

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number

Account Owner(s) Name & Address
VILLAGE OF COLFAX
C D B G ESCROW
PHYSICAL ADDRESS:613 MAIN ST
MAILING ADDRESS:
PO BOX 417
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL INTEREST CHECKING

Checking Savings NOW
Initial Deposit \$ 0 Source:

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
LLC (LLC tax classification: C Corp S Corp Partnership)
C Corporation S Corporation Non-Profit
Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

- Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
Trust: Separate agreement dated

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-9)

- By signing below, I, VILLAGE OF COLFAX, certify under penalties of perjury that the statements made in this section are true.
TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
Electronic Fund Transfers Privacy Substitute Checks
Common Features Specific Account Details

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] CAREY K DAVIS
I.D. # D.O.B.

(2): [X] JEFFREY W PRINCE
I.D. # D.O.B. Authorized Agent

(3): [X] CARRIE L JOHNSON
I.D. # D.O.B. Authorized Agent

(4): [X]
I.D. # D.O.B. Authorized Agent

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above (is is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>CAREY K DAVIS, SIGNER</u>	<u>X</u>	<u>X</u>
B. <u>JEFFREY W PRINCE, PRESIDENT</u>	<u>X</u>	<u>X</u>
C. <u>CARRIE L. JOHNSON, TREASURER</u>	<u>X</u>	<u>X</u>
D. _____	<u>X</u>	<u>X</u>
E. _____	<u>X</u>	<u>X</u>
F. _____	<u>X</u>	<u>X</u>

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 04/08/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X

 Signature
 Title _____ Date 06/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number:

Account Owner(s) Name & Address
VILLAGE OF COLFAX
POLICE DEPT CLERGY FUND
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:
PO BOX 417
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL INTEREST CHECKING

Checking Savings NOW

Initial Deposit \$ 0 Source:

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
LLC (LLC tax classification: C Corp S Corp Partnership)
C Corporation S Corporation Non-Profit
Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

- Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
Trust: Separate agreement dated

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

- By signing below, I, VILLAGE OF COLFAX certify under penalties of perjury that the statements made in this section are true.
TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
Electronic Fund Transfers Privacy Substitute Checks
Common Features Specific Account Details

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] CAREY K DAVIS
I.D. # D.O.B.

(2): [X] JEFFREY W PRINCE
I.D. # D.O.B. Authorized Agent

(3): [X] CARRIE L JOHNSON
I.D. # D.O.B. Authorized Agent

(4): [X]
I.D. # D.O.B. Authorized Agent

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above (is is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>CAREY K DAVIS, SIGNER</u>	<u>X</u>	<u>X</u>
B. <u>JEFFREY W PRINCE, PRESIDENT</u>	<u>X</u>	<u>X</u>
C. <u>CARRIE L JOHNSON, TRASURER</u>	<u>X</u>	<u>X</u>
D. _____	<u>X</u>	<u>X</u>
E. _____	<u>X</u>	<u>X</u>
F. _____	<u>X</u>	<u>X</u>

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/08/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X

 Signature
 Title _____ Date 06/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number: [Redacted]

Account Owner(s) Name & Address
VILLAGE OF COLFAX
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:

PO BOX 417
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL MONEY MARKET

[] Checking [] Savings [] NOW [X] Money Market

Initial Deposit \$ 0 Source:

Ownership of Account - BUSINESS Purpose

[] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

[] Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
[] Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
[] Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
[] Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
[] Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
[] Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Trust: Separate agreement dated

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

[X] By signing below, I, VILLAGE OF COLFAX, certify under penalties of perjury that the statements made in this section are true.
[X] TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
[X] Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
[] Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

[X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [X] Substitute Checks
[] Common Features [X] Specific Account Details

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] CAREY K DAVIS
I.D. # _____ D.O.B. _____

(2): [X] JEFFREY W PRINCE
I.D. # _____ D.O.B. _____
[] Authorized Agent

(3): [X] CARRIE L JOHNSON
I.D. # _____ D.O.B. _____
[] Authorized Agent

(4): [X]
I.D. # _____ D.O.B. _____
[] Authorized Agent

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above ([] is [] is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>CAREY K DAVIS, SIGNER</u>	X	X
B. <u>JEFFREY W PRINCE, PRESIDENT</u>	X	X
C. <u>CARRIE L. JOHNSON, TREASURER</u>	X	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C</u>	(1) Exercise all of the powers listed in this resolution.	1
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/08/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
 Signature
 Title _____ Date 06/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number: [Redacted]

Account Owner(s) Name & Address
VILLAGE OF COLFAX
TAX IIIIIIIINCREMENTAL DISTRICT NO3
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:
PO BOX 417
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL MONEY MARKET

[] Checking [] Savings [] NOW [X] Money Market

Initial Deposit \$ 26,353.41 Source:

Ownership of Account - BUSINESS Purpose

[] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Municipal

Type of Account-PERSONAL (Choose one & sign where indicated):

[] Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
[] Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
[] Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
[] Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
[] Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
[] Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Trust: Separate agreement dated

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

[X] By signing below, I, VILLAGE OF COLFAX, certify under penalties of perjury that the statements made in this section are true.
[X] TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
[X] Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
[] Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

[X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [X] Substitute Checks
[] Common Features [X] Specific Account Details

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] CAREY K DAVIS
I.D. # _____ D.O.B. _____

(2): [X] JEFFREY W PRINCE
I.D. # _____ D.O.B. _____
[] Authorized Agent

(3): [X] CARRIE L JOHNSON
I.D. # _____ D.O.B. _____
[] Authorized Agent

(4): [X]
I.D. # _____ D.O.B. _____
[] Authorized Agent

Additional Information: REMOVING LYNN NIGGEMANN AS SIGNER/ADDING CARRIE JOHNSON AS SIGNER

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above ([] is [] is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>CAREY K DAVIS, SIGNER</u>	X	X
B. <u>JEFFREY W PRINCE, PRESIDENT</u>	X	X
C. <u>CARRIE L. JOHNSON, TREASURER</u>	X	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C</u>	(1) Exercise all of the powers listed in this resolution.	1
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/08/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
 Signature
 Title _____ Date 6/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number:

Account Owner(s) Name & Address
VILLAGE OF COLFAX
PUBLIC LIBRARY
PHYSICAL ADDRESS:613 MAIN ST
MAILING ADDRESS:
PO BOX 525
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL MONEY MARKET

[] Checking [] Savings [] NOW [X] Money Market

Initial Deposit \$ 0 Source:

Ownership of Account - BUSINESS Purpose

[] Sole Proprietorship [] Single-Member LLC [] Partnership

[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)

[] C Corporation [] S Corporation [] Non-Profit

[X] Municipal

Type of Account-PERSONAL (Choose one & sign where indicated):

[] Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.

[] Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.

[] Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.

[] Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.

[] Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.

[] Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).

[] Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.

[] Trust: Separate agreement dated

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

[X] By signing below, I, VILLAGE OF COLFAX certify under penalties of perjury that the statements made in this section are true.

[X] TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

[X] Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

[] Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [X] Substitute Checks
[] Common Features [X] Specific Account Details

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] CAREY K DAVIS
I.D. # D.O.B.

