

# STATE OF UTAH

## *MUNICIPAL WASTEWATER PLANNING PROGRAM*

### SELF-ASSESSMENT REPORT

FOR

PAYSON CITY

2014





Resolution Number \_\_\_\_\_

**MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION**

RESOLVED that **PAYSON** informs the Water Quality Board the following actions were taken by the **CITY COUNCIL**.

1. Reviewed the attached Municipal Wastewater Planning Program Report for 2014.
2. Have taken all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (If Applicable)

Passed by a (majority) (unanimous) vote on \_\_\_\_\_  
(date)

\_\_\_\_\_  
Mayor/Chairman

\_\_\_\_\_  
Attest: Recorder/Clerk

# **Municipal Wastewater Planning Program (MWPP) Financial Evaluation Section**

Owner Name: *PAYSON*

Name and Title of Financial Contact Person:

	Jeff Hiatt
	Wastewater Superintendent
Phone:	801.465.5277
Email:	jeffh@payson.org

**PLEASE SUBMIT TO STATE BY: May 1, 2015**

Mail to: MWPP - Department of Environmental Quality  
Division of Water Quality  
195 North 1950 West  
P.O. Box 144870  
Salt Lake City, Utah 84114-4870  
Phone: (801) 536-4300

*NOTE: This questionnaire has been compiled for your benefit by a state sponsored task force comprised of representatives of local government and service districts. It is designed to assist you in making an evaluation of your wastewater system and financial planning. Please answer questions as accurately as possible to give you the best evaluation of your facility. If you need assistance please call, Emily Canton. Utah Division of Water Quality: (801) 536-4342.*

I. Definitions: The following terms and definitions may help you complete the worksheets and questionnaire:

**User Charge (UC)** - A fee established for one or more class(es) of users of the wastewater treatment facilities that generate revenues to pay for costs of the system.

**Operation and Maintenance Expense** - Expenditures incurred for materials, labor, utilities, and other items necessary for managing and maintaining the facility to achieve or maintain the capacity and performance for which it was designed and constructed.

**Repair and Replacement Cost** - Expenditures incurred during the useful life of the treatment works for obtaining and installing equipment, accessories, and/or appurtenances necessary to maintain the existing capacity and the performance for which the facility was designed and constructed.

**Capital Needs** - Cost to construct, upgrade or improve the facility.

**Capital Improvement Reserve Account** - A reserve established to accumulate funds for construction and/or replacement of treatment facilities, collection lines or other capital improvement needs.

**Reserve for Debt Service** - A reserve for bond repayment as may be defined in accordance with terms of a bond indenture.

**Current Debt Service** - Interest and principal costs for debt payable this year.

**Repair and Replacement Sinking Fund** - A fund to accumulate funds for repairs and maintenance to fixed assets not normally included in operation expenses and for replacement costs (defined above).

## Part I: OPERATION AND MAINTENANCE

Complete the following table:

Question	Points Earned	Total
Are revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs <b><u>at this time</u></b> ?	YES = 0 points NO = 25 points	25
Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for the <b><u>next five years</u></b> ?	YES = 0 points NO = 25 points	25
Does the facility have sufficient staff to ensure proper O&M?	YES = 0 points NO = 25 points	25
Has a dedicated sinking fund been established to provide for repair & replacement costs?	YES = 0 points NO = 25 points	25
Is the repair & replacement sinking fund adequate to meet anticipated needs?	YES = 0 points NO = 25 points	25
<b>TOTAL PART I =</b>		<b>125</b>

## Part II: CAPITAL IMPROVEMENTS

Complete the following table:

Question	Points Earned	Total
Are present revenues collected sufficient to cover all costs and provide funding for capital improvements?	YES = 0 points NO = 25 points	25
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><u>next five years</u></b> ?	YES = 0 points NO = 25 points	25
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><u>next ten years</u></b> ?	YES = 0 points NO = 25 points	25
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><u>next twenty years</u></b> ?	YES = 0 points NO = 25 points	25
Has a dedicated sinking fund been established to provide for future capital improvements?	YES = 0 points NO = 25 points	25
<b>TOTAL PART II =</b>		<b>125</b>

### Part III: GENERAL QUESTIONS

Complete the following table:

