



Office of the Town Clerk

Town of Brookfield | 645 N. Janacek Road, Brookfield, WI 53045

Office: 262-796-3788 | Clerk@TownofBrookfield.com

MEETING AGENDA

Tuesday, June 17, 2025
7 p.m.

Town Board
Utility District No. 1
Sanitary District No. 4

Eric Gnant Room
TOB Municipal Building
645 N. Janacek Rd., Brookfield, WI

1. Call to Order & Roll Call.
2. Meeting Notices.
3. Approval of Agenda.
4. Approval of Minutes:
 - a. June 3, 2025 meeting of the TB, UD1, SD4.
5. Citizen Comments: Three-minute limit.
6. Old Business: None.
7. New Business:
 - a. Discussion and possible action regarding the Class "B" Beer and "Class B" Liquor application for Indulgence Chocolatiers.
 - b. Discussion and possible action regarding the 2025-2026 Alcohol Establishment Licenses.
 - c. Discussion and possible action regarding the 2024 Compliance Maintenance Annual Report (CMAR).
 - d. Discussion and possible action regarding modifications to the Personnel Manual.
 - e. Discussion and possible action regarding Strand Change Order No. 1 Wells 3 and 4 Filter Rehabilitation.
8. Departments, Boards, Committee/Commission Reports/Recommendations: None.
9. Approval of Vouchers and Checks.
10. Communication and Announcements.
 - a. Update on Burn Ordinance.
 - b. Update on Property Maintenance Code.
11. Adjourn.

Posted June 13, 2025
Emily Howells, Deputy Clerk



Office of the Town Clerk

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Office: 262-796-3788 | Clerk@TownofBrookfield.com

MEETING MINUTES

Tuesday, June 3, 2025 7 p.m.	Town Board Utility District No. 1 Sanitary District No. 4	Eric Gnant Room TOB Municipal Building 645 N. Janacek Rd., Brookfield, WI
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1. Call to Order & Roll Call.
Chairman Henderson called the meeting to order at 7:00 p.m.
Present: Chairman Keith Henderson; Supervisors Steve Kohlmann, John Charlier, John Schatzman and Ryan Stanelle.
A quorum was met (5-0).
Staff Present: Attorney Jim Hammes, Fire Chief John Schilling, Administrator/Interim-Clerk Tom Hagie and Deputy Clerk Emily Howells.
2. Meeting Notices.
Hagie confirmed the meeting notices were posted as required by law.
3. Approval of Agenda.
Motion by Schatzman to adopt with the amendment item 8 moves before item 7; seconded by Charlier.
Motion prevailed by a voice vote (5-0).
4. Approval of Minutes:
 - a. May 20, 2025 meeting of the TB, UD1, SD4.
Motion by Stanelle to approve the minutes as presented; seconded by Kohlmann.
Motion prevailed by a voice vote (5-0).
5. Citizen Comments: Three-minute limit. None.
6. Old Business: None.
7. New Business:
 - a. Discussion and possible action regarding the Temporary Extension of Premises application for Café Hollander's Beer Garden.
Motion by Stanelle to approve the Temporary Extension of Premises application for Café Hollander's Beer Garden; seconded by Schatzman.
Motion prevailed by a voice vote (5-0).
 - b. Discussion and possible action regarding the 2025-2026 Alcohol Establishment Licenses.
Motion by Charlier to approve the 2025-2026 Alcohol Establishment Licenses; seconded by Kohlmann.
Motion prevailed by a voice vote (5-0).
 - c. Discussion and possible action regarding the 2025-2026 Secondhand Article/Jewelry Dealer Establishments.
Motion by Kohlmann approve the 2025-2026 Secondhand Article/Jewelry Dealer Establishments; seconded by Charlier.
Motion prevailed by a voice vote (5-0).
 - d. Discussion and possible action regarding the Resolution 2025-02 Updating the Master Fee Schedule.