(2): [X] JEFFREY W PRINCE
I.D. # D.O.B. [] Authorized Agent

(3): [X] CARRIE L JOHNSON
I.D. # D.O.B. [] Authorized Agent

(4): [X] LISA M BRAGG-HURLBURT
I.D. # D.O.B. [] Authorized Agent

Additional Information: REMOVING LYNN NIGGEMANN AS SIGNER/ADDING CARRIE JOHNSON AS SIGNER

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above [] is [] is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>CAREY K DAVIS, SIGNNER</u>	X	X
B. <u>JEFFREY W PRINCE, PRESIDENT</u>	X	X
C. <u>CARRIE L JOHNSON, TREASURER</u>	X	X
D. <u>LISA M BRAGG-HURLBURT, DIRECTOR</u>	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C, D</u>	(1) Exercise all of the powers listed in this resolution.	1
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/25/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
Signature
Title _____ Date 06/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number: [Redacted]

Account Owner(s) Name & Address
VILLAGE OF COLFAX
CDBG LAGOON
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:
PO BOX 417
COLFAX WI 54730

Agreement Date: 06/10/2024 By: ANN BRUNNER

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL CHECKING

[X] Checking [] Savings [] NOW []

Initial Deposit \$ 0 Source:

Ownership of Account - BUSINESS Purpose
[] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

- [] Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
[] Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
[] Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
[] Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
[] Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
[] Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Trust: Separate agreement dated

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Additional Information: REMOVING LYNN NIGGEMANN AS SIGNER/ADDING CARRIE JOHNSON AS SIGNER

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

[X] By signing below, I, VILLAGE OF COLFAX, certify under penalties of perjury that the statements made in this section are true.
[X] TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
[X] Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
[] Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [X] Substitute Checks
[] Common Features [X] Specific Account Details

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] CAREY K DAVIS
I.D. # _____ D.O.B. _____

(2): [X] JEFFREY W PRINCE
I.D. # _____ D.O.B. _____
[] Authorized Agent

(3): [X] CARRIE L JOHNSON
I.D. # _____ D.O.B. _____
[] Authorized Agent

(4): [X]
I.D. # _____ D.O.B. _____
[] Authorized Agent

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above ([] is [] is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>CAREY K DAVIS, SIGNER</u>	X _____	X _____
B. <u>JEFFREY W PRINCE, PRESIDENT</u>	X _____	X _____
C. <u>CARRIE L JOHNSON, TREASURER</u>	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C</u>	(1) Exercise all of the powers listed in this resolution.	1 _____
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/08/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
Signature
Title _____ Date 06/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Agreement Date: 06/10/2024 By: ANN BRUNNER

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL INTEREST CHECKING

[] Checking [] Savings [X] NOW []

Initial Deposit \$ 0 Source:

Ownership of Account - BUSINESS Purpose

[] Sole Proprietorship [] Single-Member LLC [] Partnership

[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)

[] C Corporation [] S Corporation [] Non-Profit

[X] Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

[] Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.

[] Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.

[] Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.

[] Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.

[] Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.

[] Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).

[] Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.

[] Trust: Separate agreement dated

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Additional Information: REMOVING LYNN NIGGEMANN AS SIGNER/ADDING CARRIE JOHNSON AS SIGNER

Account Number:

Account Owner(s) Name & Address
VILLAGE OF COLFAX
COLFAX RESPONSIBLE UNIT
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:
PO BOX 417
COLFAX WI 54730

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

[X] By signing below, I, VILLAGE OF COLFAX, certify under penalties of perjury that the statements made in this section are true.

[X] TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

[X] Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

[] Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [X] Substitute Checks
[] Common Features [X] Specific Account Details

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] CAREY K DAVIS
I.D. # D.O.B. [] Authorized Agent

(2): [X] JEFFREY W PRINCE
I.D. # D.O.B. [] Authorized Agent

(3): [X] CARRIE L JOHNSON
I.D. # D.O.B. [] Authorized Agent

(4): [X]
I.D. # D.O.B. [] Authorized Agent

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above ([] is [] is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>CAREY K DAVIS, SIGNER</u>	X _____	X _____
B. <u>JEFFREY W PRINCE, PRESIDENT</u>	X _____	X _____
C. <u>CARRIE L JOHNSON, TREASURER</u>	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C</u>	(1) Exercise all of the powers listed in this resolution.	1 _____
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/08/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
Signature
Title _____ Date 06/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number:

Account Owner(s) Name & Address
VILLAGE OF COLFAX
PUBLIC LIBRARY
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:
PO BOX 525
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: 12 MONTH

Checking Savings NOW Certificate of Deposit

Initial Deposit \$ 0 Source:

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
LLC (LLC tax classification: C Corp S Corp Partnership)
C Corporation S Corporation Non-Profit
Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

- Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
Trust: Separate agreement dated

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

- By signing below, I, VILLAGE OF COLFAX, certify under penalties of perjury that the statements made in this section are true.
TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
Electronic Fund Transfers Privacy Substitute Checks
Common Features

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X]
LISA M BRAGG-HURLBURT
I.D. # D.O.B.

(2): [X]
CAREY K DAVIS
I.D. # D.O.B. Authorized Agent

(3): [X]
JEFFREY W PRINCE
I.D. # D.O.B. Authorized Agent

(4): [X]
CARRIE L JOHNSON
I.D. # D.O.B. Authorized Agent

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Additional Information: REMOVING LYNN NIGGEMANN AS SIGNER/ADDING CARRIE JOHNSON AS SIGNER

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above (is is not) exercisable notwithstanding any party's legal disability.

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>LISA M BRAGG-HURLBURT, DIRECTOR</u>	<u>X</u>	X _____
B. <u>CAREY K DAVIS, SIGNER</u>	<u>X</u>	X _____
C. <u>JEFFREY W PRINCE, PRESIDENT</u>	<u>X</u>	X _____
D. <u>CARRIE L JOHNSON, TREASURER</u>	<u>X</u>	X _____
E. _____	X	X _____
F. _____	X	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C, D</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/25/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
 Signature
 Title _____ Date 6/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number: [REDACTED]

Account Owner(s) Name & Address
VILLAGE OF COLFAX
PUBLIC LIBRARY
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:
PO BOX 525
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: 18 MONTH

[] Checking [] Savings [] NOW [X] Certificate of Deposit

Initial Deposit \$ 5,000.00 Source:

Ownership of Account - BUSINESS Purpose

- [] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

- [] Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
[] Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
[] Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
[] Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
[] Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
[] Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Trust: Separate agreement dated

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

- [X] By signing below, I, VILLAGE OF COLFAX certify under penalties of perjury that the statements made in this section are true.
[X] TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
[X] Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
[] Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [X] Truth in Savings [X] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [] Substitute Checks
[] Common Features

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] LISA M BRAGG-HURLBURT
I.D. # _____ D.O.B. _____

(2): [X] CAREY K DAVIS
I.D. # _____ D.O.B. _____
[] Authorized Agent

(3): [X] JEFFREY W PRINCE
I.D. # _____ D.O.B. _____
[] Authorized Agent

(4): [X] CARRIE L JOHNSON
I.D. # _____ D.O.B. _____
[] Authorized Agent

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above ([] is [] is not) exercisable notwithstanding any party's legal disability.

