,500 | \$2,500 | \$2,500 | \$2,500 |

\$100K/\$400K = 1/4 of \$10K due

**Example 1 - After Revaluation** 



**Tax Owed** 



\$2,500







25%

|       | A                                | В                                | C                                |    |
|-------|----------------------------------|----------------------------------|----------------------------------|----|
| Value | <del>\$ 100K</del> <b>\$200K</b> | <del>\$ 100K</del> <b>\$200K</b> | <del>\$ 100K</del> <b>\$200K</b> | \$ |
| Share | 25%                              | 25%                              | 25%                              |    |

\$2,500 \$2,500 \$2,500

\$200K/\$800K = 1/4 of \$10K due



An increase in assessment value does not automatically mean a property owner will owe more in taxes



Whether an individual property value changes more or less percentage than the total assessed value, determines whether the tax share will go up or down.

## **Example 2 - Before Revaluation**

**Value = \$1M Levy = \$10K** 









|          | A       | В       | C       | D       |
|----------|---------|---------|---------|---------|
| Value    | \$100K  | \$200K  | \$300K  | \$400K  |
| Share    | 10%     | 20%     | 30%     | 40%     |
| Tax Owed | \$1,000 | \$2,000 | \$3,000 | \$4,000 |

Share of taxes is the same as share of values

## **Example 2 - After Revaluation**

Increase

50% Value

Value = <del>\$1M</del> **\$1.5M** 

**Levy = \$10K** 









|          | A                               | В                                 | C                                 | D                                 |
|----------|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Value    | <del>\$100K</del> <b>\$145K</b> | <del>\$200K</del> \$300K          | <del>\$300K</del> \$480K          | <del>\$400K</del> \$575K          |
| Share    | <del>10%</del> 9.7%             | <del>20%</del> 20%                | <del>30%</del> 32%                | <del>40%</del> 38.3%              |
| Tax Owed | <del>\$1,000</del> <b>\$967</b> | <del>\$2,000</del> <b>\$2,000</b> | <del>\$3,000</del> <b>\$3,200</b> | <del>\$4,000</del> <b>\$3,833</b> |

NEW share of taxes is the same as the NEW share of values

## 50% Value Increase

## **Example 2 - After Revaluation**

Value = <del>\$1M</del> **\$1.5M** Levy = **\$10K** 









|            | A      | В       | C       | D       |
|------------|--------|---------|---------|---------|
| \$ Change  | +\$45K | +\$100K | +\$180K | +\$175K |
| % Change   | +45%   | +50%    | +60%    | +44%    |
| Tax Change | -\$33  | +\$0    | +\$200  | -\$167  |

The change in individual tax bills is relative to the change in property values as a whole.

Did the property change more or less than the average?

### **Example 2 - After Revaluation**

Total
Assessment
Increased
by 50%









| \$ Change |
|-----------|

| Α |  |
|---|--|

В

C

D

+\$45K

+\$100K

+\$180K

% Change

+45%

+50%

+60%

**Tax Change** 

-\$33

+\$0

+\$200

+\$175K +44%

-\$167

• Higher value is not an automatic tax increase

• The individual change is relative to the change as a whole.

## SUMMARY



An increase in assessment value does not automatically mean a property owner will owe more in taxes.



Whether an individual property value changes more or less percentage than the total assessed value, determines whether the tax share will go up or down.



# QUESTIONS?

#### CITY COUNCIL MEETING AGENDA CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> Annual Stormwater Report

<u>Subject:</u> Presented By: City Engineer

Initiator:

Recommendation:

ATTACHMENTS:

File Name

MS4\_Annual\_Report\_CC\_Memo\_March\_2025.pdf

#### CITY OF FOND DU LAC - Memorandum

Director of Public Works

Date: March 26, 2025

To: City Council Members

From: Christopher Johnson, City Engineer

Re: Annual Stormwater Report

Please find the 2024 City of Fond du Lac annual stormwater report enclosed. As always thanks to stormwater engineer Nick Waldschmidt from our Engineering staff for preparing this report and overseeing our program.

The City is required to have a stormwater discharge permit through Wisconsin DNR covering our MS4 (Municipal Separate Storm Sewer System). The purpose of the permit is to reduce pollution in stormwater runoff. The permit covers the following categories:

- Public Education and Outreach
- Public Involvement and Participation
- Illicit Discharge Detection and Elimination
- Construction Site Pollution Control
- Post-Construction Stormwater Management
- Pollution Prevention
- Pollution Reduction from Developed Urban Areas
- Mapping

There are a few highlights you may be especially interested in:

- C&M works to effectively respond to winter storm events while reducing chlorides that reach our waters as part of our winter road maintenance.
- Nick remains heavily involved in the Northeast Wisconsin Stormwater Consortium and Fox-Wolf Watershed Alliance in efforts like public education and public involvement, such as waterway cleanup events.

- We need to continue to encourage residents to manage their leaves and grass clippings responsibly, not raking them onto the street or into ditches, etc.
- A project was completed during this reporting year to reroute a portion of the storm sewer from Fond du Lac Avenue to the Fairground Pond to capture additional phosphorous and TSS.
- In one of the out-years of the CIP, we show a project to continue to make progress toward reducing the phosphorus and TSS (total suspended solids) that reach Lake Winnebago from our MS4. This will be the construction of a stormwater pond. Investments from the past two decades resulted in a 44% TSS reduction and a 34% phosphorus reduction, but our approved TMDL (Total Maximum Daily Load) study will require us to work toward an additional 49% reduction in phosphorus.
- A Storm Water Management Plan Update was completed and approved in 2019, outlining where we are in meeting TMDL requirements. This was funded largely by a DNR grant, and we are currently pursuing similar grants to actually construct some of the measures needed to implement the Plan.
- Two combination flusher/vacuum trucks allow C&M to now remove gravel and silt from sanitary and storm sewer pipes, instead of just flushing it farther down the pipes until it eventually reaches a waterway.
- C&M collects leaves, soil, and debris from city streets during the non-winter months using street sweepers. Approximately 925 tons of material is estimated to have been collected with the street sweepers in 2024.
- The Adopt a Storm Drain is in its sixth year of existence has 106 storm drains adopted. We will continue to market this program as great outreach to the public and something individuals can do to help our stormwater quality.

The annual report will be submitted to the DNR after we hear any comments or questions from you and the public this week. Making you as a Council aware of the contents of the report is required by the DNR, so the subject is an Input item for the March 26, 2025 meeting.

Please contact me at (920) 322-3449 if you have questions or want to discuss further.

### Submittal of Annual Reports and Other Compliance Documents for Municipal Separate Storm Sewer System (MS4) Permits

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. After 120 days your draft is **deleted.** 

Form 3400-224(R8/2021)

#### **Reporting Information:**

Will you be completing the Annual Report or other submittal type? 

