

NOTICE OF VILLAGE BOARD MEETING

DATE: Tuesday, June 16, 2026

TIME: 6:30pm

LOCATION: Combined Locks Civic Center,
Council Chambers, 405 Wallace Street

AGENDA

VILLAGE BOARD – 6:30pm

- A. Call to order
- B. Pledge of Allegiance
- C. Roll call

1. Public comment for matters not on the agenda
2. Review 2025 Combined Locks Sewage Collection System Compliance Maintenance Annual Report (CMAR)
3. Review and consider approval of Resolution 2026-7; electronic filing of 2025 CMAR
4. Review and consider approval of multiple operator licenses
5. Review correspondence received regarding landfill property, parcel 230025100
6. Other business, updates, and future agenda items
 - a) Received first draft of e-device ordinance – returned to attorney with changes
 - b) Received notice that the CE/HH roundabout will be closed overnight 6/24 – 6/25
7. Consider motion to move into closed session per Wis. Stat. 19.85(c) for the purpose of considering employment, promotion, compensation, or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility – *salaried employees performance reviews and wage adjustment consideration* **AND** per Wis. Stat. 1.955(e) for the purpose of deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session – *potential annexation*
8. Consider motion to return to open session; action on closed session matters, if appropriate
9. Adjourn

Public Notice: Agendas are posted in the following locations: Combined Locks Civic Center main entrance and Village website: www.combinedlocks.wi.gov. 2015 Wisconsin Act 79 allows the publication of certain legal notices on an internet site maintained by a municipality. This law allows these types of legal notices to be posted in one physical location in the jurisdiction (instead of three) if also placed on an internet site maintained by the local government.

Special Accommodations: Requests from persons with disabilities who need assistance to participate in this meeting or hearing should be made with as much advance notice as possible to the Clerk's Office at 405 Wallace Street, 920-788-7740 extension 203 or email at gieser@combinedlocks.wi.gov.

Notice of Possible Quorum: A quorum of the Board of Review, Zoning Board of Appeals, Plan Commission, or other Village committee may be present at this meeting for the purpose of gathering information and possible discussion on items listed on this agenda. However, unless otherwise noted in this agenda, no official action by the Board of Review, Zoning Board of Appeals, Plan Commission, or other Village committee will be taken at this meeting.

Compliance Maintenance Annual Report

Combined Locks Sewage Collection System

Last Updated: Reporting For:
6/5/2026 **2025**

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 300px;" type="text" value="Racquel Shampo-Giese"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="(920) 788-7740"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="gieser@combinedlocks.wi.gov"/></p>																
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2025"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0															
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>																
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2025"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 100%;" type="text" value="926,499.00"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="926,499.00"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="182,081.00"/></td> </tr> <tr> <td></td> <td style="text-align: right;">+</td> <td></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input style="width: 100%;" type="text" value="926,499.00"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="926,499.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="182,081.00"/>		+		
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	+															

Compliance Maintenance Annual Report

Combined Locks Sewage Collection System

Last Updated: Reporting For:
6/5/2026 **2025**

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

\$ 450,313.00

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

\$ 658,267.00

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

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

Park Street, Paul Court sanitary main, lateral and manhole replacement

3.3 What amount should be in your Replacement Fund?

\$ 658,267.00

0

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

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

- Yes
- No

If No, please explain.

4. Future Planning

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

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

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Marcella Street sanitary sewer main and lateral replacement	\$250,000	2026
2	Washington Street sanitary sewer main and lateral replacement	\$200,000	2027
3	Lox Court & Lom Street sanitary sewer main and lateral replacement	\$375,000	2030
4	Darboy Road sewer main and lateral replacement.	\$325,000	2032

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

Compliance Maintenance Annual Report

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Last Updated: Reporting For:
6/5/2026 **2025**

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	0	0
February	0	0
March	0	0
April	0	0
May	0	0
June	0	0
July	0	0
August	0	0
September	0	0
October	0	0
November	0	0
December	0	0
Total	0	0
Average	0	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

No

Yes

Year:

By Whom:

Describe and Comment:

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6.4 Future Energy Related Equipment

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

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

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6/5/2026 2025

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:

Continue to rehab manholes that were recommended after our 3D scanning project. Continue to do CIPP repairs found during our yearly sanitary sewer cleaning and televising.

