

**RESOLUTION NO. R- -2016**

**A RESOLUTION OF THE CITY COUNCIL OF  
EAGLE MOUNTAIN CITY, UTAH,  
REGARDING THE MUNICIPAL WASTEWATER PLANNING PROGRAM**

NOW THEREFORE, be it resolved that the City Council of Eagle Mountain City, Utah informs the Water Quality Board that the following actions were taken by the City Council:

1. Reviewed the Municipal Wastewater Planning Program Reports for 2014 and 2015, attached as Exhibit A and incorporated herein by this reference.
2. Have taken all the appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (if applicable).

ADOPTED by the City Council of Eagle Mountain, Utah, this 5<sup>th</sup> day of April, 2016.

Eagle Mountain City, Utah

ATTEST:

\_\_\_\_\_  
Chris Pengra, Mayor

\_\_\_\_\_  
Fionnuala B. Kofoed, MMC  
City Recorder

## CERTIFICATION

The above Resolution was adopted by the City Council of Eagle Mountain City on the 5<sup>th</sup> day of April, 2016.

Those voting aye:

- Adam Bradley
- Colby Curtis
- Stephanie Gricius
- Benjamin Reaves
- Tom Westmoreland

Those voting nay:

- Adam Bradley
- Colby Curtis
- Stephanie Gricius
- Benjamin Reaves
- Tom Westmoreland

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Fionnuala B. Kofoed, MMC  
City Recorder

# EXHIBIT A

# STATE OF UTAH

## *MUNICIPAL WASTEWATER PLANNING PROGRAM*

### SELF-ASSESSMENT REPORT

FOR

EAGLE MOUNTAIN

2014





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

**MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION**

RESOLVED that **EAGLE MOUNTAIN** 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: *EAGLE MOUNTAIN*

Name and Title of Financial Contact Person:

*Mack Straw  
Public Utilities Manager*

Phone: *801-789-6678*

E-mail: *mstraw@emcity.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 Cantón. 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	0
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	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	0
<b>TOTAL PART I =</b>		0

## 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	0
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	0
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	0
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	0
Has a dedicated sinking fund been established to provide for future capital improvements?	YES = 0 points NO = 25 points	0
<b>TOTAL PART II =</b>		0

**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>		0

**Part IV: PROJECTED NEEDS**

Estimate as best you can the following:

Cost of projected capital improvements (in thousands)	2015	2016	2017	2018	2019
	220,000	220,000	480,000	3.21 mil.	2. mil.

**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	0
II	0
III	0
Total	0

# Municipal Wastewater Planning Program (MWPP) Collection System Section

Owner Name: EAGLE MOUNTAIN

Name and Title of Contact Person:

Mack Straw  
Public Utilities Manager

Phone: 801-789-6678

E-mail: mstraw@emcity.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

Form completed by

Jeff Weber

**Part I: SYSTEM AGE**

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

Year 1997

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

Oldest part 18 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?	<u>0</u>	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	<u>0</u>
How many days last year was there a bypass, overflow or basement flooding by untreated wastewater due to equipment failure? (except plugged laterals)	<u>0</u>	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	<u>0</u>
<b>TOTAL PART II =</b>			<u>0</u>

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 0

*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.

N/A

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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	<u>0</u>
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	<u>0</u>
<b>TOTAL PART III =</b>		<u>0</u>

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

394 new residential connections

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

1 new commercial/industrial connections

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

1500 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)?

Matt Goodrich  
Chris Harward

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

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

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

Not Certified Matt Mortensen  
 Small Lagoons \_\_\_\_\_  
 Collection I \_\_\_\_\_  
 Collection II Brody Kinder  
 Collection III \_\_\_\_\_  
 Collection IV Matt Goodrich / Chris Harward

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	<u>0</u>
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	<u>0</u>
<b>TOTAL PART IV =</b>		<u>0</u>

**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>		0

**Part VI: SSMP EVALUATION**

- A. Has your system completed its Sewer System Management Plan (SSMP)?  
 Yes \_\_\_\_\_ NO X
- B. If the SSMP has been completed then has the SSMP been public noticed?  
 No X Yes, included date of public notice \_\_\_\_\_
- C. Has the SSMP been approved by the permittee's governing body at a public meeting?  
 Yes \_\_\_\_\_ NO X
- D. During the annual assessment of the operation and maintenance plan were any adjustments needed based on the performance of the plan?  
 No N/A If yes, what components of the plan were changed (i.e. line cleaning, CCTV inspections and manhole inspections and/or SSO events)

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

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

No N/A

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

We need to get one

\_\_\_\_\_

\_\_\_\_\_

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

Yes \_\_\_\_\_ NO X

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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)

The Collection system is in good condition. We were able to get rid of our Ranches Liftstation. Our Lone Tree lift station is still up and running.