Question	Points Earned	Total
Is the wastewater treatment fund a separate enterprise fund/account or district?	YES = 0 points NO = 25 points	0
Are you collecting <b>95%</b> or more of your sewer billings?	YES = 0 points NO = 25 points	0
Is there a review, at least annually, of user fees?	YES = 0 points NO = 25 points	0
Are bond reserve requirements being met if applicable?	YES = 0 points NO = 25 points	0
<b>TOTAL PART III =</b>		<b>0</b>

### Part IV: PROJECTED NEEDS

Estimate as best you can the following:

	2015	2016	2017	2018	2019
Cost of projected capital improvements (in thousands)	100,000	300,000	300,000	5 million	5 million

### Point Summation

Fill in the values from Parts I through III in the blanks provided in column 1. Add the numbers to determine the MWPP point total that reflects your present financial position for meeting your wastewater needs.

Part	Points
I	125
II	125
III	0
Total	75

# **Municipal Wastewater Planning Program (MWPP) Collection System Section**

Owner Name: *PAYSON*

Name and Title of Contact Person:

	Jeff Hiatt
	Wastewater Superintendent
Phone:	801.465.5277
Email:	jeffh@payson.org

**PLEASE SUBMIT TO STATE BY: May 1, 2015**

Mail to: Department of Environmental Quality  
Division of Water Quality  
195 North 1950 West  
P.O. Box 144870  
Salt Lake City, Utah 84114-4870  
Phone : (801) 536-4300

Form completed by  
Sarah Leavitt



## Part I: SYSTEM AGE

- A. What year was your collection system first constructed (approximately)?

Year 1938

- B. What is the oldest part of your present system?

Oldest part 77 years

## Part II: BYPASSES

- A. Please complete the following table:

Question	Number	Points Earned	Total Points
How many days in the past year was there a bypass, overflow or basement flooding by untreated wastewater in the system due to rain or snowmelt?	0	0 times = 0 points 1 time = 5 points 2 times = 10 points 3 times = 15 points 4 times = 20 points 5 or more = 25 points	0
How many days in the last year was there a bypass, overflow or basement flooding by untreated wastewater due to equipment failure? (except plugged laterals)	0	0 times = 0 points 1 time = 5 points 2 times = 10 points 3 times = 15 points 4 times = 20 points 5 or more = 25 points	0
<b>TOTAL PART II =</b>			<b>0</b>

- B. The Utah Sewer Management Program defines sanitary sewer overflows into two classes. Below include the number of SSOs that occurred in 2014:

Number of Class 1 SSOs in Calendar year 2014 0

Number of Class 2 SSOs in Calendar year 2014 1

*Class 1* – a Significant SSO means a SSO or backup that is not caused by a private lateral obstruction or problem that:

- (a) Effects more than five private structures;
- (b) Affects one or more public, commercial or industrial structure(s);
- (c) May result in a public health risk to the general public;
- (d) Has a spill volume that exceeds 5,000 gallons, excluding those in single private structures; or
- (e) Discharges to Waters of the state.

*Class 2* – Non-Significant SSO means a SSO or backup that is not caused by a private lateral obstruction or problem that does not meet the Class 1 SSO criteria.

- C. Please specify whether the SSOs were caused a contract or tributary community, etc.  
 The SSO event was due to grease in the sewer main.

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### Part III: NEW DEVELOPMENT

- A. Please complete the following table:

Question	Points Earned	Total Points
Has an industry (or other development) moved into the community or expanded production in the past two years, such that either flow or wastewater loadings to the sewerage system were significantly increased (10 - 20%)?	No = 0 points Yes = 10 points	0
Are there any major new developments (industrial, commercial, or residential) anticipated in the next 2 - 3 years, such that either flow or BOD <sub>5</sub> loadings to the sewerage system could significantly increase (25%)?	No = 0 points Yes = 10 points	0
<b>TOTAL PART III =</b>		<b>0</b>

- B. Approximate number of new residential sewer connections in the last year

41 new residential connections

- C. Approximate number of new commercial/industrial connections in the last year

2 new commercial/industrial connections

- D. Approximate number of new population serviced in the last year

164 new people served

## Part IV: OPERATOR CERTIFICATION

A. How many collection system operators are currently employed by your facility?

  4   collection system operators employed

B. What is/are the name(s) of your DRC operator(s)?

Jeff Hiatt

Brent Arns

C. You are required to have the DRC operator(s) certified at **Grade III**

What is the current grade of the DRC operator(s)?   IV  

D. State of Utah Administrative Rules require all operators considered to be in DRC to be appropriately certified. List all the operators in your system by their certification class.