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 Chapter 518

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2025-12-09

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

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance
- Operation and Maintenance [NR 210.23 (4) (d)]

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

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

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

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

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

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

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 style="width: 50px; text-align: right;" type="text" value="15"/>	% of system/year
Root removal	<input style="width: 50px; text-align: right;" type="text" value="0"/>	% of system/year
Flow monitoring	<input style="width: 50px; text-align: right;" type="text" value="0"/>	% of system/year
Smoke testing	<input style="width: 50px; text-align: right;" type="text" value="0"/>	% of system/year
Sewer line televising	<input style="width: 50px; text-align: right;" type="text" value="15"/>	% of system/year
Manhole inspections	<input style="width: 50px; text-align: right;" type="text" value="25"/>	% of system/year
Lift station O&M	<input style="width: 50px; text-align: right;" type="text" value="0"/>	# per L.S./year
Manhole rehabilitation	<input style="width: 50px; text-align: right;" type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input style="width: 50px; text-align: right;" type="text" value="1"/>	% of sewer lines rehabbed
Private sewer inspections	<input style="width: 50px; text-align: right;" type="text" value="1"/>	% of system/year

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6/5/2026 **2025**

Private sewer I/I removal % of private services

River or water crossings % of pipe crossings evaluated or maintained

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

3. Performance Indicators

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

19.75	Total actual amount of precipitation last year in inches
31.4	Annual average precipitation (for your location)
20	Miles of sanitary sewer
0	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
0	Number of basement backup occurrences
0	Number of complaints
.50	Average daily flow in MGD (if available)
.76	Peak monthly flow in MGD (if available)
1.89	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.00	Basement backups (number/sewer mile)
0.00	Complaints (number/sewer mile)
1.5	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
3.8	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

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6/5/2026 **2025**

<ul style="list-style-type: none">● No <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div style="border: 1px solid black; padding: 5px;">No significant changes over the last year. The utility strives to identify and correct I&I concerns and issues as quickly as possible.</div>
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 5px;">Areas identified with I&I issues are being replaced with new PVC mains and laterals to the house. These areas are prioritized for replacement by using the information gathered through our cleaning and televising program, visual inspections, 3D manhole scans, flow monitoring reports, and our latest SSES report.</div>

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

Compliance Maintenance Annual Report

Combined Locks Sewage Collection System

Last Updated: Reporting For:
6/5/2026 **2025**

Grading Summary

WPDES No: 0047341

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

Notes:

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

Compliance Maintenance Annual Report

Combined Locks Sewage Collection System

Last Updated: Reporting For:
6/5/2026 **2025**

Resolution or Owner's Statement

Name of Governing
Body or Owner:

Village of Combined Locks

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):

Financial Management: Grade = A

Collection Systems: Grade = A

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

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

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

G.P.A. = 4.00

**Village of Combined Locks
Resolution 2026-7
DNR Compliance Maintenance Report Submittal**

WHEREAS, The Village of Combined Locks is required to submit a “**Compliance Maintenance Annual Report**” (eCMAR) in order to comply with the terms of a new Sewerage Collection System Sanitary Sewer Overflow (SSO) General Permit identified as permit WI-0047341; AND

WHEREAS, under the terms of the permit, the governing body of the Village of Combined Locks is required to view the contents of the annual report and to act on any portion of the permit that is not in compliance with requirements of the permit; AND

WHEREAS, the Compliance Maintenance Annual Report (eCMAR) for the reporting year 2025 for the Village of Combined Locks provides that there are no compliance issues that need to be addressed;

NOW THEREFORE BE IT RESOLVED that the Compliance Maintenance Annual Report be submitted to the DNR as required by law.

Approved this 16th day of June, 2026

John Neumeier, Village President

ATTEST: _____
Racquel Shampo-Giese, Village Administrator/Clerk/Treasurer

APPLICATION FOR OPERATOR'S (BARTENDER) LICENSE

July 1, 2026 to June 30, 2028

Combined Locks

- 1-Year Operator's License \$32
- 2-Year Operator's License \$50
- 60-Day Provisional License \$15

New Applicant: Renewal Applicant:

Section 1 - APPLICANT INFORMATION

Fee Paid:

Applicant Name (Last, First, MI) van der Vel, Kylaigh. C.		Former Name(s): N/A	
Street Address 4400 Coriander Ct	City Mishawaka	State WI	Zip Code 54130
Driver's License Number V536-5030-		State License Issued In: WI	
Date of Birth 12/05/1-	Gender F	Home Phone Number N/A	Cell Phone Number (920)419-
Name & Address of Establishment(s) Where You Will Be Selling Alcohol Kwik Trip — 459 Debrun Rd. Combined Locks, WI 54113			

