

*Municipal Wastewater Planning Program (MWPP)*  
*Annual Report*  
*for the year ending 2022*  
**PAYSON CITY**

Thank you for filling out the requested information. Please let DWQ know when it is approved by the Council.

**Please download a copy of your form by clicking "Download PDF" below.**

Below is a summary of your responses

[Download PDF](#)

**SUBMIT BY APRIL 15, 2023**

Are you the person responsible for completing this report for your organization?

☒ **Yes**

☐ **No**

This is the current information recorded for your facility:

<b>Facility Name:</b>	PAYSON CITY
<b>Contact - First Name:</b>	Travis
<b>Contact - Last Name:</b>	Jockumsen
<b>Contact - Title</b>	Public Works Director
<b>Contact - Email:</b>	

Contact - Phone:	
Contact - Email:	travisj@payson.org

Is this information above complete and correct?

☐ Yes

☒ No

Please enter in the correct information

**WARNING:** If you change Facility Name, you will no longer have access to this form upon clicking Save & Continue. DWQ will resend link with updated Facility Name to person indicated below.

Facility Name

PAYSON CITY

Contact - First Name

Travis

Contact - Last  
Name

Jockumsen

Contact Person's Title

Public Works Director

Phone

801-465-5235

Email

travisj@payson.org

Your wastewater system is described as Collection, Mechanical Treatment & Financial:

**Classification:** COLLECTION

**Grade:** III

(if applicable)

**Classification:** TREATMENT

**Grade: IV**

Is this correct?

**WARNING:** If you select 'no', you will no longer have access to this form upon clicking Save & Continue. DWQ will update the information and contact you again.

☒ **Yes**

☐ No

Click on a link below to view a previous year's examples of sections in the survey:

(Your wastewater system is described as Collection, Mechanical Treatment & Financial)

[MWPP Collection System.pdf](#)

[MWPP Discharging Lagoon.pdf](#)

[MWPP Financial Evaluation.pdf](#)

[MWPP Mechanical Plant.pdf](#)

[MWPP Non-Discharging Lagoon.pdf](#)

Will multiple people be required to fill out this form?

☐ Yes

☒ **No**

### *Financial Evaluation Section*

Form completed by:

Travis Jockumsen

Yes

No

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

☒☐

Yes

No

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

☒☐

Are Debt Service Reserve Fund<sup>6</sup> requirements being met?

☒☐

What was the annual average User Charge<sup>16</sup> for 2022?

682

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

☐ Yes

☒ No

## Part II: OPERATING REVENUES AND RESERVES

Yes

No

Are property taxes or other assessments applied to the sewer systems<sup>15</sup>?

☐☒

Yes

No

Are sewer revenues<sup>14</sup> sufficient to cover

Are sewer revenues sufficient to cover operations & maintenance costs <sup>9</sup> , and repair & replacement costs <sup>12</sup> (OM&R) at this time?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Are projected sewer revenues sufficient to cover OM&R costs for the <i>next five years</i> ?	<input checked="" type="radio"/>	<input type="radio"/>
Does the sewer system have sufficient staff to provide proper OM&R?	<input checked="" type="radio"/>	<input type="radio"/>
Has a repair and replacement sinking fund <sup>13</sup> been established for the sewer system?	<input type="radio"/>	<input checked="" type="radio"/>
Is the repair & replacement sinking fund sufficient to meet anticipated needs?	<input type="radio"/>	<input checked="" type="radio"/>

## Part III: CAPITAL IMPROVEMENTS REVENUES AND RESERVES

	Yes	No
Are sewer revenues sufficient to cover all costs of current capital improvements <sup>3</sup> projects?	<input type="radio"/>	<input checked="" type="radio"/>
Has a Capital Improvements Reserve Fund <sup>4</sup> been established to provide for anticipated capital improvement projects?	<input type="radio"/>	<input checked="" type="radio"/>
Are projected Capital Improvements Reserve Funds sufficient for the <i>next five years</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
Are projected Capital Improvements Reserve Funds sufficient for the <i>next ten years</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
Are projected Capital Improvements Reserve Funds sufficient for the <i>next twenty years</i> ?	<input type="radio"/>	<input checked="" type="radio"/>

## Part IV: FISCAL SUSTAINABILITY REVIEW

	Yes	No
Have you completed a Rate Study <sup>11</sup> within the last five years?	<input checked="" type="radio"/>	<input type="radio"/>

last five years?

Yes

No

Do you charge Impact fees<sup>8</sup>?

☒☐

2022 Impact Fee (if not a flat fee, use average of all collected fees) =

\$2,177.45 per ERC

Yes

No

Have you completed an Impact Fee Study in accordance with UCA 11-36a-3 within the last five years?

