Jerry Clark

From: Forms Response Receipts <forms-receipts-noreply@google.com>
Sent: Tuesday, June 30, 2026 10:51 AM
To: Jerry Clark
Subject: Thanks for filling out this form: Full MWPP Survey - 2026

Thanks for filling out this form: Full MWPP Survey - 2026

You're receiving this email because you filled out the following form using your email address. **This form is owned by State of Utah.** Make sure you recognize and trust this form before copying or clicking on any links. If it looks suspicious, report it.

Here's what was received.

Full MWPP Survey - 2026

Municipal Wastewater Planning Program survey for the year 2025.

Email *

j.clark@elkridgecity.org

Section I: General Information

Note: This questionnaire has been compiled for your benefit to assist you in evaluating the technical and financial needs of your wastewater systems. If you received financial assistance from the Water Quality Board, annual submittal of this report is a condition of the assistance. Please answer questions as accurately as possible to give the best evaluation of your facility. If you need assistance please send an email to wqinfodata@utah.gov and we will contact you as soon as possible. You may also visit our Frequently Asked Questions page

What is the name of the Facility? *

Elk Ridge City

What is the Name of the person responsible for this organization?

Jerry Clark

What is the Title of the person responsible for this organization? *

Public Works Director

What is the Email Address for the person responsible for this organization? *

j.clark@elkridgecity.org

What is the Phone number for the person responsible for this organization? *

801-602-3193

Please identify the Facility Location? *

Please provide either Longitude and Latitude, address, or a written description of the location (with area or point).

40.01952 N 111.69092 W.

Are you a federal facility?

A federal facility is a military base, a national park, or a facility associated with a federal government organization (e.g., BLM, Forest Service, etc.)

Yes

No

As you begin this survey you must keep in mind which part of the wastewater system that you represent, unless you represent it all (e.g., collections, treatment, or both). If you only represent the collection system please respond to each

question thinking only of collection system data as you proceed through this survey. The same goes for treatment and both. If you get a question that does not apply to the part of the system which you represent then leave it unanswered. However, please try to answer as many questions as you possibly can.

This section is completed by:

jerry Clark

Are sewer revenues maintained in a dedicated purpose enterprise/district account?

Yes

No

Are you collecting 95% or more of your anticipated sewer revenue?

Yes

No

Are Debt Service Reserve Fund requirements being met?

Yes

No

Where are sewer revenues maintained?

General Fund

Combined Utilities Fund

Other

What was the average MONTHLY User Charge for 2025?

89.50

Do you have a water and/or sewer customer assistance program (CAP)?

Yes

No

Are property taxes or other assessments applied to the sewer systems?

Yes

No

What is the yearly amount of revenue that you receive from these taxes?

NA

Are sewer revenues sufficient to cover operations & maintenance costs, and repair & replacement costs (OM&R) at this time?

Yes

No

Are projected sewer revenues sufficient to cover operation & maintenance, and repair and replacement costs for the next five years?

Yes

No

Does the sewer system have sufficient staff to provide proper operation & maintenance, and repair and replacement?

Yes

No

Has a repair and replacement sinking fund been established for the sewer system?

Yes

No

Is the repair & replacement sinking fund sufficient to meet anticipated needs?

Yes

No

Are sewer revenues sufficient to cover all costs of current capital improvements projects?

Yes

No

Has a Capital Improvements Reserve Fund been established to provide for anticipated capital improvement projects?

Yes

No

Are projected Capital Improvements Reserve Funds sufficient for the next five years?

Yes

No

Are projected Capital Improvements Reserve Funds sufficient for the next ten years?

Yes

No

Are projected Capital Improvements Reserve Funds sufficient for the next twenty years?

Yes

No

Have you completed a rate study within the last five years?

Yes

No

Do you charge Impact fees?

Yes

No

If you charged Impact Fees, how much were they? =

If not a flat fee, use total collected impact fees for the year divided by the total number of entities who paid fees that year.

7018.60

Have you completed an impact fee study in accordance with UCA 11-36a-3 within the last five years?

Yes

No

Do you maintain a Plan of Operations?

Yes

No

Have you updated your Capital Facility Plan within the last five years?

Yes

No

In what year was the Capital Facility Plan last updated?

2025

Do you use an Asset Management system for your sewer systems?

Yes

No

Do you know the total replacement cost of your total sewer system capital assets?