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Additional Information: REMOVING LYNN NIGGEMANN AS SIGNER/ADDING CARRIE JOHNSON AS SIGNER

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>LISA M BRAGG-HURLBURT, DIRECTOR</u>	<u>X</u>	X _____
B. <u>CAREY K DAVIS, SIGNER</u>	<u>X</u>	X _____
C. <u>JEFFREY W PRINCE, PRESIDENT</u>	<u>X</u>	X _____
D. <u>CARRIE L JOHNSON, TREASURER</u>	<u>X</u>	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C, D</u>	(1) Exercise all of the powers listed in this resolution.	1 _____
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/22/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY
I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
 Signature
 Title _____ Date 6/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

ACCOUNT AGREEMENT

DAIRY STATE BANK
101 SOUTH MAIN STREET
COLFAX, WI 54730

Account Number: [REDACTED]

Account Owner(s) Name & Address
VILLAGE OF COLFAX
PUBLIC LIBRARY
PHYSICAL ADDRESS: 613 MAIN ST
MAILING ADDRESS:
PO BOX 525
COLFAX WI 54730

Agreement Date: 06/10/2024 By: A BRUNNER

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: 36 MONTH

[] Checking [] Savings [] NOW [X] Certificate of Deposit

Initial Deposit \$ 5,000.00 Source:

Ownership of Account - BUSINESS Purpose

- [] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Municipal

Type of Account - PERSONAL (Choose one & sign where indicated):

- [] Single Party Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
[] Single Party Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Marital Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
[] Marital Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
[] Joint Account - No Survivorship: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
[] Joint Survivorship Account: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
[] Joint Survivorship Account with P.O.D. Beneficiary(ies): THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
[] Trust: Separate agreement dated

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

- [X] By signing below, I, VILLAGE OF COLFAX, certify under penalties of perjury that the statements made in this section are true.
[X] TIN: 39-6006240 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
[X] Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
[] Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [X] Truth in Savings [X] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [] Substitute Checks
[] Common Features

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] LISA M BRAGG-HURLBURT
I.D. # _____ D.O.B. _____

(2): [X] CAREY K DAVIS
I.D. # _____ D.O.B. _____
[] Authorized Agent

(3): [X] JEFFREY W PRINCE
I.D. # _____ D.O.B. _____
[] Authorized Agent

(4): [X] CARRIE L JOHNSON
I.D. # _____ D.O.B. _____
[] Authorized Agent

Authorized Agent (if selected above for a PERSONAL account): TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.
The authority conferred upon the agent named above [] is [] is not) exercisable notwithstanding any party's legal disability.

P.O.D. Beneficiaries: The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

Additional Information: REMOVING LYNN NIGGEMANN AS SIGNER/ADDING CARRIE JOHNSON AS SIGNER

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

VILLAGE OF COLFAX (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account _____ be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>LISA M BRAGG-HURLBURT, DIRECTOR</u>	<u>X</u>	X _____
B. <u>CAREY K DAVIS, SIGNER</u>	<u>X</u>	X _____
C. <u>JEFFREY W PRINCE, PRESIDENT</u>	<u>X</u>	X _____
D. <u>CARRIE L JOHNSON, TREASURER</u>	<u>X</u>	X _____
E. _____	X	X _____
F. _____	X	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C, D</u>	(1) Exercise all of the powers listed in this resolution.	1 _____
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depositor has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 4/25/2024. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY
I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X _____
 Signature
 Title _____ Date 06/10/2024

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

Resolutions 2024-15 - 2024-24
Authorization of Signer Change on Non-Personal Accounts of Village Moneys
Dairy State Bank Accounts

WHEREAS, the Village of Colfax Board, as a customer of Dairy State Bank is authorized to designate agents to conduct Village business on behalf of the Village of Colfax.

THEREFORE, BE IT RESOLVED, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following accounts be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the persons and the number thereof designated by title opposite the following designation of accounts is hereby authorizes, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said accounts and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise with or without designation of signature of the person so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

Titles of Authorized Persons

Jeffrey Prince, President
Carey K. Davis, Trustee
Carrie L Johnson, Administrator-Clerk-Treasurer

This is to certify, that the foregoing is a true and correct copy of resolutions duly and legally adopted by the governing body of the Municipality at an open legal meeting held on the 24th day of June 2024 and said resolutions will be in full force and effective on the 24th day of June 2024.

Signed and sealed this 24th day of June 2024.

Carrie L Johnson
Administrator-Clerk-Treasurer

The undersigned member of the governing body not authorized to sign order checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

Trustee

Jeff Prince, President

Attest: _____
Carrie L Johnson
Administrator-Clerk-Treasurer

RESOLUTION 2024-14

WASTEWATER Compliance Maintenance

BE IT RESOLVED, that the Village of Colfax Board of Trustees informs the State of Wisconsin Department of Natural Resources that it has reviewed the Colfax Wastewater Treatment Facility 2024 Compliance Maintenance Annual Report, which is attached to this resolution

Passed and adopted this 24th day of June, 2024

Jeff Prince, Village President

Attest: _____
Carrie L Johnson
Administrator-Clerk-Treasurer

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

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

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0603	x	361	x	8.34	=	182
February	0.0641	x	334	x	8.34	=	178
March	0.0628	x	407	x	8.34	=	213
April	0.0597	x	730	x	8.34	=	364
May	0.0563	x	330	x	8.34	=	155
June	0.0562	x	315	x	8.34	=	148
July	0.0540	x	280	x	8.34	=	126
August	0.0547	x	369	x	8.34	=	168
September	0.0548	x	193	x	8.34	=	88
October	0.0559	x	236	x	8.34	=	110
November	0.0560	x	285	x	8.34	=	133
December	0.0557	x	392	x	8.34	=	182

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

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

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

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	1	1
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	1	1
Points		0	0	3	2
Total Number of Points					5

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

3. Flow Meter

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

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

No

If No, please explain:

4. Sewer Use Ordinance

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

Yes

No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

Yes

No

If Yes, please explain:

5. Septage Receiving

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

Septic Tanks Holding Tanks Grease Traps

Yes

Yes

Yes

No

No

No

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

Septic Tanks

Yes gallons

No

Holding Tanks

Yes gallons

No

Grease Traps

Yes gallons

No

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

6. Pretreatment

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

Yes

No

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

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

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

Total Points Generated	5
Score (100 - Total Points Generated)	95
Section Grade	A

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27				
February	30	27				
March	30	27				
April	30	27				
May	30	27	17	1	0	0
June	30	27				
July	30	27	6	1	0	0
August	30	27	15	1	0	0
September	30	27	4	1	0	0
October	30	27	4	1	0	0
November	30	27	3	1	0	0
December	30	27				

* Equals limit if limit is <= 10

Months of discharge/yr	6		
Points per each exceedance with 6 months of discharge		14	6
Exceedances		0	0
Points		0	0
Total number of points			0

0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

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

2. Flow Meter Calibration

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

Yes Enter last calibration date (MM/DD/YYYY)
2023-04-04

No

If No, please explain:

3. Treatment Problems

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

None

4. Other Monitoring and Limits

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

Yes

No

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

- Yes
- No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

- Yes
- No
- N/A

Please explain unless not applicable:

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27				
February	30	27				
March	30	27				
April	30	27				
May	30	27	38	1	1	1
June	30	27				
July	30	27	8	1	0	0
August	30	27	14	1	0	0
September	30	27	6	1	0	0
October	30	27	12	1	0	0
November	30	27	15	1	0	0
December	30	27				

20

* Equals limit if limit is <= 10

Months of Discharge/yr	6		
Points per each exceedance with 6 months of discharge:		14	6
Exceedances		1	1
Points		14	6
Total Number of Points			20

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

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

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

We didn't take any action other than what occurred naturally

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

Ponds And Lagoon Leakage

1. Pond Lining

1.1 What material was used to line your ponds?

30 Mil PVC liner

2. Flow Measurements

2.1 Did you measure influent flow to your wastewater ponds or lagoons?

- Yes (0 points)
- No (40 points) (Go to question 6)

2.1.1 Method of influent flow measurement:

Rosemount Mag Meter

2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?