Annual Report Other

**Project Name:** 2024 Annual Report

**County:** Fond Du Lac

Municipality: Fond du Lac, City

Permit Number: S050075

Facility Number: 31070

**Reporting Year:** 2024

Is this submittal also satisfying an Urban Nonpoint Source Grant funded deliverable? O Yes • No

#### **Required Attachments and Supplemental Information**

Please complete the contents of each tab to submit your MS4 permit compliance document. The information included in this checklist is necessary for a complete submittal. A complete and detailed submittal will help us review about your MS4 permit document. To help us make a decision in the shortest amount of time possible, the following information must be submitted:

#### **Annual Report**

- Review related web site and instructions for Municipal storm water permit eReporting [Exit Form]
- Complete all required fields on the annual report form and upload required attachments
- Attach the following other supporting documents as appropriate using the attachments tab above
  - Public Education and Outreach Annual Report Summary
  - Public Involvement and Participation Annual Report Summary
  - Illicit Discharge Detection and Elimination Annual Report Summary
  - Construction Site Pollution Control Annual Report Summary
  - Post-Construction Storm Water Management Annual Report Summary
  - Pollution Prevention Annual Report Summary
    - Leaf and Yard Waste Management
    - Municipal Facility (BMP) Inspection Report
    - Municipal Property SWPPP
    - Municipally Property Inspection Report
    - Winter Road Maintenance
  - Storm Sewer Map Annual Report Attachment
  - Storm Water Quality Management Annual Report Attachment

- TMDL Attachment
- Storm Water Consortium/Group Report
- Municipal Cooperation Attachment
- Other Annual Report Attachment
- Attach the following permit compliance documents as appropriate using the attachments tab above
  - Storm Water Management Program
    - Public Education and Outreach Program
    - Public Involvement and Participation Program
    - Illicit Discharge Detection and Elimination Program
    - Construction Site Pollutant Control Program
    - Post-Construction Storm Water Management Program
    - Pollution Prevention Program
      - Municipal Storm Water Management Facility (BMP) Inventory
      - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan
  - Total Maximum Daily Load documents (\*If applicable, see permit for due dates.)
    - TMDL Mapping\*
    - TMDL Modeling\*
    - TMDL Implementation Plan\*
    - Fecal Coliform Screening Parameter \*
    - Fecal Coliform Inventory and Map (S050075-03 general permittees Appendix B B.5.2 document due to the department by March 31, 2022)
    - Fecal Coliform Source Elimination Plan (S050075-03 general permittees Appendix B document due to the department by October 31,2023)
- Sign and Submit form

Form 3400-224 (R8/2021)

#### **Municipal Contact Information- Complete**

**Notice:** Pursuant to s. NR 216.07(8), Wis. Adm. Code, an owner or operator of a Municipal Separate Storm Sewer System (MS4) is required to submit an annual report to the Department of Natural Resources (Department) by March 31 of each year to report on activities for the previous calendar year ("reporting year"). This form is being provided by the Department for the user's convenience for reporting on activities undertaken in each reporting year of the permit term. Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. **Note:** Compliance items must be submitted using the Attachments tab.

| Municipality Information  |   |  |  |
|---|---|--|--|
| Name of Municipality  | Fond du Lac, City                             |  |  |
| Facility ID # or (FIN):   | 31070   |  |  |
| Updated Information:  | ☐ Check to update mailing address information |  |  |
| Mailing Address:  | P O Box 150                                   |  |  |
| Mailing Address 2:  |   |  |  |
| City:   | Fond du Lac, City                             |  |  |
| State:  | WI  |  |  |
| Zip Code:   | 54936-0150 xxxxx or xxxxx-xxxx                |  |  |
| •   | (Authorized Representative for MS4 Permit)    |  |  |
| The "Authorized Representative" or "Authorized Municipal Contact" includes the municipal official that was charged with compliance and oversight of the permit conditions, and has signature authority for submitting permit documents to the Department (i.e., Mayor, Municipal Administrator, Director of Public Works, City Engineer). |   |  |  |
| ☐ Select to <i>create new</i> primary contact   | ct  |  |  |
| First Name:   | Nick  |  |  |
| Last Name:  | Waldschmidt                                   |  |  |
| $\square$ Select to <i>update</i> current contact info  | rmation                                       |  |  |
| Title:  | Civil Engineer II                             |  |  |
| Mailing Address:  | 160 S Macy St                                 |  |  |
| Mailing Address 2:  |   |  |  |
| City:   | Fond du Lac                                   |  |  |
| State:  | <u>WI</u>                                     |  |  |
| Zip Code:   | 54936 xxxxx or xxxxx-xxxx                     |  |  |
| Phone Number:   | 920-322-3482 Ext: xxx-xxx-xxxx                |  |  |
| Email:  | nwaldschmidt@fdl.wi.gov                       |  |  |

#### **Additional Contacts Information (Optional)**

☐ I&E Program

| Individual with responsibility for:<br>(Check all that apply)   | ☐ Municipal-wid☐ Ordinances  | e Procedure Manua<br>le Water Quality Pla<br>ention Program<br>tion Program |              |  |
|---|--|---|--------------|--|
| First Name:   | Adam   |   |              |  |
| Last Name:  | Schmitt  |   |              |  |
| Title:  | Operations Super   | rinte   |              |  |
| Mailing Address:  | 530 Doty Street  |   |              |  |
| Mailing Address 2:  |  |   |              |  |
| City:   | Fond du Lac  |   |              |  |
| State:  | <u>WI</u>  |   |              |  |
| Zip Code:   | 54935  | xxxxx or xxxxx-xxxx   |              |  |
| Phone Number:   | 920-322-3542   | Ext:  | xxx-xxx-xxxx |  |
| Email:  | aschmitt@fdl.wi.g  | gov   |              |  |
| Municipal Billing Contact Person (A   | uthorized Repre  | sentative for MS  | 4 Permit)    |  |
| Municipal Billing Contact Person (A  ✓ Select to <i>create new</i> Billing contact  First Name:   | ·  | sentative for MS  | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact   | Molly  | sentative for MS  | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact First Name:   | Molly<br>Dilling   | sentative for MS  | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact inform  | Molly<br>Dilling   |   | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact inform  | Molly Dilling rmation  |   | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact information.  Title:  | Molly Dilling mation Accounts Payable  |   | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact infor  Title:  Mailing Address:   | Molly Dilling mation Accounts Payable  |   | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact infor  Title:  Mailing Address:  Mailing Address 2:  City:  | Molly Dilling mation Accounts Payable P.O. Box 150   |   | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact infor  Title:  Mailing Address:  Mailing Address 2:  City:  | Molly Dilling mation Accounts Payable P.O. Box 150  Fond du Lac  |   | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact infor  Title:  Mailing Address:  Mailing Address 2:  City:  State:  | Molly Dilling mation Accounts Payable P.O. Box 150  Fond du Lac  | xxxxx or xxxxx-xxxx   | 4 Permit)    |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact infor  Title:  Mailing Address:  Mailing Address 2:  City:  State:  Zip Code:   | Molly Dilling mation Accounts Payable P.O. Box 150  Fond du Lac WI 54936-0150  | xxxxx or xxxxx-xxxx Ext:  |              |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact infor  Title:  Mailing Address:  Mailing Address 2:  City:  State:  Zip Code:  Phone Number:  Email:  1. Does the municipality rely on another expenses the municipality rely on another expenses.  | Molly Dilling mation Accounts Payable P.O. Box 150  Fond du Lac WI 54936-0150 920-322-3456 accountspayable@ ntity to satisfy som   | xxxxx or xxxxx-xxxx Ext: x@fdl.wi.gov ne of the permit rec                  | XXX-XXX-XXXX |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact infor  Title:  Mailing Address:  Mailing Address 2:  City:  State:  Zip Code:  Phone Number:  Email:  1. Does the municipality rely on another expenses on the property of the proper | Molly Dilling rmation Accounts Payable P.O. Box 150  Fond du Lac WI 54936-0150 920-322-3456 accountspayable@ ntity to satisfy some sconsin Stormwater Constitutions and second se | xxxxx or xxxxx-xxxx  Ext: xing fill.wi.gov  The of the permit reconsortium  | XXX-XXX-XXXX |  |
| ✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  ✓ Select to <i>update</i> current contact inform  Title:  Mailing Address:  Mailing Address 2:  City:  State:  Zip Code:  Phone Number:  Email:  1. Does the municipality rely on another expected and the properties of th | Molly Dilling rmation Accounts Payable P.O. Box 150  Fond du Lac WI 54936-0150 920-322-3456 accountspayable@ ntity to satisfy some sconsin Stormwater Constitutions and second se | xxxxx or xxxxx-xxxx  Ext: xing fill.wi.gov  The of the permit reconsortium  | XXX-XXX-XXXX |  |

| Construction Site Pollutant Control  |
|--|
| ☐ Post-Construction Storm Water Management   |
| Pollution Prevention   |
| <ul><li>2. Has there been any changes to the municipality's participation in group efforts towards permit compliances (i.e., the municipality has added or dropped consortium membership)?</li><li>○ Yes  No</li></ul> |
| Missing Information  |

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7.