Yes

No

Replacement Cost =

3.9 million

Do you fund sewer system capital improvements annually with sewer revenues at 2% or more of the total replacement cost?

Yes

No

What is the sewer/treatment system annual asset renewal cost as a percentage of its total replacement cost?

NA

Describe the Asset Management System. Check all that apply:

- [x] Spreadsheet
- [x] GPS
- [x] Accounting Software

Specialized Software

What is the 2025 Capital Assets Cumulative Depreciation for your facility?

1.6 million

What is the 2025 Capital Assets Book Value?

Book Value = (total cost) - (accumulated depreciation)

2.34 million

Cost of projected capital improvements - Please enter a valid numerical value - 2025?

Cost of projected capital improvements - Please enter a valid numerical value - 2026 through 2030?

Cost of projected capital improvements - Please enter a valid numerical value - 2031 through 2035?

Cost of projected capital improvements - Please enter a valid numerical value - 2036 through 2040?

Cost of projected capital improvements - Please enter a valid numerical value - 2041 through 2045?

Purpose of Capital Improvements - 2025? Check all that apply.

Replace/Restore

New Technology

Increased Capacity

Purpose of projected Capital Improvements - 2026 through 2030? - Check all that apply.

Replace/Restore

New Technology

Increased Capacity

Purpose of projected Capital Improvements - 2031 through 2035 Check all that apply.?

Replace/Restore

New Technology

Increased Capacity

Purpose of projected Capital Improvements - 2036 through 2040? - Check all that apply.

Replace/Restore

New Technology

Increased Capacity

Purpose of projected Capital Improvements from 2041 through 2045? - Check all that apply.

Replace/Restore

New Technology

Increased Capacity

To the best of my knowledge, the Financial Evaluation section is completed and accurate.

True

False

Do you have a collection system? *

Yes

No

Including piping and lift stations.

This form is completed by [name]?

The person completing this form may receive Continuing Education Units (CEUs).

Jerry Clark

Part I: SYSTEM DESCRIPTION

Please answer the following questions regarding SYSTEM DESCRIPTION.

What is the largest diameter pipe in the collection system?

Please enter the diameter in inches.

12 inch

What is the average depth of the collection system?

Please enter the depth in feet.

12 feet

What is the total length of sewer pipe in the collection system?

Please enter the length in miles.

23 miles

How many lift/pump stations are there in the collection system?

none

What is the largest capacity lift/pump station in the collection system?

Please enter the design capacity in gpm.

NA

Do seasonal daily peak flows exceed the average peak daily flow by 100 percent or more?

Yes

No

What year was your collection system first constructed?

This can be an approximate guess if you really are not sure.

1981

In what year was the largest diameter sewer pipe in the collection system constructed, replaced or renewed?

If more than one, cite the oldest.

2008

Part II: DISCHARGES

Please answer the following questions regarding DISCHARGES.

How many days last year was there a sewage bypass, overflow or basement flooding in the system due to rain or snowmelt?

none

How many days last year was there a sewage bypass, overflow or basement flooding due to equipment failure, except plugged laterals?

None

Sanitary Sewer Overflow (SSO)

Class 1 - a Significant SSO means a SSO backup that is not caused by a private lateral obstruction or problem that:
(a) affects 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 - a 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

How many Class 1 SSOs were there in Calendar year 2025?

none

How many Class 2 SSOs were there in Calendar year 2025?

None

Please indicate what caused the SSO(s) in the previous 2 questions.

NA

Please specify whether the SSOs were caused by contract or tributary community, etc.

NA

Part III: NEW DEVELOPMENT

Please answer the following questions regarding NEW DEVELOPMENT.

Did an industry or other development enter the community or expand production in the past two years, such that flow or wastewater loadings to the sewerage system increased by 10% or more?

Yes

No

Are new developments (industrial, commercial, or residential) anticipated in the next 2 - 3 years that will increase flow or BOD5 loadings to the sewerage system by 25% or more?

Yes

No

What is the number of new commercial/industrial connections in 2025?

0

What is the number of new residential sewer connections added in 2025?

18

How many equivalent residential connections are served?

1294

Part IV: OPERATOR CERTIFICATION

Please answer the following questions regarding OPERATOR CERTIFICATION.

How many collection system operators do you employ?

1

What is the approximate population served?

5176

State of Utah Administrative Rules requires all public system operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at leaset at the Facility's Grade. List the designated Chief Operator/DRC for the Collection System by: First and Last Name, Grade, and email.