Motion by Schatzman to approve the Resolution 2025-02 Updating the Master Fee Schedule; seconded by Stanelle.

Motion prevailed by a voice vote (5-0).

- e. Discussion and possible action regarding appointments to Town Committees, Commissions, and Boards and annual appointments.

Motion by Chairman Henderson to approve the appointments to Town Committees, Commissions, and Boards and annual appointments; seconded by Kohlmann.

Motion prevailed by a voice vote (5-0).

- f. Discussion and possible action regarding Town Hall Campus Signage Proposal.

No action.

- g. Discussion and possible action regarding Ordinance 2025-01 Town of Brookfield Comprehensive Burning Ordinance.

Motion by Charlier to approve the Ordinance 2025-01 Town of Brookfield Comprehensive Burning Ordinance with recommended changes as discussed; seconded by Schatzman.

Motion prevailed by a voice vote (5-0).

8. Departments, Boards, Committee/Commission Reports/Recommendations:

a. Plan Commission

- 1. Discussion and possible action regarding the request by Jim Taylor, representing Oscar's, to approve a conditional use permit for a new drive-thru restaurant on the property located at 21165 Highway 18 and parking on the property to the East.

Motion by Stanelle to approve the conditional use permit for a new drive-thru restaurant on the property located at 21165 Highway 18 and parking on the property to the East with the recommendations from the Plan Commission and a new non-annexation agreement; seconded by Kohlmann.

Motion prevailed by a voice vote (5-0).

- 2. Discussion and possible action regarding the request by Jim Taylor, representing Oscar's, for preliminary and final approval for a new drive-thru restaurant on the property located at 21165 Highway 18 and parking on the property to the East.

Motion by Kohlmann to approve preliminary and final approval for a new drive-thru restaurant on the property located at 21165 Highway 18 and parking on the property to the East with the conditions from Plan Commission, the non-annexation agreement, and easement agreement review; seconded by Charlier.

Motion prevailed by a voice vote (5-0).

- 3. Discussion and possible action regarding the request by Lindsey Chiaverotti's, representing Wisconsin Adult Center d/b/a Brookfield Adult Center, to approve a conditional use permit amendment to allow the expansion of an adult day care center in the B-3 office and professional business district located at 20711 Watertown Road Suite V.

Motion by Charlier to approve a conditional use permit amendment to allow the expansion of an adult day care center in the B-3 office and professional business district located at 20711 Watertown Road Suite V; seconded by Kohlmann.

Motion prevailed by a voice vote (5-0).

4. Discussion and possible action regarding the request by Jordan Jackson's, representing The Sandtrap LLC, to set a public hearing date to discuss a conditional use permit request for a golf simulator business located at 17800 West Bluemound Road.

Motion by Kohlmann to set a public hearing date on Tuesday, June 24, 2025 at 7 P.M. to discuss a conditional use permit request for a golf simulator business located at 17800 West Bluemound Road; seconded by Charlier.

Motion prevailed by a voice vote (5-0).

5. Discussion and possible action regarding the request by Luke Sebald, representing Bancroft Engineering, for preliminary and final approval for an addition to an existing manufacturing building, located at 21550 Doral Road.

Motion by Charlier to approve preliminary and final approval for an addition to an existing manufacturing building, located at 21550 Doral Road with a non-annexation agreement; seconded by Stanelle.

Motion prevailed by a voice vote (5-0).

9. Approval of Vouchers and Checks.

Motion by Charlier to approve vouchers and checks in the amount of \$459,227.02; seconded by Stanelle.

Motion prevailed by a voice vote (5-0).

10. Communication and Announcements.

- a. Chief Schilling made the recommendation to the board that they attend a training session for emergency management on the second Tuesday in October from 4:00-8:00 P.M.
- b. Chairman Henderson announced that the Discover Brookfield update would be on the following meeting, June 17.
- c. Stanelle also reminded the members of the Board of the ribbon cutting at Poplar Creek preceding the meeting June 17.
- d. Stanelle inquired of the crashed car in the police department parking lot.