Form 3400-224 (R8/2021)

| Minimum Control Measures- Section 1: Com   | plete                  |   |  |  |
|--|------------------------|---|--|--|
| 1. Public Education and Outreach   |                        |   |  |  |
| <ul><li>a. Does MS4 conduct any educational efforts</li><li>O No</li></ul>   | s or event             | s independently (not with a group)   Yes  |  |  |
| <ul> <li>b. How many total educational events were</li> <li>c. Were any of the public education and out</li> <li>reporting year active or interactive? • Yes</li> <li>d. Please select all storm water topics, target</li> <li>reporting year</li> </ul>   | reach deli<br>○ No     | very mechanisms conducted during the  |  |  |
| Public Education and Outreach Delivery Mechanisms  | (Active and            | l Passive)  |  |  |
| Active/Interactive Mechanisms  | Passive M              | echanisms   |  |  |
| ✓ Information booth at event  ✓ Targeted group training (contractors, consultants, etc.)  ✓ Government event (public hearing, council meeting)  ☐ Workshops ☐ Tours  |                        | <ul> <li>✓ Passive print media (brochures at front desk, posters, etc.)</li> <li>✓ Distribution of print media (mailings, newsletters, etc.) via mail or email.</li> <li>✓ Media offerings (radio and TV ads, press release, etc.)</li> <li>✓ Social media posts</li> <li>✓ Signage</li> <li>✓ Website</li> </ul> |  |  |
|  | Other: Interactive map |   |  |  |
| Topics Covered   |                        | Target Audience   |  |  |
| <ul> <li>✓ Illicit discharge detection and elimination</li> <li>✓ Household hazardous waste disposal/pet waste management washing</li> <li>✓ Yard waste management/pesticide and fertilizer application</li> <li>✓ Stream and shoreline management</li> <li>✓ Residential infiltration</li> <li>✓ Construction sites and post-construction storm water manale</li> <li>✓ Pollution prevention</li> <li>✓ Green infrastructure/low impact development</li> <li>✓ Other: Salt pollution</li> </ul> | า                      | ✓ General Public  Public Employees  ✓ Residents  ✓ Businesses  ✓ Contractors  ✓ Developers  Industries  Public Officials  Other:  |  |  |
| e. Will additional information/summary of these  ● Yes ○ No If no, please provide additional comment in the  |                        | *   |  |  |

characters and/or attach supplemental information on the attachments page.

|  |  | Do n   | ot clo      | se your work until you                 | SAVE.                         | _            |
|--|--|--|-------------|--|-------------------------------|--------------|
| Note: For the minimum control                                    | measures, you                                | ı must fill out all questio                        | ns in s     | sections 1 through 7                   | Form 2400 224                 | _<br>/pe/202 |
| Minimum Control Mea  | acuras - Sa                                  | ction 2 : Complet                                  | ٠           |  | Form 3400-224                 | (Ro/202      |
| 2. Public Involvement  |  | _  |             |  |                               |              |
| a. <u>Permit Activities</u> . Sele                               | ect all of th                                | e following topics                                 | the         | Permittee did to e                     | ngage public partici          | oation       |
| and involvement.   |  | 0 1  |             |  |                               |              |
| Topics Covered   |  | Target Audience                                    |             | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |              |
| ✓ Storm Water Manager Program  ☐ Storm Water related o  ☐ Other: | m  |  |             | ces targeted for vo                    | Junteer involvemen            |              |
| participation related to   | storm wat                                    | _  |             | <u> </u>                               | ranteer involvemen            | t and        |
| ·  |  | _  |             | J                                      | Turneer involvemen            | t and        |
| participation related to   |  | er.  | Esti        | mated People<br>ched (Optional)        | Regional Effort (Optional)    | t and        |
| participation related to  NA (Individual Permi  Topics Covered   | Target Au                                    | er.  | Esti        | mated People<br>ched (Optional)        | Regional Effort               | t and        |
| participation related to  NA (Individual Permi  Topics Covered   | Target Au  Gener                             | er.<br>udience                                     | Esti<br>Rea | mated People<br>ched (Optional)        | Regional Effort<br>(Optional) | t and        |
| participation related to  NA (Individual Permi  Topics Covered   | Target Au  Gener                             | ral Public<br>Employees                            | Esti<br>Rea | mated People<br>ched (Optional)        | Regional Effort<br>(Optional) | t and        |
| participation related to  NA (Individual Permi  Topics Covered   | Target Au  Gener                             | ral Public<br>Employees                            | Esti<br>Rea | mated People<br>ched (Optional)        | Regional Effort<br>(Optional) | t and        |
| participation related to  NA (Individual Permi  Topics Covered   | Target Au  Gener Public                      | ral Public<br>Employees<br>ents                    | Esti<br>Rea | mated People<br>ched (Optional)        | Regional Effort<br>(Optional) | t and        |
| participation related to  NA (Individual Permi  Topics Covered   | Target Au  Gener Public Reside Busine        | ral Public<br>Employees<br>ents<br>esses           | Esti<br>Rea | mated People<br>ched (Optional)        | Regional Effort<br>(Optional) | t and        |
| participation related to   | Target Au  Gener Public Reside               | ral Public<br>Employees<br>ents<br>esses<br>actors | Esti<br>Rea | mated People<br>ched (Optional)        | Regional Effort<br>(Optional) | t and        |
| participation related to  NA (Individual Permi  Topics Covered   | Target Au  Gener Public Reside Busine Contra | ral Public<br>Employees<br>ents<br>esses<br>actors | Esti<br>Rea | mated People<br>ched (Optional)        | Regional Effort<br>(Optional) | t and        |

**Missing Information** 

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (R8/2021)

| N  | inimum Control Measures - Section 3: Complete   |                 |       |
|----|---|-----------------|-------|
| 3. | Illicit Discharge Detection and Elimination   |                 |       |
| a. | How many total outfalls does the municipality have?   |                 | 306   |
| b. | How many major outfalls does the municipality have  | ?               | 74    |
| c. | How many outfalls did the municipality evaluate as proutine ongoing field screening program?  | eart of their   | 109   |
| d. | From the municipality's routine screening, how many confirmed illicit discharges?   | y were          | 0     |
| e. | How many illicit discharge complaints did the munici  | pality receive? | 2     |
| f. | From the complaints received, how many were confidischarges?  | rmed illicit    | 1     |
| g. | How many of the identified illicit discharges did the reliminate in the reporting year (from both routine so complaints)?  (If the sum of 3.c. and 3.e. does not equal 3.f., please explain below.) |                 | 1     |
| h. | What types of regulatory mechanisms does the mun compliance with this program? Check all that are avwere used in the reporting year.  | •               | •     |
|    | ✓ Verbal Warning  | 0               |       |
|    | ✓ Written Warning (including email)   | 0               |       |
|    | ✓ Notice of Violation   | 0               |       |
|    | ✓ Civil Penalty/ Citation   | 0               |       |
|    | Additional Information:   |                 |       |
| i. | Brief explanation on Illicit Discharge Detection and E  | •               | • • • |
|    | marked Unsure for any questions above, justify the re<br>250 characters and/or attach supplemental informat   | _               | •     |
|    |   |                 |       |
| N  | issing Information  |                 |       |