- Yes (0 points)
- No (40 points) (Go to question 6)
- No Discharge (0 points)

2.2.1 Method of effluent flow measurement:

Isco Signature Bubbler FM

0

3. Total Flow Volumes

3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.

Total Monthly Influent Volume		Total Monthly Effluent Volume
1.8689	JANUARY	0
1.7945	FEBRUARY	0
1.9462	MARCH	0
1.7911	APRIL	0
1.7446	MAY	.7263
1.686	JUNE	0
1.6741	JULY	.7386
1.6972	AUGUST	1.1299
1.6432	SEPTEMBER	4.1592
1.7327	OCTOBER	5.8287
1.6794	NOVEMBER	9.6802
1.7256	DECEMBER	0
20.9835	YEARLY TOTAL	22.2629

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

$$\frac{\text{Total effluent, MG} \Rightarrow 22.2629}{\text{Total influent, MG} \Rightarrow 20.9835} = 1.061 \quad \leq \text{effl / infl ratio}$$

Conversion to a percent of volume loss:
 $(1 - \text{effl/infl ratio}) * 100 = -6.1 \quad \%$ of influent lost and not discharged with effluent

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

4. Surface Area

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

Acres

5. Leakage Rate Estimation

5.1 Total influent volume (in MG) minus total effluent volume (in MG) plus or minus the change in pond/lagoon storage (in MG) is the net wastewater loss. The net loss divided by 0.000365 equals the estimated leakage amount in gpd.

Total Annual Influent (MG)	20.9835	
Total Annual Effluent (MG)	22.2629	
Estimated Net Loss (MG)	-1.2794	
Estimated Leakage Amount (gpd)		-3505

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

Storage Increase: Enter amount in MG ->

Storage Decrease: Enter amount in MG ->

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpad): The CMAR Estimated Leakage Rate in gpad is the leakage amount in gpd (from part 5.1) divided by the total pond surface area (from question 4).

Leakage Amount (gpd)		Acres		CMAR Estimated Leakage Rate
-3505	divided by	21	=	-167

6. On Site Leakage Testing

6.1 Did you conduct an on-site, field water balance/leakage test on your ponds or lagoons that was approved by the Department and is still valid?

Yes Year

No

If yes, what was the field Test Calculated Leakage Rate for your ponds/lagoons?

gpad

NOTE: if 6.1 is answered Yes, the value entered above in gpad will be used in 7.1 to compute points generated.

6.2 Leakage Rate Comments:

7. Estimated Leakage Rate and Points

7.1 The CMAR Estimated Leakage Rate (from 5) is used to determine the points generated in the table below.

If an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 5.2) is used to determine the points earned from the table below

gpad	points
0 - 1,000	0
1,001 - 2,000	10
2,001 - 4,000	20
4,001 - 7,000	30
> 7,000	40

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

Based on the leakage rate in gpad, the points earned are: **0**

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

Biosolids Quality and Management

<p>1. Biosolids Use/Disposal</p> <p>1.1 How did you use or dispose of your biosolids? (Check all that apply)</p> <p><input type="checkbox"/> Land applied under your permit</p> <p><input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids</p> <p><input type="checkbox"/> Hauled to another permitted facility</p> <p><input checked="" type="checkbox"/> Landfilled</p> <p><input type="checkbox"/> Incinerated</p> <p><input type="checkbox"/> Other</p> <p>NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.</p> <p>1.1.1 If you checked Other, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> >= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> < 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/><input type="radio"/> No (40 points) <input type="checkbox"/><input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><input checked="" type="radio"/> Paper file system<input type="radio"/> Computer system<input type="radio"/> Both paper and computer system<input type="radio"/> No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Yes<input type="radio"/> No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Excellent<input type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 5px;">We keep grass mowed,weeds controlled, eliminate rodents and excercise valves every year.</div>	

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

Operator Certification and Education

<p>1. Operator-In-Charge</p> <p>1.1 Did you have a designated operator-in-charge during the report year?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (20 points) <p>Name: <input style="width: 150px;" type="text" value="RANDY L BATES"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="35661"/></p>	0																																																																																							
<p>2. Certification Requirements</p> <p>2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th>WWTP</th> <th colspan="2">OIC</th> </tr> <tr> <th>Basic</th> <th>OIT</th> <th>Basic</th> <th>Advanced</th> </tr> </thead> <tbody> <tr><td>A1</td><td>Suspended Growth Processes</td><td></td><td></td><td></td><td></td></tr> <tr><td>A2</td><td>Attached Growth Processes</td><td></td><td></td><td></td><td></td></tr> <tr><td>A3</td><td>Recirculating Media Filters</td><td></td><td></td><td></td><td></td></tr> <tr><td>A4</td><td>Ponds, Lagoons and Natural</td><td>X</td><td></td><td>X</td><td></td></tr> <tr><td>A5</td><td>Anaerobic Treatment Of Liquid</td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td>Solids Separation</td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td>Biological Solids/Sludges</td><td></td><td></td><td></td><td></td></tr> <tr><td>P</td><td>Total Phosphorus</td><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>Total Nitrogen</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>Disinfection</td><td></td><td></td><td></td><td></td></tr> <tr><td>L</td><td>Laboratory</td><td></td><td></td><td></td><td></td></tr> <tr><td>U</td><td>Unique Treatment Systems</td><td></td><td></td><td></td><td></td></tr> <tr><td>SS</td><td>Sanitary Sewage Collection</td><td>X</td><td>X</td><td>NA</td><td>NA</td></tr> </tbody> </table> <p>2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (20 points) <p>2.3 For wastewater treatment facilities with a registered or certified laboratory, is at least one operator that works in the laboratory certified at the basic level in the laboratory (L) subclass?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A – Wastewater treatment facility does not have a registered or certified laboratory <p>2.4 For wastewater treatment facilities that own and operate a sanitary sewage collection system, has at least one operator been designated the OIC for sanitary sewage collection system and certified at the basic level in the sanitary sewage collection system (SS) subclass?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Owner of the Wastewater treatment facility does not own and operate a sanitary sewage collection system 	Sub Class	SubClass Description	WWTP	OIC		Basic	OIT	Basic	Advanced	A1	Suspended Growth Processes					A2	Attached Growth Processes					A3	Recirculating Media Filters					A4	Ponds, Lagoons and Natural	X		X		A5	Anaerobic Treatment Of Liquid					B	Solids Separation					C	Biological Solids/Sludges					P	Total Phosphorus					N	Total Nitrogen					D	Disinfection					L	Laboratory					U	Unique Treatment Systems					SS	Sanitary Sewage Collection	X	X	NA	NA	0
Sub Class			SubClass Description	WWTP	OIC																																																																																			
	Basic	OIT		Basic	Advanced																																																																																			
A1	Suspended Growth Processes																																																																																							
A2	Attached Growth Processes																																																																																							
A3	Recirculating Media Filters																																																																																							
A4	Ponds, Lagoons and Natural	X		X																																																																																				
A5	Anaerobic Treatment Of Liquid																																																																																							
B	Solids Separation																																																																																							
C	Biological Solids/Sludges																																																																																							
P	Total Phosphorus																																																																																							
N	Total Nitrogen																																																																																							
D	Disinfection																																																																																							
L	Laboratory																																																																																							
U	Unique Treatment Systems																																																																																							
SS	Sanitary Sewage Collection	X	X	NA	NA																																																																																			
<p>3. Succession Planning</p> <p>3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> One or more additional certified operators on staff 																																																																																								