<i>Not Certified</i>	<u>  2  </u>
Small Lagoons	<u>  0  </u>
Collection I	<u>  0  </u>
Collection II	<u>  1  </u>
Collection III	<u>  0  </u>
Collection IV	<u>  1  </u>

E. Please complete the following table:

Question	Points Earned	Total Points
Is/are your DRC operator(s) currently certified at the appropriate grade for this facility? (see C)	Yes = 0 points No = 50 points	0
How many continuing education units has each of the DRC operator(s) completed over the last 3 years?	3 or more = 0 points less than 3 = 10 points	0
<b>TOTAL PART IV =</b>		<b>0</b>

## Part V: FACILITY MAINTENANCE

A. Please complete the following table:

Question	Points Earned	Total Points
Do you follow an annual preventative maintenance program?	Yes = 0 points No = 30 points	0
Is it written?	Yes = 0 points No = 20 points	0
Do you have a written emergency response plan?	Yes = 0 points No = 20 points	0
Do you have an updated operations and maintenance manual	Yes = 0 points No = 20 points	0
Do you have a written safety plan?	Yes = 0 points No = 20 points	0
<b>TOTAL PART V =</b>		<b>0</b>

## Part VI: SSMP EVALUATION

A. Has your system completed its Sewer System Management Plan (SSMP)?

Yes       X       No                     

B. If the SSMP has been completed then has the SSMP been public noticed?

No                      Yes, included date of public notice March 19, 2014

C. Has the SSMP been approved by the permittee's governing body at a public meeting?

Yes       X       No                     

D. During the annual assessment of the operation and maintenance plan were any adjustments needed based on the performance of the plan?

No       X       If yes, what components of the plan were changed (1.e. line cleaning, CCTV inspections and manhole inspections and/or SSO events)

\_\_\_\_\_

\_\_\_\_\_

**Part VI: SSMP EVALUATION (cont.)**

E. During 2014 was any art of the SSMP audited as part of the five year audit?

No \_\_\_\_\_ X \_\_\_\_\_

If yes, what part of the SSMP was audited and were changed made to the SSMP as a result of the audit?

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F. Has your system completed its *System Evaluation and Capacity Assurance Plan* (SECAP) as defined by the Utah Sewer Management Program?

Yes   X (ongoing)   No \_\_\_\_\_

The following are required completion dates that the SSMP and SECAP based on population. The SSMP and SECAP must be public noticed and approved by the permittee's governing body in order to be considered complete.

**SSMP Signatory Requirement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fin and imprisonment for knowing violations.

April 13, 2015

\_\_\_\_\_  
Signature of Signatory Official

\_\_\_\_\_  
Date

Jeff Hiatt

\_\_\_\_\_  
Print Name of Signatory Official

\_\_\_\_\_  
Wastewater Superintendent

\_\_\_\_\_  
Title

The signatory official is the person authorized to sign permit document, per R317-8-3.4.

## Part VII: SUBJECTIVE EVALUATION

***This section should be with the system operators.***

- A. Describe the physical condition of the sewer collection system: (lift stations, etc. included)

Average

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- B. What sewerage system improvements does the community have under consideration for the next 10 years?

N/A

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- C. Explain what problems, other than plugging have you experienced over the last year

Roots in sewer lines.

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- D. Is your community presently involved in formal planning for system expansion/upgrading? If so explain.

No

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- E. Does the municipality/district pay for the continuing education expenses of operators?

Always \_\_\_\_\_ Yes \_\_\_\_\_ Sometimes \_\_\_\_\_ No \_\_\_\_\_

If they do, what percentage is paid?  
approximately \_\_\_\_\_ 100 \_\_\_\_\_ %

- F. Is there a written policy regarding continuing education and training for wastewater operators?

Yes \_\_\_\_\_ No \_\_\_\_\_ X \_\_\_\_\_

G. Any additional comments? (Attach additional sheets if necessary.)

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### POINT SUMMATION

Fill in the values from Parts II through V in the blanks provided in column 1. Add the numbers to determine the MWPP point total that your wastewater facility has generated for the past twelve months.