Do not close your work until you SAVE.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

| 4.  | Construction Site Pollutant Control   |                            |          |                         |
|-----|---|----------------------------|----------|-------------------------|
| a.  | How many total construction sites with one acre o disturbing construction activity were active at any reporting year?                   |                            | 1        |                         |
| b.  | How many construction sites with one acre or mor  | re of land                 | 1        |                         |
|     | disturbing construction activity did the municipalit  | y issue permits for        |          |                         |
|     | in the reporting year?  |                            |          |                         |
| C.  | How many erosion control inspections did the mur  |                            | 23       |                         |
|     | in the reporting year (at sites with one acre or mor  | re of land                 |          |                         |
| _   | disturbing construction activity)?  |                            |          | <del></del>             |
| d.  | What types of regulatory mechanisms does the mucompliance with this program? Check all that are a were used in the reporting year.      | available and how ma       |          | •                       |
|     | ✓ Verbal Warning  | 7                          |          |                         |
|     | Written Warning (including email)   | 2                          |          |                         |
|     | ✓ Notice of Violation   | 1                          |          |                         |
|     | ✓ Civil Penalty/ Citation   | 0                          |          |                         |
|     | ✓ Stop Work Order   | 0                          |          |                         |
|     | ✓ Forfeiture of Deposit   | 0                          |          |                         |
|     | ☐ Other - Describe below  |                            |          |                         |
|     | Unsure for any questions above, justify the reasoni and/or attach supplemental information on the att                                   | •                          | 250 ch   | aracters                |
|     |   |                            |          |                         |
| M   | issing Information  |                            |          |                         |
|     |   |                            |          |                         |
|     |   |                            |          |                         |
|     |   | ose your work until you SA | AVE.     |                         |
| Not | e: For the minimum control measures, you must fill out all questions i  | in sections 1 through 7    |          | Form 3400-224 (R8/2021) |
| M   | inimum Control Measures - Section 5: Complete   |                            |          |                         |
| 5.  | Post-Construction Storm Water Management  |                            |          |                         |
| a.  | How many new structural storm water manageme  | ent Best Management        | <b>:</b> | 4                       |
|     | Practice (BMP) have received local approval?  |                            |          |                         |
|     | *Engineered and constructed systems that are designed to provide swet detention ponds, constructed wetlands, infiltration basins, grass | • •                        |          |                         |
| b.  | Does the MS4 have procedures for inspecting and   | •                          |          |                         |
|     | water facilities?   | manitaning private 3       |          | 2                       |
| c.  | If Yes, how many privately owned storm water ma   | nagement facilities w      | ere '    |                         |

|     | inspected in the reporting year? Inspections completed by included in the reported number.  | 1                                  |                        |  |  |
|-----|---|------------------------------------|------------------------|--|--|
| d.  | Does the municipality utilize privately owned storm vBMP in its pollutant reduction analysis?   | water management                   | Yes ○ No               |  |  |
| e.  | Does MS4 have maintenance authority on these priv  ● Yes ○ No   | ately owned BMPs?                  |                        |  |  |
| f.  | What types of enforcement actions does the municipal compliance with the regulatory mechanism? Check a each used in the reporting year.         | •                                  | •                      |  |  |
|     | ✓ Verbal Warning  | 0                                  |                        |  |  |
|     | ✓ Written Warning (including email)   | 0                                  |                        |  |  |
|     | ✓ Notice of Violation   | 0                                  |                        |  |  |
|     | ✓ Civil Penalty/ Citation   | 0                                  |                        |  |  |
|     | ✓ Forfeiture of Deposit   | 0                                  |                        |  |  |
|     | ✓ Complete Maintenance  | 0                                  |                        |  |  |
|     | ☑ Bill Responsible Party  | 0                                  |                        |  |  |
|     | ☐ Other - Describe below  |                                    |                        |  |  |
|     | marked 'Unsure' on any questions above, justify your 250 characters and/or attach supplemental informat   | ,                                  | •                      |  |  |
| N   | lissing Information   |                                    |                        |  |  |
|     |   |                                    |                        |  |  |
|     | Do not close  | e your work until you <b>SAVE.</b> |                        |  |  |
| Not | e: For the minimum control measures, you must fill out all questions in s   | ections 1 through 7                | Form 3400-224 (R8/2021 |  |  |
| N   | inimum Control Measures - Section 6: Complete   |                                    |                        |  |  |
| 6   | Pollution Prevention  |                                    |                        |  |  |
| St  | orm Water Management Best Management Practice I   | Inspections   Not App              | olicable               |  |  |
| a.  | Enter the total number of "municipally owned" (i.e., or operated (i.e., privately o wned BMPs) structural management best management practices. | •                                  | 28                     |  |  |
| b.  |   |                                    |                        |  |  |

| c. | How many municipally owned (public) storm water management best   | 28                                    |     |  |  |
|----|---|---------------------------------------|-----|--|--|
| Ч  | management practices were inspected in the reporting year?  |                                       |     |  |  |
| d. | What elements are looked at during inspections (250 character limit)?   |                                       |     |  |  |
|    | The inspections look at all applicable features of a facility including permanent pool,   |                                       |     |  |  |
|    | embankment, outlet structure, inlet pipes, vegetation, etc.   |                                       |     |  |  |
| e. | How many of these facilities required maintenance?  | 25                                    |     |  |  |
| f. | Brief explanation on Storm Water Management Best Management Practice reporting. If you marked Unsure for any questions above, justify the reason response to 250 characters and/or attach supplemental information on the attachments page. | ing. Limit                            |     |  |  |
|    | ublic Works Yards & Other Municipally Owned Properties that require a storevention plan (SWPPP)*   Not Applicable   | rmwater pollut                        | ion |  |  |
| g. | How many municipal properties require a SWPPP?  | 6                                     |     |  |  |
| h. | How many inspections of municipal properties have been conducted in the reporting year?   | 21                                    |     |  |  |
| i. | Have amendments to the SWPPPs been made?  ○ Yes   No  |                                       |     |  |  |
| j. | If yes, describe what changes have been made. Limit response to 250 charand/or attach supplemental information on the attachment page:  | acters                                |     |  |  |
| k. | Brief explanation on Storm Water Pollution Prevention Plan reporting. If you Unsure for any questions above, justify the reasoning. Limit response to 25 characters and/or attach supplemental information on the attachments page          | 50                                    |     |  |  |
| mu | ny municipally owned property that has the potential to generate stormwater pollution should have a nicipal property stores compost piles, material storage, yard wastes, etc., outside and can contaminate equired.                        | · · · · · · · · · · · · · · · · · · · |     |  |  |
| Co | ollection Services - <i>Street Sweeping Program</i> Not Applicable  |                                       |     |  |  |
| I. | Did the municipality conduct street sweeping during the reporting year?  ● Yes ○ No   |                                       |     |  |  |
| m. | If known, how many tons of material was removed? 925  |                                       |     |  |  |
| n. | Does the municipality have a <u>low hazard exemption</u> for this or Yes material?  | No                                    |     |  |  |
| 0. | If street sweeping is identified as a storm water best management practice pollutant loading analysis, was street cleaning completed at the assumed f   |                                       |     |  |  |
|    | Yes - Explain frequency Every three weeks.  |                                       |     |  |  |
|    | O No - Explain  |                                       |     |  |  |
|    | O Not Applicable  |                                       |     |  |  |