11. Adjourn.

Motion by Kohlmann to adjourn at 8:44 p.m.; seconded by Charlier.

Motion prevailed by a voice vote (5-0)

Respectfully submitted by,
Tom Hagie, Administrator/Interim-Clerk

Form
AB-200

**Alcohol Beverage License
Application**

18000540

For Municipal Use Only	
Municipality	T. Brookfield
License Period	2526

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 15
Total Fees	\$ 615

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Indulgence Chocolatiers, LLC			
2. Business Trade Name or DBA Indulgence Chocolatiers			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 11/2007	
8. Wisconsin DFI Registration Number I023932			
9. Premises Address 320 High Street			
10. City Brookfield		11. State WI	12. Zip Code 53045
13. County Waukesha		14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Brookfield	
15. Aldermanic District			
16. Premises Phone 262-202-8731		17. Premises Email brookfield@IndulgenceChocolatiers.c	
18. Website IndulgenceChocolatiers.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Indulgence Chocolatiers is part of the Corners of Brookfield. There is a chocolate and wine pairing menu. Alcohol is served at the bar and stored under the bar and in the back store room. We would like to add craft cocktail pairings to this menu.			
20. Mailing Address (if different from premises address) 211 S 2nd St			
21. City Milwaukee		22. State WI	23. Zip Code 53204
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
Waterman	Julie	Owner	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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.

Last Name Waterman		First Name Julie		M.I. A
Title Owner		Email jw@IndulgenceChocolatiers.com		Phone
Signature 			Date 5/13/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-15-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
05/13/2025

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
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Indulgence Chocolatiers, LLC

2. Business Trade Name or DBA

Indulgence Chocolatiers

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Waterman

2. First Name

Julie

3. M.I.

A

4. Relationship to Business (Title)

Owner

5. Email

jw@IndulgenceChocolatiers.com

6. Phone

7. Home Address

8. City

Brookfield

9. State

WI

10. Zip Code

53005

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

06/2003

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

Brookfield

State

WI

Zip Code

53005

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

Waukesha

State

County

State

County

State

County

State

County

Continued →

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? ☐ Yes ☒ No

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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 	Date 05/13/25
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**Alcohol Beverage
Appointment of Agent**Date
05/13/2025**Agent Type** (check one)☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Indulgence Chocolatiers, LLC

2. Business Trade Name or DBA

Indulgence Chocolatiers

3. Entity Type (check one)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Waterman

2. First Name

Julie

3. M.I.

A

4. Email

jw@IndulgenceChocolatiers.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Brookfield

8. State

WI

9. Zip Code

53005

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

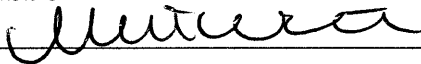
[REDACTED]

12. Drivers License/State ID State of Issuance

WI**Part C: Agent Questions**1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.*Continued →*


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name Waterman		First Name Julie		M.I. A
Title Owner	Email jw@IndulgenceChocolatiers.com		Phone [REDACTED]	
Signature 			Date 5/13/25	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name Waterman		First Name Julie		M.I. A
Signature 			Date 05/13/25	

TOWN OF BROOKFIELD
WAUKESHA COUNTY

APPLICATIONS FOR ALCOHOLIC BEVERAGE LICENSES
2025-26

NOTICE IS HEREBY GIVEN that the following applications have been received by the Clerk of the Town of Brookfield, Waukesha County, for alcohol retail licenses for the July 1, 2025 to June 30, 2026 license year:

CLASS B FERMENTED MALT BEVERAGE AND CLASS B LIQUOR

Kristyn Eitel for Belair Cantina Brookfield, Inc, d/b/a Belair Cantina Brookfield, 250 High Street, Brookfield, WI 53045 and for Margaux, 20107 N. Lord St., Brookfield, WI 53045.

