

# STATE OF UTAH

## *MUNICIPAL WASTEWATER PLANNING PROGRAM*

### SELF-ASSESSMENT REPORT

FOR

SOUTH SALT LAKE

2015



UTAH DEPARTMENT *of*  
ENVIRONMENTAL QUALITY

**WATER  
QUALITY**



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

**MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION**

RESOLVED that **SOUTH SALT LAKE** informs the Water Quality Board the following actions were taken by the **CITY COUNCIL**

1. Reviewed the attached Municipal Wastewater Planning Program Report for 2015.
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: *SOUTH SALT LAKE*

Name and Title of Financial Contact Person:

Corby J Talbot

Wastewater Division Manager

Phone: (801) 412-3235

E-mail: ctalbot@sslc.com

**PLEASE SUBMIT TO STATE BY: March 1, 2016**

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, Marsha Case. 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 <u>at this time</u> ?	YES = 0 points NO = 25 points	25
Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for the <u>next five years</u> ?	YES = 0 points NO = 25 points	0
Does the facility have sufficient staff to ensure proper O&M?	YES = 0 points NO = 25 points	0
Has a dedicated sinking fund been established to provide for repair & replacement costs?	YES = 0 points NO = 25 points	0
Is the repair & replacement sinking fund adequate to meet anticipated needs?	YES = 0 points NO = 25 points	25
TOTAL PART I =		50

## 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 <u>next five years</u> ?	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <u>next ten years</u> ?	YES = 0 points NO = 25 points	25
Are projected funding sources sufficient to cover all projected capital improvement costs for the <u>next twenty years</u> ?	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	0
TOTAL PART II =		75



### 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	N/A
<b>TOTAL PART III =</b>		<b>0</b>

### Part IV: PROJECTED NEEDS

Estimate as best you can the following:

Cost of projected capital improvements (in thousands)	2016	2017	2018	2019	2020
	530,000	600,000	700,000	700,000	700,000

### 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	50
II	75
III	0
Total	125



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

Owner Name: SOUTH SALT LAKE

Name and Title of Contact Person:

Corby J Talbot

Wastewater Division Manager

Phone: (801) 412-3235

E-mail: ctalbot@sslc.com

**PLEASE SUBMIT TO STATE BY: March 1, 2016**

Mail to: MWPP - Department of Environmental Quality  
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Salt Lake City, Utah 84114-4870  
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Form completed by

Corby J Talbot

## Part I: SYSTEM AGE

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

Year 1939

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

Oldest part 76 years

## Part II: BYPASSES

- A. Please complete the following table:

Question	Number	Points Earned	Total Points
How many days last year was there a bypass, overflow or basement flooding by untreated wastewater in the system due to rain or snowmelt?		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 last year was there a bypass, overflow or basement flooding by untreated wastewater due to equipment failure? (except plugged laterals)		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
TOTAL PART II =			0

- B. The Utah Sewer Management Program defines sanitary sewer overflows into two classes. Below include the number of SSOs that occurred in 2015:

Number of Class 1 SSOs in Calendar year 2015 0

Number of Class 2 SSOs in Calendar year 2015 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* – 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.

**Part II: BYPASSES (cont.)**

- C. Please specify whether the SSOs were caused a contract or tributary community, etc.

08.18.2015; 2025 s 900 w, SSLC,UT - Large obstruction in lateral that caused a backup. A contractor removed obstruction.

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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
TOTAL PART III =		0

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

2328 new residential connections

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

1037 new commercial/industrial connections

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

6 new people served



#### Part IV: OPERATOR CERTIFICATION

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

2 collection system operators employed

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

Corby Talbot

Tory Laws

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

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

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.

Not Certified \_\_\_\_\_

Small Lagoons \_\_\_\_\_

Collection I \_\_\_\_\_

Collection II ☒ Tory Laws/Corby Talbot

Collection III \_\_\_\_\_

Collection IV ☒ Corby Talbot

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)	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> 3 or more = 0 points less than 3 = 10 points	0
TOTAL PART IV =		0

## 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	20
TOTAL PART V =		20

## 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 ✓ September 11, 2015
- 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 \_\_\_\_\_ If yes ✓ what components of the plan were changed (i.e. line cleaning, CCTV inspections and manhole inspections and/or SSO events)  
Line cleaning needs to be performed more frequently.



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

E. During 2015 was any part 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes X 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.

Program	Population				
	< 2,000	2,000 - 3,500	3,501 – 15,000	15,001 – 50,000	> 50,000
SSMP	3-31-16	3-31-16	9-30-15	3-31-15	9-30-14
SECAP	Optional	9-30-17	9-30-16	3-31-16	9-30-15

**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 evaluate 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 fine and imprisonment for knowing violations.

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

Corby J Talbot  
Print Name of Signatory Official

2016  
Date

Wastewater Division Manager/SSLC  
Title

The signatory official is the person authorized to sign permit documents, 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)

60% Clay Pipe - In Fair Condition

40% Plastic Pipe - In Good Condition

3 Pump Stations - All in Fair/Good Condition

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

Several spot improvements and some capacity improvements that will be completed over the next 10 years based upon results of the Master Plan and redevelopment projects.

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

N/A

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

We work with the Community Development Dept. to see what new City development there is and how that impacts the capacity of our sewer system and make upgrades as suggested.

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

ALWAYS   X   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 X NO

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run 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 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	20
Total	20