| Cc  | Illection Services - Catch  | Basin Sump              | Cleaning                | Program      | $\square$ Not Appl | licable |               |  |
|-----|---|-------------------------|-------------------------|--------------|--------------------|---------|---------------|--|
| p.  | Did the municipality coryear?   | nduct catch             | basin sum               | np cleaning  | g during the       | •       | g             |  |
| q.  | How many catch basin s  | sumps were              | cleaned i               | n the repo   | rting year?        | 0       |               |  |
| r.  | If known, how many tor  | ns of materi            | al was col              | lected?      |                    | 0       |               |  |
| S.  | Does the municipality had material?   | ave a low h             | azard exei              | mption for   | this               | ○Yes @  | No            |  |
| t.  | If catch basin sump clea in the pollutant loading   | _                       |                         |              |                    | _       | •             |  |
|     | OYes- Explain frequency _   |                         |                         |              |                    |         |               |  |
|     | O No - Explain  |                         |                         |              |                    |         |               |  |
|     | Not Applicable  |                         |                         |              |                    |         |               |  |
| Cc  | llection Services - <i>Leaf C</i>   | ollection Pr            | ogram 🗌                 | Not Appli    | cable              |         |               |  |
| u.  | Does the municipality co  | nduct curb              | side leaf c             | ollection?   |                    | Yes     | ○ No          |  |
| V.  | Does the municipality no  | tify homeo              | wners abo               | out pickup   | ?                  | Yes     | ○ No          |  |
| w.  | Where are the residents   | directed to             | store the               | leaves for   | collection?        |         |               |  |
|     | ☑ Pile on terrace ☐ Pile  | in street [             | ☐Bags on                | terrace      |                    |         |               |  |
|     | Other - Describe  |                         |                         |              |                    |         |               |  |
| x.  | What is the frequency of  | f collection?           | P                       |              |                    |         |               |  |
|     | Weather permitting leav three times per fall.   | es are colle            | ected                   |              |                    |         |               |  |
| y.  | Is collection followed by   | street swee             | eping?                  |              |                    | Yes     | $\bigcirc$ No |  |
|     | Brief explanation on Coll<br>to 250 characters and/or<br>attachments page                         |                         | •                       | _            | -                  |         |               |  |
| W   | inter Road Management   | □ Not App               | olicable                |              |                    |         |               |  |
|     | ote: We are requesting infor<br>How many lane-miles of<br>doing snow and ice conf<br>lane miles.) | mation that froadway is | goes beyon<br>s the mun | icipality re | sponsible fo       | or 40   | •             |  |
| ab. | Provide amount of de-io   | cing produc             | ts used by              | month las    | st winter se       | ason?   |               |  |
|     | Solids (tons) (ex. sand, o  | or salt-sand            | )                       |              |                    |         |               |  |
|     | Product   | Oct                     | Nov                     | Dec          | Jan                | Feb     | Mar           |  |
| Sal |   | 0                       | 29                      | 465          | 224                | 964     | 46            |  |
|     | Liquids (gallons) (ex. bri  | ne)                     |                         |              |                    |         |               |  |
|     |   | Oct                     | Nov                     | Dec          | Jan                | Feb     | Mar           |  |

| Brine   | 2  | 0   | 0                            | 3155                                  | 1340                               | 3570         | 1       | 100       |
|---|--|---|------------------------------|---------------------------------------|------------------------------------|--------------|---------|-----------|
| <u>Othe</u>   | <u>r</u>   | 0   | 0                            | 0                                     | 660                                | 360          | 8       | 340       |
| ac. Was salt applying machinery calibrated in the reporting year?   • Yes |  |   |                              |                                       |                                    |              | es O    | No        |
|   | Have municipal person the reporting year?  | ed salt red                                       | uction stra                  | ategy train                           | ing in   • Y                       | 'es O        | No      |           |
|   | Training Date  | T   | raining Name                 |                                       |                                    | # Attendance |         |           |
|   | 10/11/2024   | City of Fond d                                    | u Lac snow an                | d ice trainin                         | 21                                 |              |         |           |
| S   | Brief explanation on Winte<br>questions above, justify the<br>supplemental information   | e reasoning.<br>on the atta                       | . Limit respo<br>chments pag | onse to 250<br>ge                     | characters                         | and/or atta  | ch      |           |
|   | City staff responsible for vinspect equipment, and d   |   |                              | e attended                            | a training d                       | ay to review | route:  | S,        |
| Inte  | ernal (Staff) Education 8  | & Commur  | ication                      |                                       |                                    |              |         |           |
| af.   | Has the municipality por education to staff if for each of the pollut of | mplement<br>ion preven<br>training wa<br>nference | ing the mu<br>tion prograss  | unicipality<br>am eleme<br>d (250 cha | 's procedu<br>nt ?<br>aracter limi | res<br>it):  |         | No<br>Dal |
|   | Describe how the municipality has kept the following local officials and municipal<br>staff aware of the municipal storm water discharge permit programs, procedures<br>and pollution prevention program requirements. Elected Officials   |   |                              |                                       |                                    |              |         |           |
|   | The annual report wi during a City Council   |   | o the City                   | Council ar                            | nd presente                        | ed to the C  | ity Co  | uncil     |
|   | Municipal Officials  |   |                              |                                       |                                    |              |         |           |
|   | The City of Fond du L<br>Fond du Lac Public W<br>where permit require  | orks Depa   | rtment div                   | ision lead                            | ers also ho                        | •            | •       |           |
|   | Appropriate Staff ( su with public)  | ch as oper  | ators, Dep                   | artment h                             | eads, and                          | those that   | intera  | ct        |
|   | City staff involved in annually on winter rotrucks, stormwater p needed.   | ad mainte   | nance top                    | ics. Trainiı                          | ng on stree                        | t sweeper    | s, vacı |           |
| ah.   |  |   |                              |                                       |                                    |              |         |           |

**Missing Information** 

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (R8/2021)

# **Minimum Control Measures - Section 7: Complete**

# 7. Storm Sewer System Map

| a. | Did the municipality update their storm sewer map this year?       |
|----|--|
|    | Yes ○ No   |
|    | If yes, check the areas the map items that got updated or changed: |
|    | ✓ Storm water treatment facilities                                 |
|    | ✓ Storm pipes  |
|    | ✓ Vegetated swales   |
|    | ✓ Outfalls   |

Storm sewer manholes and inlets.

✓ Other - Describe below

b. Brief explanation on Storm Sewer System Map reporting. If you marked Unsure for an question for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.

Do not close your work until you SAVE.

Form 3400-224 (R8/2021)

# **Final Evaluation - Complete**

## **Fiscal Analysis**

Complete the fiscal analysis table provided below. For municipalities that do not break out funding into permit program elements, please enter the monetary amount to your best estimate of what funding may be going towards these programs.

| Annual         | Budget         | Budget   | Source of Funds |
|----------------|----------------|----------|-----------------|
| Expenditure    | Reporting Year | Upcoming |                 |
| Reporting Year |                | Year     |                 |

**Element:** Public Education and Outreach

| 1     |       |       |                      |
|-------|-------|-------|----------------------|
| 10000 | 10000 | 10000 | General revenue fund |

**Element:** Public Involvement and Participation

| 10000 10000 1 | O000 General revenue fund |
|---------------|---------------------------|
|---------------|---------------------------|

**Element:** Illicit Discharge Detection and Elimination

| 15000 15000 | 15000 | General revenue fund |
|-------------|-------|----------------------|
|-------------|-------|----------------------|

**Element:** Construction Site Pollutant Control

| 25000 | 25000 | 25000 | General revenue fund |
|-------|-------|-------|----------------------|
|-------|-------|-------|----------------------|

**Element:** Post-Construction Storm Water Management

| 25000 | 25000 | 25000 | General revenue fund |
|-------|-------|-------|----------------------|
|-------|-------|-------|----------------------|

**Element:** Pollution Prevention

| 100000 | 100000 | 100000 | General revenue fund |
|--------|--------|--------|----------------------|
|        |        |        |                      |