Alaa Musa for Strategic Developments, LLC, d/b/a Casablanca West, 17800 W Bluemound Rd, Ste. AB, Brookfield, WI 53045

Apostolos Evreniadis for Enthusiast Approved Brookfield, LLC, d/b/a Mimosa, 275 Regency Court, Brookfield, WI 53045

Julie Waterman for Indulgence Chocolatiers, LLC d/b/a Indulgence Chocolatiers, 340 High Street, Brookfield, WI 53045

CLASS B FERMENTED MALT BEVERAGE AND CLASS C WINE

Julie Waterman for Indulgence Chocolatiers, LLC d/b/a Indulgence Chocolatiers, 340 High Street, Brookfield, WI 53045

CLASS A FERMENTED MALT BEVERAGE AND CLASS A LIQUOR

Andrea Torp for Sam's East, Inc d/b/a Sam's Club #8164, 600 N Springdale Rd, Waukesha, WI 53186

The Town Board of the Town of Brookfield will consider and receive public input, comment, or concerns regarding July 1, 2025 issuance of the above referenced licenses at its regularly scheduled meeting on Tuesday, June 17, 2025, at 7:00 p.m. at the Brookfield Town Hall, 645 N. Janacek Road, Brookfield, WI 53045.

Interim - Town Clerk Tom Hagie

Compliance Maintenance Annual Report

Brookfield Sanitary District 4

Last Updated: Reporting For:
6/10/2025 2024

Financial Management

1. Provider of Financial Information			
Name:	<input type="text" value="Tony Skof"/>		
Telephone:	<input type="text" value="262-798-8629"/>	(XXX) XXX-XXXX	
E-Mail Address (optional):	<input type="text" value="tonysd4@gmail.com"/>		
2. Treatment Works Operating Revenues			
2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?			
● Yes (0 points) <input type="checkbox"/>			
○ No (40 points)			
If No, please explain:			
<input type="text"/>			
2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?			
Year: <input type="text" value="2024"/>			0
● 0-2 years ago (0 points) <input type="checkbox"/>			
○ 3 or more years ago (20 points) <input type="checkbox"/>			
○ N/A (private facility)			
2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?			
● Yes (0 points)			
○ No (40 points)			
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]			
3. Equipment Replacement Funds			
3.1 When was the Equipment Replacement Fund last reviewed and/or revised?			
Year: <input type="text" value="2024"/>			
● 1-2 years ago (0 points) <input type="checkbox"/>			
○ 3 or more years ago (20 points) <input type="checkbox"/>			
○ N/A			
If N/A, please explain:			
<input type="text"/>			
3.2 Equipment Replacement Fund Activity			
3.2.1 Ending Balance Reported on Last Year's CMAR			\$ <input type="text" value="36,000.00"/>
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)			+ \$ <input type="text" value="2,000.00"/>
3.2.3 Adjusted January 1st Beginning Balance			\$ <input type="text" value="38,000.00"/>
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)			+ \$ <input type="text" value="0.00"/>

Compliance Maintenance Annual Report

Brookfield Sanitary District 4

Last Updated: Reporting For:
6/10/2025 2024

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

\$ 0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 38,000.00

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund?

\$ 38,000.00

0

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

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

● Yes

○ No

If No, please explain.

4. Future Planning

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

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

○ No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Repair / Reline 36" sewer interceptor due to deterioration of concrete pipe.	\$351,000	2027
2	Sewer Lift Station controls and equipment upgrade	\$250,000	2026

5. Financial Management General Comments

Sewer user rate increase was approved beginning in the first quarter 2025.