Grades: SLS17-1, Grade I, Grade II, Grade III, and Grade IV.

Jerry Clark Grade 2

Please list all other wastewater collection system operators with DRC responsibilities in the field, by name and certification grade. Please separate names and certification grade for each operator by commas.

Grades: SLS17-1, Grade I, Grade II, Grade III, and Grade IV.

Jerry Clark Grade 2

Please list all other wastewater collection system operators by name and certification grade. Please separate names and certification grades for each operator by commas.

Grades: SLS17-1, Grade I, Grade II, Grade III, and Grade IV.

Is/are your collection DRC operator(s) currently certified at the appropriate grade for this facility?

Yes

No

Part V: FACILITY MAINTENANCE

Please answer the following questions regarding FACILITY MAINTENANCE.

Have you implemented a preventative maintenance program for your collection system?

Yes

No

Have you updated the collection system operations and maintenance manual within the past 5 years?

Yes

No

Do you have a written emergency response plan for sewer systems?

Yes

No

Do you have a written safety plan for sewer systems?

Yes

No

Is the entire collections system TV inspected at least every 5 years?

Yes

No

Is at least 85% of the collections system mapped in GIS?

Yes

No

Part VI: SSMP EVALUATION

Please answer the following questions regarding SSMP EVALUATION.

Have you completed a Sewer System Management Plan (SSMP)?

Yes

No

Has the SSMP been adopted by the permittees governing body at a public meeting?

Yes

No

Has the completed SSMP been public noticed?

Yes

No

When will the USMP be Public Noticed?

MM

/

DD

/

YYYY

During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan?

Yes

No

What adjustments were made to the SSMP (i.e. line cleaning, CCTV inspections, manhole inspections, and/or SSO events)?

S&L rat manhole inspections

During 2025, was any part of the SSMP audited as part of the five year audit?

Yes

No

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

Have you completed a System Evaluation and Capacity Assurance Plan (SECAP) as defined by the Utah Sewer Management Plan?

Yes

No

Does the collection system have more than 2,000 connections?

Yes

No

Has a fats, oil, and grease (FOG) or fats, oil, sand, and grease program been developed by the collection system?

Yes

No

Part VII: NARRATIVE EVALUATION

Please answer the following questions regarding NARRATIVE EVALUATION.

Describe the physical condition of the sewerage system: (lift stations, etc. included)

Gravity fed system

What sewerage system capital improvements does the utility need to implement in the next 10 years?

replacement due to aging infrastructure

What sewerage system problems, other than plugging, have you had over the last year?

none

Is your utility currently preparing or updating its capital facilities plan?

Yes

No

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

100%

Partially

Does not pay

Is there a written policy regarding continued education and training for wastewater operators?

Yes

No

Do you have any additional comments?

To the best of my knowledge, the Collections System section is completed and accurate

True

False

You have either just completed or just bypassed questions about a Collection System. If this section was bypassed by mistake, in the next question you will have the option to return to the questions on a Collection System. If you are good with the progress up to now, next you will determine what kind of Wastewater Treatment you have, or you can choose NO Wastewater Treatment.

What kind of wastewater treatment do you have in your wastewater treatment system?

Mechanical Plant

Discharging Lagoon

Non-Discharging Lagoon

No Treatment of Wastewater

Collections (go back to Collections)

Form completed by [name]?

The person completing this form may receive Continuing Education Units (CEUs).

Part I: INFLUENT INFORMATION

Please answer the following questions regarding INFLUENT INFORMATION.

What is the design basis or rated capacity for average daily flow in MGD?

What is the design basis or rated capacity for average daily BOD loading in lb/day?

What is the design basis or rated capacity for average daily TSS loading in lb/day?

What was the 2025 average daily flow in MGD?

What was the 2025 average daily loading for BOD in lb/day?

What was the 2025 average daily loading for TSS in lb/day?

What is the percent of capacity used by the 2025 average daily flow?

What is the percent of capacity used by the 2025 average daily BOD load?

What is the percent of capacity used by the 2025 average daily TSS?

Part II: EFFLUENT INFORMATION

Please answer the following questions regarding EFFLUENT INFORMATION.

How many Notices of Violations (NOVs) did you receive for this facility in 2025?

How many days in the past year was there a bypass or overflow of wastewater at the facility due to high flows?

Part III: FACILITY AGE

Please answer the following questions regarding FACILITY AGE.