Other (describe)

| NEWSC Memb | ership |      |                      |
|------------|--------|------|----------------------|
| 3220       | 3250   | 3315 | General revenue fund |

# Other (describe)

| Theisen Pond |        |      |                      |
|--------------|--------|------|----------------------|
| 293575       | 299091 | 9000 | General revenue fund |

| Other (describe)   |                   |                    |                                    |                             |
|--|-------------------|--------------------|------------------------------------|-----------------------------|
| Theisen Pond   |                   |                    |                                    |                             |
| 320625   | 320625            | 0                  | <u>Grants</u>                      |                             |
|  |                   |                    |                                    |                             |
| Other (describe)   |                   |                    |                                    |                             |
| Arndt Street Pond  |                   |                    |                                    |                             |
| 20590  | 200000            | 200000             | General revenue fur                | <u>1d</u>                   |
|  |                   |                    |                                    | _                           |
|  |                   |                    |                                    |                             |
| Other (describe)   |                   |                    |                                    |                             |
| Fairgrounds Storm S  | ewer              |                    |                                    |                             |
| 250939   | 340000            | 0                  | General revenue fur                | <u>nd</u>                   |
|  |                   |                    |                                    |                             |
| Please provide a justific  | ation for a "0" e | ntered in the Fisc | al Analysis. <i>Limit response</i> | to 250 characters.          |
|  |                   |                    |                                    |                             |
| Water Quality  |                   |                    |                                    |                             |
| •  | lown water qu:    | ality improvem     | ents in the receiving wa           | aters to which the          |
| municipality's storm   | •                 | •                  |                                    | accided willen the          |
| ○Yes ● No ○Unsu  | •                 | explain below:     |                                    |                             |
| b. Word there any kr   | Nown water au     | ality dogradatio   | on in the receiving water          | ors to which the            |
| municipality's storm   | •                 | , ,                | on in the receiving wate           | ers to which the            |
| ○Yes   No ○Unsu  | •                 | explain below:     | ges to.                            |                             |
|  | ,                 | •                  |                                    |                             |
|  | _                 |                    | ipality discharges to be           | en added to the impaired    |
| waters list during the   | ,                 | r?                 |                                    |                             |
| ○Yes ● No ○Unsu  | ire               |                    |                                    |                             |
| <b>d</b> : Has the municipality evaluated their storm water practices to reduce the pollutants of concern? |                   |                    |                                    |                             |
| Yes ○ No ○ Unsure  |                   |                    |                                    |                             |
|  |                   |                    |                                    |                             |
| Storm Water Qualit   | y Managemen       | t                  |                                    |                             |
| a. Has the municipali  | ty completed o    | or updated mod     | deling in the reporting y          | year (relating to developed |
| urban area performa  | nce standards     | of s. NR 151.13    | (2)(b)1., Wis. Adm. Cod            | de)? ○ Yes ● No             |
| <b>b.</b> If ves. enter percer   | nt reduction in   | the annual ave     | erage mass discharging             | from the entire MS4 to      |
| •  |                   |                    |                                    | management controls:        |
| Total suspended so   | olids (TSS)       |                    |                                    |                             |

| Total phosphorus (TP)   |
|---|
| Additional Information  |
| Based on the municipality's storm water program evaluation, describe any proposed changes to the municipality's storm water program. If your response exceeds the 250 character limit, attach supplemental information on the attachments page. |
|   |

|  | Missin | g Inform | ation |
|--|--------|----------|-------|
|--|--------|----------|-------|

Do not close your work until you SAVE.

Form 3400-224 (R8/2021)

# **Requests for Assistance on Understanding Permit Programs**

Would the municipality like the Department to contact them about providing more information on understanding any of the Municipal Separate Storm Sewer Permit programs?

| Please select all that apply:                  |
|--|
| ☐ Public Education and Outreach                |
| $\square$ Public Involvement and Participation |
| ☐ Illicit Discharge Detection and Elimination  |
| ☐ Construction Site Pollutant Control          |
| ☐ Post-Construction Storm Water Management     |
| ☐ Pollution Prevention                         |
| ☐ Storm Water Quality Management               |
| ☐ Storm Sewer System Map                       |
| ☐ Water Quality Concerns                       |
| ☐ Compliance Schedule Items Due                |
| ☐ MS4 Program Evaluation                       |

Do not close your work until you SAVE.

Form 3400-224(R8/2021)

# **Required Attachments and Supplemental Information**

Any other MS4 program information for inclusion in the Annual Report may be attached on here. Use the Add Additional Attachments to add multiple documents.

Upload Required Attachments (15 MB per file limit) - Help reduce file size and trouble shoot file uploads

# \*Required Item Note: To replace an existing file, use the 'Click here to attach file ' link or press the to delete an item. Storm Sewer System Map 2024 City of FDL Storm Sewer System Map.pdf File Attachment Attach - Other Supporting Documents AR EO Public Education and Outreach Summary 2024.pdf File Attachment AR IP Public Involvement and Participation Summary 2024.pdf File Attachment AR\_SWGroupReport NEWSC Annual Report 2024 Final 2.pdf File Attachment (To remove items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item) **Attach - Permit Compliance Documents** (To remove items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

# **Missing Information**

Draft and Share PDF Report with the permittee's governing body or delegated representatives.

Press the button below to create a PDF. The PDF will be sent to the email address associated with the WAMS ID that is signed in. After

| the annual report has been revie submit the final report to the DN | wed by the governing body or delegated representative, return to the MS4 eReporting System to R. |
|--|--|
|  | <u>Draft and Share PDF Report</u>  |

Form 3400-224(R8/2021)

# Sign and Submit Your Application

# Steps to Complete the signature process

- 1. Read and Accept the Terms and Conditions
- 2. Press the Submit and Send to the DNR button

**NOTE**: For security purposes all email correspondence will be sent to the address you used when registering your WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click <u>HERE</u>.

#### **Terms and Conditions**

**Certification:** I hereby certify that I am an authorized representative of the municipality covered under Fond du Lac, City MS4 Permit for which this annual report or other compliance document is being submitted, and that the information contained in this submittal and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

| Signee (must check (  | Jurrenti | role prior to accepting terms and conditions)   |
|---|----------|---|
| <ul> <li>Authorized muni</li> </ul>   | cipal co | ntact using WAMS ID.  |
| <ul> <li>Delegation of Signature</li> <li>Delegation of Signature</li> <li>Delegation of Signature</li> </ul> |          | Authority (Form 3400-220) for agent signing on the behalf of the ct.                      |
| •   |          | his item with authorized municipal contact (authorized municipal and complete signature). |
|   | Name:    |   |
|   | Title:   |   |
| Authorized Signature.  I accept the above terms and conditions.   |          |   |

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.

## 2024 City of Fond du Lac Public Education and Outreach Summary

#### Notes

The public education and outreach efforts detailed below may cover mulitple topics, audiences, and/or have multiple delivery mechanisms.