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

<input type="checkbox"/> An arrangement with another certified operator <input type="checkbox"/> An arrangement with another community with a certified operator <input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year <input type="checkbox"/> A consultant to serve as your certified operator <input type="checkbox"/> None of the above (20 points) If "None of the above" is selected, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	0
4. Continuing Education Credits 4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates? OIT and Basic Certification: <ul style="list-style-type: none"> <input checked="" type="radio"/> Averaging 6 or more CECs per year. <input type="radio"/> Averaging less than 6 CECs per year. Advanced Certification: <ul style="list-style-type: none"> <input type="radio"/> Averaging 8 or more CECs per year. <input type="radio"/> Averaging less than 8 CECs per year. 	

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Lynn Niggeman"/></p> <p>Telephone: <input style="width: 100px;" type="text" value="715-962-3311"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 200px;" type="text" value="clerktreasurer@villageofcolfaxwi.org"/></p>																	
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 80px;" type="text" value="2022"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWF required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0																
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>																	
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 80px;" type="text" value="2022"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 100%;" type="text" value="27,559.77"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="275.60"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="27,835.37"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 100%;" type="text" value="27,559.77"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input style="width: 100%;" type="text" value="275.60"/>	3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="27,835.37"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="0.00"/>	
3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 100%;" type="text" value="27,559.77"/>														
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input style="width: 100%;" type="text" value="275.60"/>														
3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="27,835.37"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="0.00"/>														

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

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

- \$ 0.00

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

\$ 27,835.37

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.

None

3.3 What amount should be in your Replacement Fund?

\$ 27,835.37

0

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

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

- Yes
- No

If No, please explain.

4. Future Planning

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

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

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	THE VILLAGE IS RESEARCHING THE POSSIBILITY OF SPRAY IRRIGATION ON NEIGHBORING FARM FIELDS VERSUS DISCHARGING INTO THE RED CEDAR RIVER. WE ARE AT THIS TIME WORKING WITH AN ENGINEER ALONG WITH THE DNR AND THE LANDOWNER TO DETERMINE THE FEASIBILITY OF THE PROJECT. WE ARE ALSO CURRENTLY WORKING WITH THE ARMY CORP OF ENGINEERS ON THE STREAM BANK WASHOUT THAT OCCURED WITH HEAVY RAINS IN 2010. WE ARE NOT SURE OF THE TOTAL COST OF THIS PROJECT YET.	\$80,000	2023
2	THE VILLAGE IS CURRENTLY IN THE FINAL PLANNING STAGES OF THE RED CEDAR RIVER STREAM BANK WASHOUT PROJECT ALONG WITH OUR WASTE WATER ENGINEER AND THE ARMY CORPS OF ENGINEERS. SCHEDULED TO BE LET OUT FOR CONSTRUCTION BIDS IN THE NEAR FUTURE.	\$1,600,000	2021
3	The village has started the lagoon river bank project that should be completed by the end of september.	\$2,500,000	2022

5. Financial Management General Comments

No new changes at this time.

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

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:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	3,300	
February	3,250	
March	3,250	
April	2,746	
May	1,545	
June	1,458	
July	1,178	
August	1,384	
September	1,332	
October	1,770	
November	2,860	
December	3,324	
Total	27,397	0
Average	2,283	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

No

Yes

Year:

By Whom:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

Describe and Comment:

6.4 Future Energy Related Equipment

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

None

7. Treatment Facility

7.1 Energy Usage

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

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	0	1.87		5.64		
February	0	1.79		4.98		
March	0	1.95		6.60		
April	17	1.79	9	10.92	2	
May	46	1.75	26	4.81	10	
June	46	1.69	27	4.44	10	
July	46	1.67	28	3.91	12	
August	41	1.70	24	5.21	8	
September	52	1.64	32	2.64	20	
October	56	1.73	32	3.41	16	
November	48	1.68	29	3.99	12	
December	0	1.73		5.64		
Total	352	20.99		62.19		0
Average	44	1.75	26	5.18	11	0

7.1.2 Comments:

None

7.2 Energy Related Processes and Equipment

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

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

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

7.2.2 Comments:

None

7.3 Future Energy Related Equipment

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

None

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

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

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

9. Energy Efficiency Study

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

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

--

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

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:

Prevent any overflows

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) 2021-02-10

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

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

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

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

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

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

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

0

2. Operation and Maintenance

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

Cleaning	<input type="text" value="100"/>	% of system/year
Root removal	<input type="text" value="100"/>	% of system/year
Flow monitoring	<input type="text" value="100"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="10"/>	% of system/year
Manhole inspections	<input type="text" value="100"/>	% of system/year
Lift station O&M	<input type="text" value="0"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0"/>	% of private services

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 **2023**

River or water crossings % of pipe crossings evaluated or maintained

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

3. Performance Indicators

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

<input type="text" value="19.5"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.5"/>	Annual average precipitation (for your location)
<input type="text" value="7.8"/>	Miles of sanitary sewer
<input type="text" value="1"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="1"/>	Number of basement backup occurrences
<input type="text" value="1"/>	Number of complaints
<input type="text"/>	Average daily flow in MGD (if available)
<input type="text"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.13"/>	Basement backups (number/sewer mile)
<input type="text" value="0.13"/>	Complaints (number/sewer mile)
<input type="text"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

Date	Location	Cause	Estimated Volume
None reported			

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

5. Infiltration / Inflow (I/I)

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

- Yes
 No

If Yes, please describe:

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

- Yes
 No

If Yes, please describe:

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

<input type="text"/>
5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:
<input type="text" value="None"/>
5.4 What is being done to address infiltration/inflow in your collection system?
<input type="text" value="New manhole covers if needed."/>

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

Grading Summary

WPDES No: 0023663

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	C	2	5	10
Ponds	A	4	7	28
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			36	134
GRADE POINT AVERAGE (GPA) = 3.72				

Notes:

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

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/18/2024 2023

Resolution or Owner's Statement

Name of Governing
Body or Owner:

Colfax Wastewater Treatment

Date of Resolution or
Action Taken:

Resolution Number:

Date of Submittal:

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

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = C

Not sure why they were elevated for the month.
It corrected itself.