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

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

Pumps in lift station

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

No

- 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 %



# Municipal Wastewater Planning Program (MWPP) Mechanical Plant Section

Owner Name: *EAGLE MOUNTAIN*

Name and Title of Contact Person:

*Mack Straw  
Public Utilities Manager*

Phone: *801-789-6678*

E-mail: *mstraw@emcity.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

Form completed by

*Jeff Weber*

## 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	1.2 MGD	2102 lbs/Day	
90% of the Design Criteria	1.08 MGD	1892 lbs/day	

- 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)).

Month	(1) Average Monthly Flow (MGD)	(2) Average Monthly BOD <sub>5</sub> Concentration (mg/L)	(3) Average BOD <sub>5</sub> Loading (lbs/day) 1	(4) Average Monthly TSS Concentration (mg/L)	(5) Average TSS Loading (lbs/day) 2
January	.360	190 mg/L	570	203	609
February	.371	179 mg/L	554	224	693
March	.365	194 mg/L	591	269	819
April	.362	253 mg/L	764	352	1063
May	.357	239 mg/L	712	329	980
June	.350	229 mg/L	668	317	925
July	.352	239 mg/L	702	347	1019
August	.376	278 mg/L	872	396	1242
September	.387	244 mg/L	788	370	1194
October	.373	282 mg/L	877	339	1055
November	.382	234 mg/L	745	301	959
December	.380	310 mg/L	982	448	1420
Average	.368	239 mg/L	735	325	997

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

2 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>			0

## 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, or E-Coli produced by your facility during 2014.

Month	(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	3	5	N/A	N/A	N/A	N/A	1.9	48
February	2	4					1.9	46
March	2	4					1.9	46
April	4	5					1.9	46
May	3	9					1.9	48
June	3	14					1.9	38
July	5	13					1.9	41
August	3	23					1.9	52
September	4	25					1.9	50
October	3	10					1.9	60
November	3	14					1.9	59
December	4	7					1.9	44
Average	3	11					1.9	48

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	N/A	N/A	N/A	N/A
80% of the Permit Limit	N/A	N/A	N/A	N/A

**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?	2	0 - 1 = 0 points 2 = 5 points 3 = 10 points 4 = 15 points 5 or more = 20 points	5
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 C <sub>2</sub> exceed permit limit?	0	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	0
How many times did the NH <sub>6</sub> exceed permit limits?	0	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	0
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 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many months did the 30-day total coliform exceed 2,000 #/100 mL?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many months did the 30-day E-coli exceed 126 #/100 mL?	0	0 = 0 points 1 - 2 = 20 points 3 or more = 40 points	0
<b>TOTAL PART II =</b>			<b>5</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	2010	4
Primary Treatment	2014	2010	4
Secondary Treatment	2014	2010	4
Solids Handling	2014	2010	4
Disinfection	2014	2010	4
<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?	<del>0</del>	0 = 0 points 1 = 5 points 2 = 10 points 3 = 15 points 4 = 20 points 5 or more = 25 points	<del>0</del>
How many days in the last year was there a bypass or overflow of untreated wastewater due to equipment failure?	<del>0</del>	0 = 0 points 1 = 5 points 2 = 10 points 3 = 15 points 4 = 20 points 5 or more = 25 points	<del>0</del>
<b>TOTAL PART IV =</b>			<del>0</del>

**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 B = 50 points	0
Land Application	Site Life 0 - 5 years = 20 points 5 - 10 years = 10 points 10+ years = 0 points	0
Give Away/Distribution and Marketing	Class A = 10 points Class B = 20 points	0
<b>TOTAL PART V =</b>		0

**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	0
Have you experienced any upset due to septage haulers?	No = 0 points Yes = 10 points	0
<b>TOTAL PART VI =</b>		0

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

- B. Approximate number of new residential sewer connections in the last year  
394 new residential connections
- C. Approximate number of new commercial/industrial connections in the last year  
1 new commercial/industrial connections
- D. Approximate number of new population serviced in the last year  
1500 new people served

**Part VII: OPERATOR CERTIFICATION**

- A. How many operators are currently employed by your facility?  
4 operator(s) employed
- B. What is/are the name(s) of your DRC operator(s)?  
Matt Goodrich  
Chris Harward  
\_\_\_\_\_  
\_\_\_\_\_
- C. You are required to have the treatment DRC operator(s) certified at GRADE III.  
What is the current grade of the DRC operator(s)? III

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

Not Certified	_____
Treatment I	<u>Matt Mortensen</u>
Treatment II	<u>Brody Kinder</u>
Treatment III	_____
Treatment IV	<u>Matt Goodrich / Chris Harward</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	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 VII =</b>		0

**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>		0

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?