Part	Points
II	0
III	0
IV	0
V	0
Total	0

# **Municipal Wastewater Planning Program (MWPP)**

## **Mechanical Plant Section**

Owner Name: *PAYSON*

Name and Title of Contact Person:

	Jeff Hiatt
	Wastewater Superintendent
Phone:	801.465.5277
Email:	jeffh@payson.org

**PLEASE SUBMIT TO STATE BY: May 1, 2015**

Mail to: Department of Environmental Quality  
Division of Water Quality  
195 North 1950 West  
P.O. Box 144870  
Salt Lake City, Utah 84114-4870  
Phone: (801) 536-4300

Form completed by  
Sarah Leavitt



## Part I: INFLUENT INFORMATION

- A. Please update (if needed) the average design flow and average design BOD<sub>5</sub> and TSS loading for your facility.

	Average Design Flow (MGD)	Average Design BOD <sub>5</sub> Loading (lbs/day)	Average Design TSS Loading (lbs/day)
Design Criteria	3.0 MGD	4,400	4,400
90% of the Design Criteria	2.7 MGD	3,960	3,960

- B. Please list the average monthly flows in millions of gallons per day (MGD) and BOD<sub>5</sub> and TSS loadings in milligrams per liter (mg/L) **received** at your facility during 2014. (Calculate the BOD<sub>5</sub> and TSS loadings in pounds per day (lbs/day)).

<i>Month</i>	(1) Average Monthly Flow (MGD)	(2) Average Monthly BOD <sub>5</sub> Concentration (mg/L)	(3) Average BOD <sub>5</sub> Loading (lbs/day) <sup>1</sup>	(4) Average Monthly TSS Concentration (mg/L)	(5) Average TSS Loading (lbs/day) <sup>2</sup>
January	1.21	162.20	1636.83	67.20	678.14
February	1.17	154.00	1502.70	58.20	567.90
March	1.14	129.00	1226.48	51.50	489.64
April	1.13	138.00	1300.54	60.40	569.22
May	1.15	119.60	1147.08	50.00	479.55
June	1.15	246.20	2361.30	49.60	475.71
July	1.15	266.00	2551.20	47.44	454.10
August	1.21	194.20	1959.75	39.75	401.13
September	1.25	185.38	1932.59	56.25	586.41
October	1.16	216.22	2091.80	71.22	689.01
November	1.16	180.63	1747.49	57.29	554.25
December	1.13	180.60	1702.01	61.50	579.59
<i>Average</i>	1.17	181.00	1763.31	55.86	543.80

<sup>1</sup> BOD<sub>5</sub> Loading (3) = Average Monthly Flow (1) x Average Monthly BOD<sub>5</sub> Concentration (2) x 8.34

<sup>2</sup> TSS Loading (5) = Average Monthly Flow (1) x Average Monthly TSS Concentration (4) x 8.34

## Part I. INFLUENT INFORMATION (cont.)

- C. Refer to the information in A & B to determine a point value for your facility. Please enter the points for each question in the blank provided.

Question	Number	Points Earned	Total Points
How many times did the average monthly flow (Part B., Column 1) to the wastewater facility exceed 90% of design flow?	0	0 = 0 points 1 - 2 = 10 points 3 - 4 = 20 points 5 or more = 30 points	0
How many times did the average monthly flow (Part B., Column 1) to the wastewater facility exceed the design flow?	0	0 = 0 points 1 - 2 = 20 points 3 - 4 = 40 points 5 or more = 60 points	0
How many times did the average monthly BOD <sub>5</sub> loading (Part B., Column 3) to the wastewater facility exceed 90% of the design loading?	0	0-1 = 0 points 1 - 2 = 10 points 3 - 4 = 20 points 5 or more = 30 points	0
How many times did the average monthly BOD <sub>5</sub> loading (Part B., Column 3) to the wastewater facility exceed the design loading?	0	0 = 0 points 1 - 2 = 20 points 3 - 5 = 40 points 5 or more = 60 points	0
<b>TOTAL PART I =</b>			<b>0</b>

## Part II: EFFLUENT INFORMATION

- A. Please list the average monthly BOD<sub>5</sub>, TSS, Ammonia (NH<sub>3</sub>), monthly maximum Cl<sub>2</sub>, minimum monthly DO, and 30-day geometric averages for Fecal and Total Coliform, produced by your facility during 2014.