Ponds: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

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

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

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

G.P.A. = 3.72

Sec. 9-2-2 Sewer Utility Regulations and Rates

- (11) Sanitary Sewage. A combination of water-carried wastes from residences, business buildings, institutions, and industrial plants (other than industrial wastes from such plants); together with such ground, surface, and storm waters as may be present.
- (12) Sanitary Sewer. A sewer that conveys wastewater, industrial wastes or a combination of both, and into which storm, surface, and ground waters or unpolluted industrial wastes are not intentionally admitted.
- (13) Sewage. The spent water of a community. The preferred term is "wastewater".
- (14) Sewer. A pipe or conduit for conveying sewage or any other waste liquids, including storm, surface, and ground water drainage.
- (15) "Shall" is mandatory; "May" is permissible.
- (16) Slug. Any discharge of sewage or industrial waste which in concentration of any given constituent exceeds more than five (5) times the average twenty-four (24) hour concentration during normal operation, or the discharge of any volume of liquid waste which exceeds more than five (5) times in quantity of flow for a period of fifteen (15) minutes or more, the normal twenty-four (24) hour average discharge and shall adversely affect the collection system and/or performance of the wastewater treatment plant.
- (17) Standard Methods. The examination and analytical procedures set forth in the most recent edition of "Standard Methods for the Examination of Water, Sewage and Industrial Wastes" published jointly by the American Public Health Association, the American Water Works Association, and the Federation of Sewage and Industrial Wastes Associations.
- (18) Storm Sewer. A sewer that carries storm, surface, and ground water drainage but excludes sewage and industrial wastes.
- (19) Suspended Solids. Solids that either float on the surface of, or are in suspension in, water, wastewater, or industrial waste, and which are removable by a laboratory filtration device. Quantitative determination of suspended solids shall be made in accordance with procedures set forth in "Standard Methods".
- (20) Wastewater. A combination of the liquid and water-carried wastes from residences, commercial buildings, industrial plants, and institutions, together with any ground water, surface water, and storm water that may be present.
- (21) Wastewater Collection System. The system of sewers and appurtenances for the collection, transportation and pumping of wastewater and industrial wastes.
- (22) Wastewater Treatment Plant. An assemblage of devices, structures, and equipment for treating and disposing of wastewater and industrial wastes.

SEC. 9-2-3 USE OF THE PUBLIC SEWERS.

- (a) Sanitary Sewers. No person shall cause to be discharged any storm water, surface drainage, subsurface drainage, ground water, roof runoff, cooling water, or unpolluted water into any sanitary sewer.
- (b) Prohibitions and Limitations. Except as hereinafter provided, no person shall discharge or cause to be discharged any of the following described waters or wastes to any public sewer.

Sec. 9-2-3 Sewer Utility Regulations and Rates

- (1) Any gasoline, benzine, naphtha, fuel oil, or other flammable or explosive liquid, solid, or gas.
- (2) Any waters or wastes containing toxic or poisonous solids, liquids, or gases in sufficient quantity, either singly or by interaction with other wastes, to injure or interfere with any wastewater treatment process, or constitute a hazard to humans or animals or create any hazard in the receiving waters of the wastewater treatment plant.
- (3) Any waters or wastes having a pH lower than five (5.0) or having any other corrosive property capable of causing damage or hazard to structures, equipment, and personnel of the wastewater treatment plant.
- (4) Any waters or wastes having a pH in excess of ten (10.0).
- (5) Solid or viscous substances in quantities or of such size capable of causing obstruction to the flow in sewers, or other interference with the proper operations of the wastewater collection and treatment facilities such as, but not limited to, ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, unground garbage, whole blood, paunch manure, hair and fleshings, entrails, and paper dishes, cups, milk containers, etc., either whole or ground by garbage grinders.
- (6) No persons shall discharge or cause to be discharged the following described substances, materials, waters or wastes if it appears likely in the opinion of the Approving Authority that such wastes can harm either the sewers, wastewater treatment plant or equipment, have an adverse affect on the receiving stream, or can otherwise endanger life, limb, property, or constitute a nuisance. In forming their opinion as to the acceptability of these wastes, the Approving Authority will give consideration to the sewers, nature of the wastewater treatment process, capacity of the wastewater treatment plant, and other pertinent factors. The substances prohibited are:
 - a. Any liquid or vapor having a temperature higher than one hundred fifty degrees Fahrenheit (150°F).
 - b. Any water or waste containing fats, wax, grease, or oils, whether emulsified or not which will or may cause obstruction to the flow in a sewer or other interference with the operation of the wastewater system.
 - c. Any commercial garbage that has not been properly shredded. The installation and operation of any commercial grinder equipped with a motor of one (1) horsepower or greater shall be subject to the review and approval of the Approving Authority.
 - d. Any waters or wastes containing iron, chromium, copper, zinc, mercury, and similar objectionable or toxic substances; or wastes exerting an excessive chlorine requirement, to such a degree that any such material received in the composite wastewater at the wastewater treatment plant exceeds the limits established by the Approving Authority for such materials.
 - e. Any waters or wastes containing phenols or other taste or odor producing substances in such concentrations exceeding limits which may be established by the Approving Authority as necessary after treatment of the composite wastewater, to meet the requirements of the State, Federal or other public agencies of jurisdiction for such discharge to the receiving waters.

Sec. 9-2-3 Sewer Utility Regulations and Rates

- f. Any radioactive wastes or isotopes of such half-life or concentration as may exceed limits established by the Approving Authority in compliance with State or Federal Regulations.
 - g. Any water or wastes which, by interaction with other water or wastes in the sanitary sewer system, release obnoxious gases, for suspended solids which interfere with the collection system or create a condition deleterious to structures and treatment process.
 - h. Materials which exert or cause:
 - 1. Unusual B.O.D. chemical oxygen demand, or chlorine requirements in such quantities as to constitute a significant load on the wastewater treatment plant.
 - 2. Unusual volume of flow or concentration of wastes constituting "slugs" as defined herein.
 - 3. Unusual concentrations of inert suspended solids (such as, but not limited to, fuller's earth, lime slurries, and lime residues) or of dissolved solids (such as, but not limited to, sodium sulfate).
 - 4. Excessive discoloration (such as, but not limited to, dye wastes and vegetable tanning solutions).
 - 5. Waters or wastes containing substances which are not amenable to treatment or reduction by the wastewater treatment processes employed, or are amenable to treatment only to such degree that the wastewater treatment plant effluent cannot meet the requirements of the Department of Natural Resources, Division of Environmental Protection of the State of Wisconsin.
- (c) **Special Arrangements.** No statement contained in this Article shall be construed as prohibiting any special agreement between the Approving Authority and any person whereby an industrial waste of unusual strength or character may be admitted to the sewage disposal works, either before or after pretreatment, provided that there is no impairment of the functioning of the sewage disposal works by reason of the admission of such wastes, and no extra costs are incurred by the utility without recompense by the person.

SEC. 9-2-4 CONTROL OF INDUSTRIAL WASTES DIRECTED TO PUBLIC SEWERS.