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations: 1

Compliance Maintenance Annual Report

Brookfield Sanitary District 4

Last Updated: Reporting For:
6/10/2025 **2024**

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	1,569	49
February	1,503	38
March	1,375	32
April	1,376	28
May	1,099	7
June	1,144	10
July	1,253	7
August	1,209	9
September	1,242	7
October	1,396	10
November	1,266	17
December	1,874	46
Total	16,306	260
Average	1,359	22

6.1.2 Comments:

Electricity totals include electricity consumed at a lift station and 5 sanitary flow meter locations.
Natural Gas consumption totals are for the backup generator at the lift station.

6.2 Energy Related Processes and Equipment

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

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

Lift station back up generator located in secure building.
Building contains pump controls, SCADA controls, generator, and heater.

6.2.2 Comments:

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

● No

○ Yes

Year:

By Whom:

Describe and Comment:

Compliance Maintenance Annual Report

Brookfield Sanitary District 4

Last Updated: Reporting For:
6/10/2025 2024

<div></div> <p>6.4 Future Energy Related Equipment</p> <p>6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?</p> <div>When replacing lift station pumps and lighting we will replace with high efficiency motors and led lighting.</div>	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

Compliance Maintenance Annual Report

Brookfield Sanitary District 4

Last Updated: Reporting For:
6/10/2025 2024

Sanitary Sewer Collection Systems

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

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

- ☒ Yes
- ☐ No

If No, explain:

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

- ☒ Yes
- ☐ No (30 points)
- ☐ N/A

If No or N/A, explain:

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

☒ Goals [NR 210.23 (4)(a)]

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

Clean, inspect, and televise approximately 35% of the sewer collection system sewer mains, manholes, and lateral connections.
Correct any deficiencies found during inspections including inflow and infiltration.

Did you accomplish them?

- ☒ Yes
- ☐ No

If No, explain:

☒ Organization [NR 210.23 (4) (b)] ☐ ☐

Does this chapter of your CMOM include:

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

☒ Legal Authority [NR 210.23 (4) (c)]

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

Sewer Use Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2022-03-15

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

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

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

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

- ☒ Equipment and replacement part inventories
- ☒ Up-to-date sewer system map

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- ☒ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
- ☒ A description of routine operation and maintenance activities (see question 2 below)
- ☒ Capacity assessment program
- ☒ Basement back assessment and correction
- ☒ Regular O&M training

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

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

- ☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- ☒ Construction, Inspection, and Testing
- ☒ Others:

Collection system design review and construction observation services are completed by an outside engineering firm.

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

Does your emergency response capability include:

- ☒ Responsible personnel communication procedures
- ☒ Response order, timing and clean-up
- ☒ Public notification protocols
- ☒ Training
- ☒ Emergency operation protocols and implementation procedures

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

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

- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Management Plan (SECAP)
- ☐ Lift Station Evaluation Report
- ☐ Others:

0

2. Operation and Maintenance

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

Cleaning	<input type="text" value="30"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="30"/>	% of system/year
Manhole inspections	<input type="text" value="30"/>	% of system/year
Lift station O&M	<input type="text" value="52"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="5"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="30"/>	% of system/year

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Private sewer I/I removal % of private services

River or water crossings % of pipe crossings evaluated or maintained

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

Connections of private sewer laterals at sewermain are inspected during annual televising.
3,200 ft of 54" concrete sewer interceptor was relined repairing infiltration in multiple locations.
Infiltration in 72" sewer interceptor repaired in multiple locations.
1 manhole relined repairing deterioration and infiltration.

3. Performance Indicators

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

<input type="text" value="43.16"/>	Total actual amount of precipitation last year in inches
<input type="text" value="32.26"/>	Annual average precipitation (for your location)
<input type="text" value="48.26"/>	Miles of sanitary sewer
<input type="text" value="1"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="0"/>	Number of basement backup occurrences
<input type="text" value="0"/>	Number of complaints
<input type="text" value=".80"/>	Average daily flow in MGD (if available)
<input type="text"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **

Date	Location	Cause	Estimated Volume
None reported			

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

5. Infiltration / Inflow (I/I)

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

o Yes

● No

If Yes, please describe:

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<p>5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div></div>	
<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div>Relined 3,200 ft of 54" concrete sewer interceptor repairing infiltration in multiple locations including abandoning unused lateral that was leaking. Infiltration in 72" sewer interceptor repaired in multiple locations. One manhole relined repairing deterioration and infiltration.</div>	
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div>Continue to clean and televise 25%-35% of the sewer collection system and repair any inflow/infiltration found during our maintenance and televising inspections. Inspect for illegal sump pump connections during water meter change out and cross connection inspections. As part of the 36" interceptor relining project in 2026-2027 infiltration will be repaired in multiple locations.</div>	

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

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Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			4	16
GRADE POINT AVERAGE (GPA) = 4.00				

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

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Resolution or Owner's Statement

Name of Governing Body or Owner:	Town of Brookfield - Sanitary District #4
Date of Resolution or Action Taken:	
Resolution Number:	020
Date of Submittal:	

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

Collection Systems: Grade = A
(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS
(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)
G.P.A. = 4.00



June 11, 2025

CHANGE ORDER NO. 1

PROJECT: Well Nos. 3 and 4 Filter Rehabilitation
OWNER: Town of Brookfield Sanitary District No. 4
CONTRACT: 1-2024
CONTRACTOR: August Winter & Sons, Inc.

Description of Change

1a	Change new magnetic flow meter material from stainless steel to carbon steel.	(DEDUCT)	(\$1,267.00)
1b	Paint the Well No. 3 wellhead base.	ADD	\$1,273.00
1c	Replace the Well No. 4 pressure release valve.	ADD	\$10,912.00
1d	Adjust the Pit Filling by Surfacing Epoxy Allowance.	ADD	\$17,160.00
1e	Adjust the Filling by Welding Allowance from 25 square inches to 0 square inches.	(DEDUCT)	(\$2,500.00)
1f	Replace the vessel butterfly drain valve.	ADD	\$1,240.00
1g	Replace the damaged flow meter wire paid for by Owner.	(DEDUCT)	(\$514.00)
TOTAL VALUE OF THIS CHANGE ORDER:		ADD	\$26,304.00

Contract Price Adjustment

Original Contract Price	\$564,090.00
Previous Change Order Adjustments	\$0.00
Adjustment in Contract Price this Change Order	\$26,304.00
Current Contract Price including this Change Order	\$590,394.00

Contract Substantial Completion Date Adjustment

Original Contract Substantial Completion Date	April 30, 2025
Contract Substantial Completion Date Adjustments due to previous Change Orders	0 Days
Contract Substantial Completion Date Adjustments due to this Change Order	0 Days
Current Substantial Contract Completion Dates including all Change Orders	April 30, 2025

Town of Brookfield Sanitary District No. 4–August Winter & Sons, Inc.
Contract 1-2024, Change Order No. 1
Page 2
June 11, 2025

Contract Final Completion Date Adjustment

Original Contract Final Completion Date	May 31, 2025
Contract Final Completion Date Adjustments due to previous Change Orders	0 Days
Contract Final Completion Date Adjustments due to this Change Order	0 Days
Current Final Contract Completion Dates including all Change Orders	May 31, 2025

Contract Milestone Completion Date Adjustment

Original Contract Milestone 1 Completion Date	60 Calendar Days
Contract Milestone 1 Completion Date Adjustments due to previous Change Orders	0 Calendar Days
Contract Milestone 1 Completion Date Adjustments due to this Change Order	47 Calendar Days
Current Milestone 1 Contract Completion Dates including all Change Orders	107 Calendar Days

This document shall become a supplement to the Contract and all provisions will apply hereto.

RECOMMENDED

ENGINEER–Strand Associates, Inc.®	Date
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APPROVED

CONTRACTOR–August Winter & Sons, Inc.	Date
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APPROVED

OWNER–Town of Brookfield Sanitary District No. 4	Date
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