<b>Month</b>	(1) BOD <sub>5</sub> (mg/L)	(2) TSS (mg/L)	(3) Fecal Coliform (#/100 mL)	(4) Total Coliform (#/100 mL)	(5) E-Coli	(6) Cl <sub>2</sub> (mg/L)	(7) DO (mg/L)	(8) NH <sub>3</sub> (mg/L)
	Whole Numbers Only					One Decimal Place Only		
January	5	6			3	0.7	6.5	1.7
February	6	6			4	0.8	6.5	0.8
March	5	5			3	0.7	6.2	0.8
April	5	4			1	0.8	6.2	0.3
May	5	4			1	0.8	6.3	0.2
June	6	4			1	0.6	6.3	0.2
July	9	5			1	0.7	6.7	12.7
August	7	4			3	0.5	5.6	0.4
September	8	4			17	0.8	6.1	6.5
October	5	4			1	0.6	7.1	0.2
November	5	4			2	0.6	6.4	0.2
December	5	4			1.3	0.6	6.2	0.2
<b>Average</b>	<b>6</b>	<b>5</b>			<b>2</b>	<b>1</b>	<b>6</b>	<b>2</b>

- B. Please list the monthly average permit limits for the facility in the blanks below.

	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/L)	maximum Cl <sub>2</sub> (mg/L)	NH <sub>3</sub> (mg/L)	minimum DO (mg/L)
Monthly Permit Limit	25	December-February 2.4 March-May 1.6 June- August 1.1 September-November 1.6	December-February 14.1 March-May 13.1 June- August 12.5 September-November 13.1	4.0
80% of the Permit Limit	20	December-February 1.92 March-May 1.28 June- August 0.88 September-November 1.28	December-February 11.28 March-May 10.48 June- August 10 September-November 10.48	3.2

## Part II: EFFLUENT INFORMATION (cont.)

- C. Refer to the information in A & B and your operating reports to determine a point values for your facility.

Question	Number	Points Earned	Total Points
How many months did the effluent BOD <sub>5</sub> (CBOD <sub>5</sub> ) exceed 80% of monthly permit limit?	0	0 - 1 = 0 points 2 = 5 points 3 = 10 points 4 = 15 points 5 or more = 20 points	0
How many months did the effluent BOD <sub>5</sub> (CBOD <sub>5</sub> ) exceed the monthly permit limits?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many months did the effluent TSS exceed 20 mg/L?	0	0 - 1 = 0 points 2 = 5 points 3 = 10 points 4 = 15 points 5 or more = 20 points	0
How many months did the effluent TSS exceed 25 mg/L?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many times did the Cl <sub>2</sub> exceed permit limit?	0	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	0
How many <u>times</u> did the NH <sub>3</sub> exceed permit limits?	6	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	30
How many times did the DO not meet permit limit?	0	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	0
How many months did the 30-day fecal coliform exceed 200 #/100 mL?	-	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	-
How many months did the 30-day total coliform exceed 2,000 #/100 mL?	-	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	-
How many months did the 30-day E-coli exceed 126 #/100 mL?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
<b>TOTAL PART II =</b>			<b>30</b>

### Part III: FACILITY AGE

In what year were the following process units constructed or underwent a major upgrade? To determine a point score subtract the construction or upgrade year from 2014.

Points = Age = Present Year - Construction or Upgrade Year.

Enter the calculated age below.

**If the point total exceeds 20 points, enter only 20 points.**

Unit Process	Current Year	Construction or Last Upgrade Year	Age = Points
Headworks	2014	2002	12
Primary Treatment	2014	2002	12
Secondary Treatment	2014	2002	12
Solids Handling	2014	2010	4
Disinfection	2014	2002	12
<b>TOTAL PART III (not greater than 20) =</b>			<b>20</b>

### Part IV: BYPASSES

Please complete the following table:

Question	Number	Points Earned	Total Points
How many days in the past year was there a bypass or overflow of untreated wastewater due to high flows?	0	0 = 0 points 1 = 5 points 2 = 10 points 3 = 15 points 4 = 20 points 5 or more = 25 points	0
How many days in the last year was there a bypass or overflow of untreated wastewater due to equipment failure?	1	0 = 0 points 1 = 5 points 2 = 10 points 3 = 15 points 4 = 20 points 5 or more = 25 points	5
<b>TOTAL PART IV =</b>			<b>5</b>

## Part V: SOLIDS HANDLING

A. Please complete the following table:

Current Disposal Method (check all that apply)	Points Earned	Total Points
Landfill	Class B = 0 points < Class A = 50 points	50
Land Application	Site Life 0 - 5 years = 20 points 5 - 10 years = 10 points 10 - 20 years = 0 points	----
Give Away/Distribution and Marketing	Class A = 10 points Class B = 20 points	0
<b>TOTAL PART V =</b>		<b>50</b>