Section 2 - CONVICTION RECORD

Have you EVER been convicted of a felony? Yes No N/A

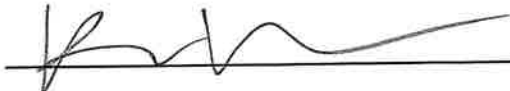
If Yes, when, where and what type of violation? (Please be specific)

Have you EVER been convicted of a misdemeanor or ordinance violation? Yes No N/A


If Yes, when, where and what type of violation? (Example: speeding, OWI)

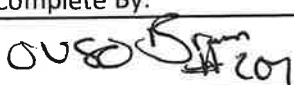
Section 3 - PENALTY NOTICE

I, the undersigned, make application for an Operator's License as provided by Wisconsin State Statute 125.17. I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made a s part of this application may be cause for denial.

Applicant's Signature: 

Date Signed: 06/02/2026

Application Received by: 

Police Department Complete By: 	Background Check Completed Date: 6/4/2026	Violations found to be directly related to the responsibilities of serving alcohol (Please circle one): <input checked="" type="checkbox"/> No Violations Found <input type="checkbox"/> Violations Found	
Village Board:	Approve <input type="checkbox"/> Deny <input type="checkbox"/>	Date:	Signature:

APPLICATION FOR OPERATOR'S (BARTENDER) LICENSE

July 1, 2026 to June 30, 2028

Combined Locks

<input type="checkbox"/>	1-Year Operator's License \$32
<input checked="" type="checkbox"/>	2-Year Operator's License \$50
<input type="checkbox"/>	60-Day Provisional License \$15

New Applicant Renewal Applicant

Fee Paid _____

Section 1 - APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Duerr, John M.</u>		Former Name(s):	
Street Address <u>810 E Kimberly Ave.</u>	City <u>Kimberly</u>	State <u>WI</u>	Zip Code <u>54136</u>
Driver's License Number <u>D600-4737-</u>	State License Issued In: <u>WI</u>		
Date of Birth <u>11/13/</u>	Gender <u>M</u>	Home Phone Number <u>920-809-</u>	Cell Phone Number <u>same</u>
Name & Address of Establishment(s) Where You Will Be Selling Alcohol <u>Kwik Trip 459 DeBruin Rd, Combined Locks, WI 54113</u>			

Section 2 - CONVICTION RECORD

Have you EVER been convicted of a felony? Yes No
If Yes, when, where and what type of violation? (Please be specific)

Have you EVER been convicted of a misdemeanor or ordinance violation? Yes No
If Yes, when, where and what type of violation? (Example: speeding, OWI)

Section 3 - PENALTY NOTICE

I, the undersigned, make application for an Operator's License as provided by Wisconsin State Statute 125.17. I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made a s part of this application may be cause for denial.

Applicant's Signature: [Signature]

Date Signed: 6/3/2026

Application Received by: [Signature]

FOR OFFICE USE ONLY

Police Department Complete By: <u>[Signature]</u>	Background Check Completed Date: <u>6/4/2024</u>	Violations found to be directly related to the responsibilities of serving alcohol (Please circle one): <u>No Violations Found</u>	
Village Board:	Approve	Deny	Signature:

****Read information on reverse side and sign to acknowledge.****

APPLICATION FOR OPERATOR'S (BARTENDER) LICENSE

July 1, 2026 to June 30, 2028

Combined Locks

<input type="checkbox"/> 1-Year Operator's License \$32
<input checked="" type="checkbox"/> 2-Year Operator's License \$50
<input type="checkbox"/> 60-Day Provisional License \$15

New Applicant Renewal Applicant

Fee Paid _____

Section 1 - APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Hill Stacey L.</u>		Former Name(s): <u>Stacey Delaney</u>	
Street Address <u>231 E. Wilson Ave.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip Code <u>54915</u>
Driver's License Number <u>W480 H400 7928</u>		State License Issued In: <u>WI</u>	
Date of Birth <u>08/19/</u>	Gender <u>F</u>	Home Phone Number <u>same</u>	Cell Phone Number <u>920 538-</u>
Name & Address of Establishment(s) Where You Will Be Selling Alcohol <u>Kwik Trip 1061 459 Debruin Rd combined Locks WI</u>			