In what year was your HEADWORKS evaluated?

In what year was your HEADWORKS most recently constructed, upgraded, or renewed?

What is the age of your HEADWORKS?

In what year was your PRIMARY TREATMENT evaluated?

In what year was your PRIMARY TREATMENT constructed, upgraded or renewed?

What is the age of your PRIMARY TREATMENT?

In what year was your SECONDARY TREATMENT evaluated?

In what year was your SECONDARY TREATMENT constructed, upgraded or renewed?

What is the age of your SECONDARY TREATMENT?

In what year was your TERTIARY TREATMENT evaluated?

In what year was your TERTIARY TREATMENT constructed, upgraded or renewed?

What is the age of your TERTIARY TREATMENT?

In what year was your DISINFECTION evaluated?

In what year was your DISINFECTION constructed, upgraded or renewed?

What is the age of your DISINFECTION?

In what year was your SOLIDS HANDLING evaluated?

In what year was your SOLIDS HANDLING constructed, upgraded or renewed?

What is the age of your SOLIDS HANDLING?

In what year was your LAND APPLICATION/DISPOSAL evaluated?

In what year was your LAND APPLICATION/DISPOSAL constructed, upgraded or renewed?

What is the age of your LAND APPLICATION/DISPOSAL?

Part IV: DISCHARGES

Please answer the following questions regarding DISCHARGES.

How many days in the last year was there a bypass or overflow of wastewater at the facility due to equipment failure?

Part V: BIOSOLIDS HANDLING

Please answer the following questions regarding BIOSOLIDS HANDLING.

Biosolids disposal (check all that apply)

- Landfill
- Land Application
- Give Away/Other Distribution

Part VI: NEW DEVELOPMENT

Please answer the following questions regarding NEW DEVELOPMENT.

Number of new commercial/industrial connections in the last year?

Number of new residential sewer connectins added in the last year?

Equivalent residential connections served?

Part VII: OPERATOR CERTIFICATION

How many treatment system operators do you employ?

State of Utah Administrative Rules requires all public system operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at least at the Facility's Grade. List the designated Chief Operator/DRC for the Treatment System by: First and Last Name, Grade, and email.
Grades: SLS17-1, Grade I, Grade II, Grade III, and Grade IV.

Please list all other wastewater treatment system operators with DRC responsibilities in the field, by name and certification grade. Please separate names and certification grade for each operator by commas.
Grades: SLS17-1, Grade I, Grade II, Grade III, and Grade IV.

Please list all other wastewater treatment operators by name and certification grade. Please separate names and certification grades for each operator by commas.
Grades: SLS17-1, Grade I, Grade II, Grade III, and Grade IV.

Is/are your DRC operator(s) currently certified at the appropriate grade for this facility?

Yes

No

Part VIII: FACILITY MAINTENANCE

Please answer the following questions regarding FACILITY MAINTENANCE.

Have you implemented a written preventative maintenance program for your treatment system?

Yes

No

Have you updated the treatment system operations and maintenance manual within the past 5 years?

Yes

No

Please identify (below) the types of treatment equipment and processes installed at your facility.
Indicate as many as you need.

Screens

Grit Removal

Primary Clarifier

Imhoff Tanks

Fixed Film Reactor

Activated Sludge

Aerobic Suspended Growth Variations

Anaerobic Suspended Growth Variations

Physical-Chemical Systems for Organic Removal w/o Secondary Treatment

Physical-Chemical Systems for Organic Rimoval Following Secondary Treatment

Membrane Filtration

Suspended-Growth Nitrification and Denitrification

Air Stripping

Phosphorus Removal - Chemical

Phosphorus Removal - Biological

Ion Exchange

Reverse Osmosis

Media Filtration

Dissolved Air Flotation

Micro Screens

Chlorine Disinfection

UV Disinfection

Effluent Use/Reuse

To the best of my knowledge, the Mechanical Plant section is comleted and accurate.

True

False

I have reviewed this report and to the best of my knowledge the information provided in this report is correct. *

True

False

Has this been adopted by the City Council or District Board? *

yes

No

What date will it be presented to the City Council or District Board? *

MM

07

/

DD

14

28

/
YYYY

2026

This is the end of the survey. Please make sure you have submitted your responses for each section. Thank you for your participation.

Also, if you want a copy of your response to this survey you must click the button immediately below and you must do it before you submit the survey.