- (a) **Industrial Discharges.** If any waters or wastes are discharged, or proposed to be discharged to the public sewers, which waters or wastes contain substances or possess the characteristics enumerated in Section 9-2-3(b), and which in the judgment of the Approving Authority, have a deleterious effect upon the wastewater collection or treatment facilities, processes, equipment, or receiving waters, or which otherwise create a hazard to life, health, or constitute a public nuisance, the Approving Authority may:
 - (1) Reject the wastes.
 - (2) Require treatment to an acceptable condition for discharge to the public sewers.
 - (3) Require control over the quantities and rates of discharge.
- (b) **Control Manholes.**
 - (1) Each person discharging industrial wastes into a public sewer shall construct and maintain one (1) or more control manholes or access points to facilitate observation, measurement, and sampling of his wastes, including domestic sewage.

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 – Phone 715-962-3311
Jeff Prince, Village President
Lynn Niggemann, Administrator-Clerk-Treasurer

Notice of Rate Increase Sewer Customers of the Colfax Mun Water & Sewer Utility

This is to give you notice that the Colfax Board of Trustees will increase the sewer rates of the Colfax Mun Water and Sewer Utility. Rates for general service will increase \$0.10 per 1,000 gallons or two percent. The increase is necessary to help with the continued maintenance of the Wastewater Treatment Plant and Lagoon Ponds. The effect of the increase for some selected customers is shown below.

Customer Classification	Meter Size	Gallons	Existing Qtrly. Rate	Revised Qtrly. Rate
Average Residential	5/8"-3/4"	12,000	\$199.45	\$200.65
Large Residential	5/8"-3/4"	18,000	\$257.23	\$259.03
Commercial	5/8"-3/4"	70,000	\$748.89	\$755.89
Public Authority	1"	50,000	\$556.29	\$561.29
Industrial	1"	30,000	\$381.41	\$382.91

This rate increase will go into effect on January 1, 2024, noticed on the April 1, 2024 bill. If you have any questions about the rate increase, call the Colfax Municipal Water and Sewer Utility at (715) 962-3311

Lynn Niggemann, Administrator-Clerk-Treasurer

Quarterly Sewer Charge

5/8" & 3/4" water meter	\$33.79
1" water meter	\$38.61
1 1/4" water meter	\$43.45
1 1/2" water meter	\$48.27
2" water meter	\$57.92
3" water meter	\$86.87
4" water meter	\$120.66
\$5.25/1000 gallons	

Dated From: 1/01/2023

From Account: 620-00-11124-000-132

ACCT

Thru: 12/31/2023

Thru Account: 620-00-11124-000-132 Type of Account Active

Fund # 620 - SEWER FUND

Debit Credit

620-00-11124-000-132 BB 12528 S-LAGOON-EQUIP. REPLA

Posting ----- Transaction -----

Date	Type	Number	Date		
1/01/2023	BAL		2/03/2023	Beginning Balances Posted 02/03/2023	27,559.77
				From Account 620-00-11124-000-132	
7/31/2023	JE	23-0020	7/31/2023	JUL INT EARNED	275.60
				JUL INT EARNED 2528	
				Ending Balance:	27,835.37

Fund Totals:	Beginning	0.00	0.00
	Ending	27,835.37	0.00



MUNICIPAL WELL & PUMP

ESTABLISHED IN 1984 - 40 YEARS OF SERVICE

May 10, 2024

TO: Village of Colfax
Attn: Randy Bates
613 Main Street
Colfax, WI 54730

Well #3 Pull & Inspect

Dear Randy,

Thank you for the opportunity to provide a proposal to perform maintenance at Well # 3.

For this project, MWP would propose to mobilize to Colfax with a two-man crew, Service Truck with a crane and tools, disconnect and remove the existing line shaft well pump, inspect the pump components in the field and return to our shop with the bowl assembly and stuffing box for further inspection. A downhole video inspection to assess the current condition of the casing and well will be performed.

Following the removal and inspection of the pumping equipment, MWP will provide a detailed list of recommended and required pump repairs. Authorization will be obtained from the Village of Colfax prior to initiating any repairs. Upon the completion of authorized repairs MWP will remobilize to the site, reinstall the pumping equipment, run a short performance test, and collect bacti samples for lab analysis.

The maintenance project will be performed in the following steps:

Section I

- 1 Load equipment and mobilize it to Colfax #3 location.
- 2 Set up service crane and stage work area by hanging plastic sheeting and laying plywood on well house floor.
- 3 Perform LOTO and disconnect electrical and discharge piping and perform complete removal of the water lubed line shaft pump equipment.

Estimated Section Total = \$5,730.00

Section II

- 4 Disassemble and inspect pumping equipment- components and bowl assembly.
- 5 Televis Well to determine the condition of the well screen and casing at this location.
- 6 Make any repairs or obtain new equipment (approved by the Village of Colfax) needed before reinstall.

Estimated Section Total = \$6,760.00

Section III

- 7 Reinstall pumping equipment (repaired as appropriate) back in well.
- 8 Set up pump to waste and collect two (2) safe bacti water samples during the pump test.
 - o Record hydraulic data at different back pressures.
- 9 Clean up jobsite and bring water samples into lab.
- 10 Clean up site and demobilize equipment back to yard.

Estimated Section Total = WITH new pipe = \$10,160.00

This price assumes the equipment below the static water level will need to be replaced.

Pricing Schedule:

Section#	Item Description	Quantity	Units	Unit Price	Extended Price
1	Mobilize, Demobilize, Load and Pull Pump	1	LS	\$5,730	\$5,730.00
2	Televise with Explorer camera	1	LS	710.00	710.00
2	Pump Rebuild 5 stage; Machining of new wear rings, machining impeller skirts, new bowl bushings, reassembly @ approx. \$500 per stage	1	LS	2,630.00	2,630.00
2	Motor Inspections – EMS 40HP USEM Motor with freight	1	LS	3,420.00	3,420.00
3	Mob, Demob, install, pump off & sample	1	LS	6,730.00	6,730.00
	Materials				
3	6" x 9'-11.25" SCH 40 T&C Black Column Pipe	6	EACH	340.00	2,040.00
3	6" x 4'-11.25" SCH 40 T&C Black Column Pipe	2	EACH	420.00	420.00
3	Rubber Bearing Retainers	10	EACH	17.00	170.00
3	Shaft sleeves	10	EACH	33.00	330.00
3	Stuffing Box Rebuild	1	LS	270.00	270.00
3	Airlines, misc parts & Sample kits	100	FT	2.00	200.00
	TOTAL PROJECT PROPOSAL				\$22,650.00

Notes:

- 11 Proposal assumes that the pumping equipment can be removed from the well using standardized equipment without parting of the drop-pipe or, any unusual down-hole circumstances.
- 12 Recommended/required pump repairs will be outlined, following the removal and inspection of the pumping equipment as appropriate. Authorization will be obtained from the Village of Colfax prior to initiating any repairs.
- 13 Price includes price of bacteriological water sample kits.
- 14 Prices are good for 30 days.

We would like to thank the Village of Colfax for the opportunity to submit this proposal for your review and consideration. Should you have any questions or concerns regarding this proposal, please contact our offices at your earliest convenience. We hope that our proposal meets your approval and that Municipal Well and Pump will earn the right to be your service provider for this maintenance project.