Section 2 - CONVICTION RECORD

Have you EVER been convicted of a felony? Yes No
If Yes, when, where and what type of violation? (Please be specific) _____

Have you EVER been convicted of a misdemeanor or ordinance violation? Yes No
If Yes, when, where and what type of violation? (Example: speeding, OWI) _____

1 speeding ticket- warning

Section 3 - PENALTY NOTICE

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Applicant's Signature Stacey Hill

Date Signed 6/3/2026

Application Received by Sankhil

FOR OFFICE USE ONLY

Police Department Complete By: <u>OUSO ^{Brown} #207</u>	Background Check Completed Date: <u>6/4/2026</u>	Violations found to be directly related to the responsibilities of serving alcohol (Please circle one): <u>No Violations Found</u>	
Village Board:	Approve Deny	Date:	Signature:

Read information on reverse side and sign to acknowledge.



C O N D O N L A W F I R M , L L C

Jacques C. Condon
jacques@condon-law.com
414-759-5970

Via U.S. Mail

June 4, 2026

ATTACHED MAILING LIST

Re: Loki Fiontar, LLC -- NOTICE OF DISSOLUTION -- CLAIM NOTICE

TO YOUR ATTENTION:

This letter is sent on behalf of my client, Loki Fiontar, LLC. Please be advised that on May 11, 2026, effective the same day, Loki filed a Statement of Dissolution with the Wisconsin Department of Financial Institutions. Attached is copy of the filing. The company is now dissolved.

Having dissolved, Loki is taking steps to wind-up its affairs. Loki's lone physical asset is real estate within the Village of Combined Locks (attached is the deed). The property, comprised of papermill landfills, has no market value. Upon Loki taking possession in 2019 (as approved by the court, over the Wisconsin DNR's initial objection), Loki sought a permit to conduct operations. It is understood that substantial deposits are necessary to achieve the engineered fill-height per the plan of operation. There was/is no indication that the landfill cannot support its original design. However, approximately two years later, upon issuing a general permit to Loki, the Wisconsin DNR sent a separate notice that fundamentally altered use of the property. Per the Wisconsin DNR, and without supporting data, Loki could not use the landfill as designed, and threatened legal action if it did. Loki sought discussion with the Wisconsin DNR, different ways, without success. The Wisconsin DNR even cancelled a meeting, in 2021, with Loki and the Village. Having maintained the site for years, without reimbursement or resolution, neither Loki nor its member can meet the continued physical and monetary obligations for continued care.


This letter is your notice pursuant to Wis. Stat. §183.0704. If you believe you have a claim against Loki, please direct that claim to Loki by sending it to my attention at the mailing address below. **The deadline to make such a claim is October 15, 2026.** The claim will be barred if not received by the deadline. Should action be needed to protect the environment or human health or wellbeing, Loki does not oppose the Wisconsin DNR's entry to the property without further notice, and does herewith provide consent to such entry. Codes and keys will be provided upon request.

Very truly yours,

s/ Jacques C. Condon

Jacques C. Condon



Find us on  @Outagamie County Highway Department

Highway Department

1313 Holland Road, Appleton, WI 54911-8947
Phone: (920) 832-5673 Fax: (920) 832-2032
Visit our website at www.outagamie.org

PRESS RELEASE

June 11, 2026

COUNTY CE TO CLOSE NIGHTLY WEEK OF JUNE 22ND

Outagamie County Highway CE (E. College Avenue) is scheduled to close nightly beginning on Monday, June 22, 2026. The closure is necessary to complete routine pavement marking maintenance at the intersections of Eisenhower Drive in Village of Kimberly and County HH (Debruin Road) in the Village of Combined Locks. The work at Eisenhower Drive will also include the adjacent intersection with Van Roy Rd. The work is scheduled to be completed in four (4) nights, beginning on June 22nd, and is weather dependent. Maintenance will take place nightly, between the hours of 9:00 PM and 5:00 AM. A signed detour will be posted and will utilize STH 441, CTH KK, and STH 55.

Please direct any questions or concerns regarding this project to the Outagamie County Highway Department by phone at (920) 832-5673 or by email at highwayemail@outagamie.org.

Attachment: *County CE Detour.pdf*

** End of Release **

For more information, contact:

Joe Zellmer, P.E.
Outagamie County Highway Department
(920) 832-5673

County CE Detour