## Part VI: NEW DEVELOPMENT

A. Please complete the following table:

Question	Points Earned	Total Points
Has an industry (or other development) moved into the community or expanded production in the past two years, such that either flow or wastewater loadings to the sewerage system were significantly increased (10 - 20%)?	No = 0 points Yes = 10 points	0
Are there any major new developments (industrial, commercial, or residential) anticipated in the next 2 - 3 years, such that either flow or BOD <sub>5</sub> loadings to the sewerage system could significantly increase (25%)?	No = 0 points Yes = 10 points	10
Have you experienced any upset due to septic haulers?	No = 0 points Yes = 10 points	0
<b>TOTAL PART VI =</b>		<b>10</b>

**Part VI: NEW DEVELOPMENT (cont.)**

- B. Approximate number of new residential sewer connections in the last year  
41 new residential connections
- C. Approximate number of new commercial/industrial connections in the last year  
2 new commercial/industrial connections
- D. Approximate number of new population serviced in the last year  
164 new people served

**Part VII: OPERATOR CERTIFICATION**

- A. How many operators are currently employed by your facility?  
5 operators employed
- B. What is/are the name(s) of your DRC operator(s)?  
Jeff Hiatt  
Brent Arns  
\_\_\_\_\_
- C. You are required to have the DRC operator(s) certified at GRADE IV.  
What is the current grade of the DRC operator(s)? Grade IV
- D. State of Utah Administrative Rules require all operators considered to be in DRC to be appropriately certified. List all the operators in your system by their certification class.

<i>Not Certified</i>	<u>2</u>
Treatment I	<u>0</u>
Treatment II	<u>1</u>
Treatment III	<u>0</u>
Treatment IV	<u>2</u>

**Part VII: OPERATOR CERTIFICATION (cont.)**

E. Please complete the following table:

Question	Points Earned	Total Points
Is/are your DRC operator(s) currently certified at the appropriate grade for this facility? (see C)	Yes = 0 points No = 50 points	50
How many continuing education units has each of the DRC operator(s) completed over the last 3 years?	3 or more = 0 points less than 3 = 10 points	0
<b>TOTAL PART VII =</b>		<b>50</b>

**Part VIII: FACILITY MAINTENANCE**

A. Please complete the following table:

Question	Points Earned	Total Points
Do you follow an annual preventative maintenance program?	Yes = 0 points No = 30 points	0
Is it written?	Yes = 0 points No = 20 points	0
Do you have a written emergency response plan?	Yes = 0 points No = 20 points	0
Do you have an updated operations and maintenance manual	Yes = 0 points No = 20 points	0
Do you have a written safety plan?	Yes = 0 points No = 20 points	0
<b>TOTAL PART VIII =</b>		<b>0</b>



## Part IX: SUBJECTIVE EVALUATION

***This section should be completed with the facility operators.***

- A. Do you consider your wastewater facility to be in good physical and structural condition?

YES   X   NO           

If NOT, why?

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- B. What improvements do you think the plant will need in the next 5 years?

Rebuild the trickling filter, MCC Room and update the plant to remove nutrients.

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- C. Where there any backups into basements at any point in the collection system in 2014.

YES   X   NO           

Why? (do not include backups due to clogged laterals)

Grease was in the sewer main which caused the resident home to back-up.

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- D. Does the municipality/district pay for the continuing education expenses of operators?

ALWAYS   X   SOMETIMES            NO           

If so, what percentage do they pay?

approximately   100   %

## Part IX: SUBJECTIVE EVALUATION (cont.)

- E. Is there a written policy regarding continuing education and training for wastewater operators?

YES   X        NO           

- F. Have you done any major repairs or mechanical equipment replacement in 2014? (do not include construction or upgrade projects)

YES \_\_\_\_\_ NO   X  

- G. What was the approximate cost for those repairs or replacements?

\$ N/A

- H. Any additional comments? (Attach additional sheets if necessary.)

N/A

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## POINT SUMMATION

Fill in the values from Parts I through VIII in the blanks provided in column 1. Add the numbers to determine the MWPP point total that your wastewater facility has generated for the past twelve months.

Part	Points
I	0
II	30
III	20
IV	5
V	50
VI	10
VII	50
VIII	0
Total	165