Thank You,

Kurt Dix



Speed and Innovation is Our WaterMark

Village of Colfax attn:
Rand Bates, DPW
614 Railroad Avenue
Colfax, WI 54730

April 15, 2024

Subject: Colfax Well #3

Dear Rand,

Thanks for taking the time to look at Well #3 and for giving us the opportunity to provide a proposal. Based on the above ground equipment, we understand the installation to consist of roughly a 325 gpm @ 275 TDH pump, hung 100' down on likely 6" pipe, and powered by a 40 HP vertical turbine motor. The well is an open bedrock well with casing that terminates at 130', supposedly 18" upper and then a 12" liner from 78'-130'. At this time, there was no reported decline in the specific well capacity so no rehabilitation is needed. We propose the following workscope:

- Mobilize to site, conduct initial brief pump test
- Disconnect and remove pumping equipment, bring pump back to shop for disassembly and inspection, leave remaining equipment (pipe, shafts) on site and prepare inspection report with recommendations and additional costs
- Replace standard replacement items- rebuild stuffing box with bronze bushing, GFO packing, airline, replace standard rubber bearings
- Reinstall rebuilt/new equipment, chlorinate, startup and flush Total Project Base Cost: \$8,630

The cost to televise to check the well and see how the liner is doing is \$1,500. We anticipate being able to rebuild the existing pump back to factory specification however we'll also include the cost for a new pump. We'll inspect the pipe and shaft with you and let you know if there's anything we need for additional materials. Generally, we're able to turn these projects around within 3-4 weeks with the pump rebuild built in. The unit cost items are below and all include freight:

Rebuild Existing Pump (estimate)	\$4,800
New 325 gpm @ 275 TDH Pump	\$10,660
6" 10' Sch 40 T&C Pipe (ea)	\$630
1-3/16" SS Shafting with Stainless Sleeve (ea)	\$360
1-3/16" Replacement Sleeves (ea, installed)	\$94
Brush & Bail	\$1,750

Thank you again for giving us the opportunity to provide this estimate. We'd be honored to serve you and the Village of Colfax this fall. If you have any questions or would like any additional line items, just let me know.

Sincerely,

CTW Corporation
W. Hunter Cummins, PE

Bill to Village of Colfax
Randy Bates

Ship to Village of Colfax
Randy Bates

Terms Due on receipt

11 Non-Taxable Tree Removal 11.1 Non-taxable Tree Removal \$2,000.00

Took down and chipped up branches from 2 large white pine trees for road project on Balsam.

1 X \$2,000.00

11 Non-Taxable Tree Removal 11.1 Non-taxable Tree Removal \$2,000.00

Took down and removed 3 trees along Oak Street for road project.

1 X \$2,000.00

Subtotal \$4,000.00

Tax \$0.00

Total \$4,000.00

Balance due \$4,000.00

Public Properties Committee Meeting
June 10th, 2024
6:00 p.m.

The Village of Colfax Public Properties Committee met on June 10th, 2024 at 6:00 p.m. at the Village Hall, 613 Main St., Colfax, WI. Members Present were: Trustees Burcham, Rud and Stene, Chair. Also present were Lynn Niggemann, Library Director Bragg-Hurlburt, Mark Johnson, Gary Swartz, Deputy Clerk-Treasurer Riemer, Administrator-Clerk-Treasurer Johnson and LeAnn Ralph with the Messenger.

UPDATE: Flexible Facilities Grant Application – Ayres came to the Village Hall last week to discuss the Flexible Facilities Grant and scope of work. A range of services was represented during their presentation. The Library Flexible Facilities Grant allows for updating the Village Hall to expand the Library’s footprint and better service the needs of the community. Some areas for improvement include, but are not limited to, an addition on the back of the Village Hall to accommodate an accessible elevator, updated restrooms to meet current building code requirements, prep spaces in the basement and 2nd floor, renovation of the basement to include a large flexible space for meetings and classes, telehealth rooms, and storage. This will also allow the library to expand summer programming and accommodate clients with special needs/physical disabilities who are currently underserved and allow them to fully participate in the Library and community activities. A rough draft floor plan was presented and discussed. Mark Johnson raised the question of timeline for using funds if allocated, and Lynn Niggemann stated September 30th of 2026. Trustee Burcham asked about expansion of the summer Library Program and Library Director Bragg-Hurlburt described some potential programming and other uses of the spaces to be renovated. Chairperson Stene also stressed that this Grant requires NO local match and is at no cost to the local taxpayers, and the elevator addition will have zero tax impact.

605 Pine Street Safety Concerns – Several locals, including Chief Anderson, expressed safety concerns with the building at 605 Pine Street. The property has been unoccupied since the passing of the previous owner. The nephew of the deceased indicated there was a great deal of water damage in one area. It was noted by several people that the previous owner had filled the building with too many materials for the structure to maintain integrity. A motion was made by Trustee Burcham and seconded by Trustee Rud to recommend to the Board to have an occupancy inspection done on the property prior to allowing future occupancy citing Building Code Section 15-1-6 – Unsafe Buildings which allows the Village Board to declare a building, or part thereof, to be dangerous, unsafe, unsanitary or otherwise unfit for human occupancy. A voice vote was taken with all members in favor. Motion carried.

Adjournment – A motion was made by Trustee Burcham and seconded by Trustee Rud to adjourn the meeting at 6:45 PM. Voting For: Trustees Burcham, Rud and Stene. Voting Against: none. Meeting adjourned at 6:45 PM.

Gary Stene, Chairperson

Attest: _____
Carrie Johnson, Administrator-Clerk-Treasurer

Brett,

Thanks cannot express how thankful I am that you helped me to meet the cemetery. I will definitely see you & Dad. Please accept my sincere gratitude. You are a wonderful person, and really family.

Randy D

Brett,

For everything you have done... for everything you have given...

THANK YOU.

I don't know what we will have done without your help at the cemetery.

Randy D
D. Stewart

Deputy Clerk Treasurer

From: Colfantastic Events <colfantastic.events@gmail.com>
Sent: Thursday, June 20, 2024 6:53 PM
To: undisclosed-recipients:
Subject: Colfax Booster Club Formation and Positive Impact for Colfax

Hello Everyone,

You know us from Colfantastic Events, and now we're excited to turn our vision for a Colfax School District Booster Club into reality – but it takes a village, and we can't do it without you! We are thrilled to extend an invitation to our Booster Club meeting next Wednesday, July 26th at 6pm at Viking Bowl.

Our mission is to create an environment that inspires student athletes, coaches, parents, and the community to come together to create a positive and spirited atmosphere for all Colfax School District athletic programs. We are volunteers who wish to serve and lead by example.

Attached, you'll find a draft copy of the Colfax School Athletic Booster Club, Inc. By-Laws. These documents will undergo review, tweaking, and approval by the Executive Board once put to vote. Once we get our board & 501(c)(3) we will be opening memberships and sponsorship opportunities.

This endeavor marks an exciting chapter for the Colfax School District athletic programs and community collaboration, aiming to enrich opportunities for our students and create a positive impact.

Should you have any queries or suggestions, please feel free to reach out. We eagerly look forward to seeing you on June 26th!

Warm Regards -
Heather Logslett & Jeanna Berge