#### General

The city is an active member of the Northeast Wisconsin Stormwater Consortium (NEWSC). An annual report covering the activities undertaken by NEWSC has been submitted to the DNR separately.

| Item | Ongoing Efforts   | Regional Effort |
|------|---|-----------------|
| 1    | The city maintains a website with content relating to storm water management. Items on the website include: general stormwater management information, links to Renew Our Waters and the Clean Waters Project, the City of Fond du Lac Stormwater Reference Guide, the adopt a storm drain program, and the most recent annual report.                        | No              |
|      | https://www.fdl.wi.gov/engineering/storm-water-permit/<br>https://www.fdl.wi.gov/engineering/storm-water-management/  |                 |
|      | https://www.fdl.wi.gov/engineering/adopt-a-storm-drain-program/ https://adopt-a-storm-drain-fonddulac.hub.arcgis.com/   |                 |
| 2    | The city has a Facebook page where posts relating to storm water management are made.  https://www.facebook.com/cityoffdl/  | No              |
| 3    | There are six stormwater management posters, banners, and yard signs at the City of Fond du Lac or City of Fond du Lac Engineering offices visible to members of the public.  | No              |
| 4    | There are stormwater education signs installed at four City of Fond du Lac stormwater detention ponds.  | No              |
| 5    | All construction projects covered by the construction site pollutant control ordinance are required to post a permit onsite.  The permit provides the public with information regarding the requirement to install and maintain erosion control practices and provides contact information to submit complaints.  | No              |
| 6    | Preconstruction meetings are required for municipal projects. Erosion control requirements are discussed. A preconstruction conference is required for all private construction projects with at least one acre of disturbance. The contractor is required to attend and discuss the erosion control and storm water management requirements for the project. | No              |
| 7    | New storm sewer catch basins on city projects have the message "Dump No Waste - Drains to Fresh Water" and a fish and loon logo cast into the top of the curb box.  | No              |
| 8    | The city has an Adopt-A-Storm Drain Program. Adopted drains are stenciled with the message "Adopted Drain - Keep FDL Clean - Drains to Lake" with lighthouse, waves and fish graphic.   | No              |
| 9    | Stormwater educational brochures are available at the City Engineering office.  | No              |
| 10   | Composting and chopping up leaves is suggested as an alternative to leaf collection during the annual fall leaf collection program.   | No              |
| 11   | The City of Fond du Lac left door hangars during the fall leaf collection program at the houses of residents who raked their leaves into the street in violation of city policy to leave the leaves on the terrace. Composting was also recommended on the notice.  | No              |

| Item | Events   | Est. People<br>Reached | Regional Effort |
|------|--|------------------------|-----------------|
| 1    | The city sent out a press release promoting cleaning storm sewer catch basins and the Adopt-A-Storm Drain Program on January 23rd, 2024. Information was published in the Fond du Lac Reporter on January 23rd, 2024.  | Unknown                | No              |
| 2    | The City of Fond du Lac gave a presentation titled "Update Presentation for ParkWatch" to the ParkWatch Fond du Lac on February 12th, 2024. The presentation primarily covered wastewater topics but also included information on illicit discharges; proper disposal of leaves; and information on salt usage.                    | Unknown                | No              |
| 3    | NEWSC was at Sisters of St. Agnes Earth Day Fair on April 27th, 2024 and provided education on stormwater topics. A total of 70 people were contacted during the event.  | 70                     | No              |
| 4    | NEWSC and FWWA were at Walleye Weekend on June 7th, 8th and 9th, 2024 and provided education on stormwater topics. A total of 553 people were contacted during the event.  | 553                    | Yes             |
| 5    | The city posted a NEWSC infographic promoting cleaning up pet waste on the city Facebook account on September 13, 2024. The post reached 2700 people with 26 reactions, 1 comment, and 8 shares within the first three weeks.  | 2700                   | Yes             |
| 6    | The city sent out letters to the 23 property owners adjoining a city owned stormwater pond regarding proper management and use of leaves, grass clippings, fertilizers, and pesticides and other issues on October 15th, 2024. The letter reminded property owners to not use fertilizers and pesticides within the pond property. | 23                     | No              |
| 7    | The city posted a NEWSC infographic promoting proper use of fertilizers on the city Facebook account on November 15, 2024. The post reached 1100 people with 6 reactions, 1 comment, and 1 share within the first week.  | 1100                   | No              |

## 2024 City of Fond du Lac Public Involvement and Participation Summary

#### **Elected Officials**

The annual report will be sent to the City Council and presented to the City Council during a City Council meeting.

#### **Municipal Officials**

The City of Fond du Lac department leaders hold weekly meetings where permit requirements are discussed as necessary. The City of Fond du Lac Public Works Department division leaders also hold weekly meetings where permit requirements are discussed as necessary.

#### **Appropriate Staff**

City of Fond du Lac staff involved in winter road maintenance attend one or more trainings annually on winter road maintenance topics. Training on street sweepers, vacuum trucks, stormwater pollution prevention plans, and other topics are provided as needed.

| Item | Activity  | Est. People<br>Reached | Regional Effort |
|------|---|------------------------|-----------------|
| 1    | The city has an Adopt-A-Storm Drain Program. Participants in the program are expected to regularly inspect and remove debris from inlets, report any maintenance concerns to the city, and report any illicit discharges. Participants may view storm drains and sign up for the program at the website https://adopt-a-storm-drain-fonddulac.hub.arcgis.com/.  The Fox-Wolf Watershed Alliance coordinated citizen monitoring of the chloride levels, during winter, in waterways in the | 76                     | No              |
| 2    | City of Fond du Lac. The monitored waterways include DeNeveu Creek and Taycheedah Creek. A total of two volunteers collected samples at four sites in 2024.  The 2023 annual stormwater report was placed on the city's website on March 27th, 2024. The public can submit  | 2                      | Yes             |
| 3    | comments on the report.   | Unknown                | No              |
| 4    | The 2023 annual stormwater report was presented to the City Council on March 27th, 2024.  | 7                      | No              |
| 5    | The City of Fond du Lac assisted the Fox-Wolf Watershed Alliance with an annual river clean up on May 4th, 2024. A total of 55 volunteers participated. The cleanup locations included Lakeside Park and Lakeside Park West.  | 55                     | Yes             |
| 6    | The City of Fond du Lac stormwater management programs are on the city's website. No revisions were made to the programs in 2024. The public can submit comments on the program.  | Unknown                | No              |

# CITY COUNCIL MEETING AGENDA CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> Proposed Ordinance Updating Financial Assistance Options

Available Under Lead Service Line Replacement Program

<u>Subject:</u> Presented By: Director of Administration

Initiator:

Recommendation:

ATTACHMENTS:

File Name

8888\_Ordinance\_for\_LSL\_Financial\_Options\_FINAL.pdf
Ordinance Memo.pdf

## ORDINANCE NO. XXXX

# AN ORDINANCE AMENDING CHAPTER 643 OF THE CODE OF THE CITY OF FOND DU LAC REGARDING FINANCIAL OPTIONS AVAILABLE UNDER THE CITY'S LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM

The City Council of the City of Fond du Lac do ordain as follows; deleted items are shown with strikethrough and additions are underlined:

<u>Section 1</u>. That Chapter 643, Water Service Line Replacements; Section 8, Financial assistance for customer-side LSL replacements., is hereby amended to read as follows:

# § 643-8 Financial assistance for customer-side LSL replacements.

# A. Financial assistance provided by FWU

1. A. FWU is authorized to establish a program to provide eligible property owners with financial assistance to replace customer-side LSLs. FWU must seek PSC approval of any FWU financial assistance program to replace customer-side LSLs. If FWU's financial assistance program has received PSC approval and has available funding, FWU may provide eligible property owners with financial assistance to replace customer-side LSLs as provided in this § 643-8. 2. B. FWU may provide an eligible property owner with financial assistance to pay the property owner's customer-side LSL replacement costs. FWU may provide a grant to pay for up to 50% of the property owner's customer-side LSL replacement costs. The grant may not exceed a maximum amount of \$2,000. Financial assistance for the remainder of the property owner's customer-side LSL replacement costs may be provided in the form of a loan. 3. C. FWU may loan an eligible property owner funds to pay the property owner's remaining customer-side LSL replacement cost after the receipt of any grant monies under § 643-8(A)(2) 643-8B. FWU may provide an eligible property owner a ten-year, 2.5% interest loan. A property owner shall repay the loan in yearly installments, consisting of principal and interest. Loan repayments will be invoiced yearly by FWU. Loan repayments that are past due may be placed on

the property tax roll as provided in Section 66.0809, Wisconsin Statutes.