  Solids handling System    
  Likely a screw press system  

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

YES            NO   X  

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

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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   %



## 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	5
III	20
IV	0
V	0
VI	0
VII	0
VIII	0
Total	25

# STATE OF UTAH

## *MUNICIPAL WASTEWATER PLANNING PROGRAM*

### SELF-ASSESSMENT REPORT

FOR

EAGLE MOUNTAIN

2015



UTAH DEPARTMENT *of*  
ENVIRONMENTAL QUALITY

**WATER  
QUALITY**



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

**MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION**

RESOLVED that **EAGLE MOUNTAIN** 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: *EAGLE MOUNTAIN*

Name and Title of Financial Contact Person:

*Mack Straw*

*Public Utilities Manager*

Phone: *801-789-6678*

E-mail: *mstraw@emcity.org*

**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 <b><i>at this time?</i></b>	YES = 0 points NO = 25 points	0
Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for the <b><i>next five years?</i></b>	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	0
<b>TOTAL PART I =</b>		0

## 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	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><i>next five years?</i></b>	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><i>next ten years?</i></b>	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><i>next twenty years?</i></b>	YES = 0 points NO = 25 points	0
Has a dedicated sinking fund been established to provide for future capital improvements?	YES = 0 points NO = 25 points	0
<b>TOTAL PART II =</b>		0

**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>		0

**Part IV: PROJECTED NEEDS**

Estimate as best you can the following:

Cost of projected capital improvements (in thousands)	2016	2017	2018	2019	2020
	220,000	440,000	3.21 mil.	2. mil.	2. mil.

**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	0
II	0
III	0
Total	0

# Municipal Wastewater Planning Program (MWPP) Collection System Section

Owner Name: EAGLE MOUNTAIN

Name and Title of Contact Person:

Mark Straw

Public Utilities Manager

Phone: 801-789-6678

E-mail: mstraw@emcity.org

**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

Form completed by

Matt Goodrich

**Part I: SYSTEM AGE**

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

Year 1997

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

Oldest part 19 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
<b>TOTAL PART II =</b>			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 0

*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.

NA

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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>		0

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

434 new residential connections

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

16 new commercial/industrial connections

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

1814 new people served

**Part IV: OPERATOR CERTIFICATION**

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

3 collection system operators employed

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

Matt Goodrich

Chris Harward

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

What is the current grade of the DRC operator(s)? 4

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 Brody Kinder

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

Collection IV Matt Goodrich  
Chris Harward

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>		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	0
<b>TOTAL PART V =</b>		0

**Part VI: SSMP EVALUATION**

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

Yes \_\_\_\_\_ NO X

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

No X Yes, included date of public notice \_\_\_\_\_

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

Yes \_\_\_\_\_ NO X

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

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

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

E. During 2015 was any part of the SSMP audited as part of the five year audit?

No N/A

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

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

Yes \_\_\_\_\_ NO X

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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)

Our sewer collection system is doing good. We have very little inflow and infiltration

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

New Sewer lines in residential and Commercial development

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

No Problems

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

We are in the Process of designing a force Main coming from the White Hills Sewer District to the Eagle Mountain Wastewater Plant

- 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 %



# Municipal Wastewater Planning Program (MWPP) Mechanical Plant Section

Owner Name: *EAGLE MOUNTAIN*

Name and Title of Contact Person:

*Mark Straw*

*Public Utilities Manager*

Phone:

*801-789-6678*

E-mail:

*mstraw@emcity.org*

**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

Form completed by

*Matt Goodrich*

**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	1.2 MGD	2102 lbs/day	
90% of the Design Criteria	1.08 MGD	1892 lbs/day	

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 2015. (Calculate the BOD<sub>5</sub> and TSS loadings in pounds per day (lbs/day)).