- **<u>4.</u> D.** A property owner is eligible for financial assistance for the purpose of replacing the customer-side LSL if the property owner satisfies all of the following criteria:
  - (<u>a</u> **1**) The property owner alone, or collectively with others, owns the entire fee simple title to the property served by the customer-side LSL.
  - (<u>b</u> 2) The property owner's customer-side LSL is either attached to a utility-side service line that is not a LSL, or a utility-side LSL scheduled for replacement and for which the property owner has been notified by FWU of such scheduled replacement.
  - (<u>c</u> 3) The property owner agrees to have the replacement work done by a pre-qualified plumbing contractor in compliance with this chapter.
- **<u>5.</u>** E. Written applications for financial assistance shall include the following:

  - (<u>b</u> 2) Copies of a written quote from a pre-qualified plumbing contractor for the replacement of the property owner's customer-side LSL.
- <u>6.</u> F. A property owner will be eligible for financial assistance based on the amount included in the written quote received from the prequalified plumbing contractor under § 643-8(A)(4)(b)(2) 643-8D(2).
- 7. G. After a complete application is received, and prior to the commencement of any replacement work, FWU will determine if the property owner is eligible for financial assistance, and the amount of financial assistance available as a grant and the amount of financial assistance available as a loan. Such determination will be provided in writing to the applying property owner.
- **8. H.** Customer-side LSL replacement work must be accomplished in accordance with the Wisconsin State Plumbing Code and all applicable federal, state, and municipal laws and regulations. Work must also be done in a workmanlike manner and be coordinated with any FWU utility-side service line replacement work as required by § **643-6**.

- **9. I.** Upon completion of the customer-side LSL replacement and passing the necessary building/plumbing inspections, the prequalified plumber shall provide FWU with a copy of the invoice. Upon proof of completion satisfactory to the property owner and FWU, FWU will directly pay the plumbing contractor the amount of money approved by FWU for financial assistance for replacement of the customer-side LSL.
- 10. J. The total amount of money provided by FWU as financial assistance in the form of a grant and loan may not exceed the actual cost of replacement of the customer-side LSL.
- 11. K. Disputes regarding eligibility for financial assistance may be appealed to a neutral three-person panel to be appointed by the City Manager on an as needed basis.

# B. Financial assistance provided by the City of Fond du Lac

- 1. The City is authorized to establish a program to provide eligible property owners with financial assistance to replace customer-side LSLs. The City may provide eligible property owners with financial assistance to replace customer-side LSLs as provided in this § 643-8.
- 2. The City may provide an eligible property owner a ten-year, 2.5% interest loan to pay the property owner's customer side LSL replacement costs. A property owner shall repay the loan in yearly installments, consisting of principal and interest. A customer side LSL replacement loan under this Subsection shall be considered a special charge and a lien on the subject property. Each year's annual installment shall be levied onto the property tax bill of the subject property as a special charge pursuant to Section 66.0627, Wisconsin Statutes. The City will keep an accounting of loans and repayments, and provide borrowers with that information upon request.
- 3. The City will follow its customary practice in collecting special charges placed on the tax rolls, including assessing penalties and charging interest and initiating foreclosure proceedings, where appropriate.
- **4.** Special charges collected for customer-side LSL replacement loan repayments will be placed in a segregated fund and disbursed in accordance with the requirements of City funding.
- **5.** A property owner is eligible for financial assistance for the purpose of replacing the customer-side LSL if the property owner satisfies all of the following criteria:

- (a) The property owner alone, or collectively with others, owns the entire fee simple title to the property served by the customer-side LSL.
- (b) The property owner's customer-side LSL is either attached to a utility-side service line that is not a LSL, or a utility-side LSL scheduled for replacement and for which the property owner has been notified by FWU of such scheduled replacement.
- **6.** Written applications for financial assistance shall include the following:
  - (a) A completed application on a form furnished by the City signed by the eligible property owner. The completed application form shall include a certification by the property owner that attests that all eligibility criteria listed in § 643-8(B)(5) are met.
- 7. After a complete application is received, and prior to the commencement of any replacement work, the City will determine if the property owner is eligible for financial assistance and the amount of financial assistance available. Such determination will be provided in writing to the applying property owner.
- 8. Customer-side LSL replacement work must be accomplished in accordance with the Wisconsin State Plumbing Code and all applicable federal, state, and municipal laws and regulations. Work must also be done in a workmanlike manner and be coordinated with any FWU utility-side service line replacement work as required by § 643-6.
- **9.** The total amount of money provided by the City as financial assistance may not exceed the actual cost of replacement of the customer-side LSL.
- 10. Disputes regarding eligibility for financial assistance may be appealed to a neutral three-person panel to be appointed by the City Manager on an as needed basis.
- **Section 2**. Any person violating the provisions of this Ordinance shall be subject to the penalty provided in Section 1-4 of the Code.
- <u>Section 3</u>. The appropriate City officials are hereby authorized and directed to take such action as is necessary to effectuate the terms of this Ordinance.

**Section 4**. All other ordinances and resolutions inconsistent with the provisions of this Ordinance are hereby repealed.

<u>Section 5</u>. This Ordinance shall take effect and be in force upon its passage and publication as provided by law.

| ADOPTED:                    |   |
|-----------------------------|---|
|                             | Tiffany Brault, President<br>Fond du Lac City Council |
| Attest:                     | City Attorney:  |
| Margaret Hefter, City Clerk | Reviewed M  |

# CITY OF FOND DU LAC - Memorandum

**Date:** March 20, 2025

**To:** Joseph Moore, City Manager

City Council

**From:** Tricia Davi, Director of Administration

Travis Kloetzke, Water Utility General Manager

**Re:** Update to Chapter 643 of the Municipal Code

Financial Options for Lead Service Line Replacement

Chapter 643 of our Municipal Code addresses our private lead service lateral replacement program. The amendment included with this memo only relates to Section 8, which outlines financial assistance provided to eligible property owners that need to have their lead service lateral replaced. As currently written in Chapter 643-8, the Water Utility can provide financial assistance to any eligible property owner and provide up to 10 years for the property owner to pay back that assistance. The amendment to the ordinance will not impact the existing program or the intent of how it functions – it merely gives us more flexibility in administering the program and providing financial assistance.

In lieu of issuing traditional debt for lead service line replacements, the Water Utility applied to the State of Wisconsin Department of Natural Resources for three Safe Drinking Water Loans (SDWL) to assist with the costs of replacing private lead service laterals. The major advantage in securing this type of funding is that a portion of the loan can be forgiven based upon meeting certain criteria. This is known as a Principle Forgiveness loan. We were awarded three such loans – one for 100% principal forgiveness, one for 75% forgiveness and one for 50% forgiveness.

As part of a normal closing process on SDWL loans, we pledge revenues from the Water Utility to cover the loan repayments. However, recent guidance from the Public Service Commission (PSC) which governs how our Water Utility operates, will not allow the Water Utility to pledge those revenues for private lead service line SDWL loan repayments.

As an alternate way to take advantage of the SDWL funding, the City can make the pledge of using property owner assistance repayments for the SDWL loan repayments. This does require adding language to our existing Ordinance to allow the City to also provide financial assistance to property owners.

This slight differentiation in who is providing the assistance will negate the restrictions imposed by the PSC, allow us to take advantage of the SDWL Principle Forgiveness loans, allow us to continue to replace private lead service laterals, and allow us to continue to provide financial assistance to property owners.

Please feel free to contact either of us with questions or for more information.