Month	(1) Average Monthly Flow (MGD)	(2) Average Monthly BOD <sub>5</sub> Concentration (mg/L)	(3) Average BOD <sub>5</sub> Loading (lbs/day) 1	(4) Average Monthly TSS Concentration (mg/L)	(5) Average TSS Loading (lbs/day) 2
January	.371	242	749	431	1334
February	.376	330	1035	472	1480
March	.377	399	1255	501	1575
April	.359	236	707	132	395
May	.383	213	680	286	914
June	.351	194	568	301	881
July	.353	172	506	186	548
August	.375	174	544	243	760
September	.382	177	564	250	796
October	.386	157	505	207	666
November	.397	194	642	225	745
December	.405	282	953	458	1547
Average	.376	231	724	308	966

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

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

## 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, or E-Coli produced by your facility during 2015.

Month	(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	3	5	NA	NA	NA	NA	1.9	.5
February	6	10	↓	↓	↓	↓	1.9	.5
March	6	10					1.9	.5
April	4	7					1.9	.5
May	3	6					1.9	.5
June	2	6					1.9	.5
July	2	8					1.9	.6
August	2	6					1.9	.5
September	2	6					1.9	.5
October	2	11					1.9	.5
November	3	13					1.9	.5
December	5	11					1.9	.5
Average	3	8					↓	↓

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	NA	NA	NA	NA
80% of the Permit Limit	NA	NA	NA	NA

**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?	Ø	0 - 1 = 0 points 2 = 5 points 3 = 10 points 4 = 15 points 5 or more = 20 points	Ø
How many months did the effluent BOD <sub>5</sub> (CBOD <sub>5</sub> ) exceed the monthly permit limits?	Ø	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	Ø
How many months did the effluent TSS exceed 20 mg/L?	Ø	0 - 1 = 0 points 2 = 5 points 3 = 10 points 4 = 15 points 5 or more = 20 points	Ø
How many months did the effluent TSS exceed 25 mg/L?	Ø	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	Ø
How many times did the Cl <sub>2</sub> exceed permit limit?	Ø	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	Ø
How many times did the NH <sub>3</sub> exceed permit limits?	Ø	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	Ø
How many times did the DO not meet permit limit?	Ø	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	Ø
How many months did the 30-day fecal coliform exceed 200 #/100 mL?	Ø	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	Ø
How many months did the 30-day total coliform exceed 2,000 #/100 mL?	Ø	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	Ø
How many months did the 30-day E-coli exceed 126 #/100 mL?	Ø	0 = 0 points 1 - 2 = 20 points 3 or more = 40 points	Ø
<b>TOTAL PART II =</b>			Ø

**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 2015.

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	2015	2010	5
Primary Treatment	2015	2010	5
Secondary Treatment	2015	2010	5
Solids Handling	2015	2010	5
Disinfection	2015	2010	5
<b>TOTAL PART III (not greater than 20) =</b>			<b>25</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?	0	0 = 0 points 1 = 5 points 2 = 10 points 3 = 15 points 4 = 20 points 5 or more = 25 points	0
<b>TOTAL PART IV =</b>			<b>0</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 B = 50 points	0
Land Application	Site Life 0 - 5 years = 20 points 5 - 10 years = 10 points 10+ years = 0 points	0
Give Away/Distribution and Marketing	Class A = 10 points Class B = 20 points	0
<b>TOTAL PART V =</b>		0

**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	0
Have you experienced any upset due to septage haulers?	No = 0 points Yes = 10 points	0
<b>TOTAL PART VI =</b>		0

Part VI: NEW DEVELOPMENT (cont.)

- B. Approximate number of new residential sewer connections in the last year  
434 new residential connections
- C. Approximate number of new commercial/industrial connections in the last year  
\_\_\_\_\_ new commercial/industrial connections
- D. Approximate number of new population serviced in the last year  
\_\_\_\_\_ new people served

Part VII: OPERATOR CERTIFICATION

- A. How many operators are currently employed by your facility?  
3 operator(s) employed
- B. What is/are the name(s) of your DRC operator(s)?  
Matt Goodrich  
Chris Harward  
\_\_\_\_\_  
\_\_\_\_\_
- C. You are required to have the treatment DRC operator(s) certified at **GRADE III**.  
What is the current grade of the DRC operator(s)? 4
- D. State of Utah Administrative Rules Require that all operators considered to be in DRC to be appropriately certified. List all the operators in your system by their certification class.

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

Treatment I \_\_\_\_\_

Treatment II Brody Kinder

Treatment III \_\_\_\_\_

Treatment IV Matt Goodrich, Chris Harward

**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	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 VII =</b>		0

**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>		0

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  NO

If NOT, why?

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

Solids Handling System

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- C. Where there any backups into basements at any point in the collection system in 2015.

YES  NO

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

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

ALWAYS  SOMETIMES  NO

If so, what percentage do they pay?

approximately 100 %



## 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	0
III	25
IV	0
V	0
VI	0
VII	0
VIII	0
Total	25