☒☐

Do you maintain a Plan of Operations<sup>10</sup>?

☐☒

Have you updated your Capital Facility Plan<sup>2</sup> within the last five years?

☒☐

Yes

No

Do you use an Asset Management<sup>1</sup> system for your sewer systems?

☐☒

Yes

No

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

☒☐

2022 Replacement Cost =

\$175,000,000

Yes

No

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



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



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

## Part V: PROJECTED CAPITAL INVESTMENT COSTS

### Cost of projected capital improvements

	Cost	Purpose of Improvements		
	Please enter a valid numerical value	Replace/Restore	New Technology	Increase Capacity
2023	30,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2023 thru 2027	40,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2028 thru 2032	5,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2033 thru 2037		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2038 thru 2042		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is the end of the Financial questions

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

☒ **Yes**

## *Collections System Section*

Form completed by:

May Receive Continuing Education /units (CEUs)

Joseph Jamison

### Part I: SYSTEM DESCRIPTION

What is the largest diameter pipe in the collection system (diameter in inches)?

36

What is the average depth of the collection system (in feet)?

10

What is the total length of sewer pipe in the system (length in miles)?

555031

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

2



What is the largest capacity lift/pump station in the collection system (design capacity in gallons per minute)?

940

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 (approximately)?

1960

In what year was the largest diameter sewer pipe in the collection system constructed, replaced or renewed? (If more than one, cite the oldest)

2019

## PART II: DISCHARGES

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

0

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

0

The Utah Sewer Management Program defines two classes of sanitary sewer overflows (SSOs):

**Class 1**– a Significant SSO means a SSO or 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.

Below include the number of SSOs that occurred in year: 2022

Number

Number of Class 1 SSOs in Calendar year

0

Number of Class 2 SSOs in Calendar year

0

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

N/A

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

N/A

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

Number of new commercial/industrial connections in the last year

25

Number of new residential sewer connections added in the last year

199

Equivalent residential connections<sup>7</sup> served

6426

## Part IV: OPERATOR CERTIFICATION

How many collection system operators do you employ?


2

## Approximate population served

22000

*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 Collection System below:

	Name First and Last Name	Grade	Email Please enter full email address
Chief Operator/DRC	Joseph Jamison	IV 	josephj@payson.org

List all other Collection System operators with DRC responsibilities in the field, by certification grade, separate names by commas:

	Name separate by comma
SLS <sup>17</sup> Grade I:	<input type="text"/>
Collection Grade I:	<input type="text"/>
Collection Grade II:	<input type="text"/>
Collection Grade III:	<input type="text"/>
Collection Grade IV:	<input type="text"/>

List all other Collection System operators by certification grade, separate names by commas:

	Name separate by comma
	<input type="text"/>

SLS <sup>17</sup> Grade I:	<input type="text" value="Name"/>
Collection Grade I:	<input type="text" value="separate by comma"/>
Collection Grade II:	<input type="text" value="Jeff Hiatt"/>
Collection Grade III:	<input type="text"/>
Collection Grade IV:	<input type="text" value="Joseph Jamison, Phillip Lundell"/>
No Current Collection Certification:	<input type="text"/>

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

☒ Yes

☐ No

## Part V: FACILITY MAINTENANCE

	Yes	No
Have you implemented a preventative maintenance program for your collection system?	<input checked="" type="radio"/>	<input type="radio"/>
Have you updated the collection system operations and maintenance manual within the past 5 years?	<input checked="" type="radio"/>	<input type="radio"/>
Do you have a written emergency response plan for sewer systems?	<input checked="" type="radio"/>	<input type="radio"/>
Do you have a written safety plan for sewer systems?	<input checked="" type="radio"/>	<input type="radio"/>
Is the entire collections system TV inspected at least every 5 years?	<input checked="" type="radio"/>	<input type="radio"/>
Is at least 85% of the collections system mapped in GIS?	<input checked="" type="radio"/>	<input type="radio"/>

## Part VI: SSMP EVALUATION

## Part VI: SSMP EVALUATION

	Yes	No
Has your system completed a Sewer System Management Plan (SSMP)?	<input checked="" type="radio"/>	<input type="radio"/>
Has the SSMP been adopted by the permittee's governing body at a public meeting?	<input checked="" type="radio"/>	<input type="radio"/>
Has the completed SSMP been public noticed?	<input type="radio"/>	<input checked="" type="radio"/>
During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan?	<input type="radio"/>	<input checked="" type="radio"/>

During 2022, was any part of the SSMP audited as part of the five year audit?

☐ Yes

☒ **No**

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

☒ **Yes**

☐ No

## Part VII: NARRATIVE EVALUATION

This section should be completed with the system operators.

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

Fair to poor. The collection system is great in newer areas but the older areas can use a lot of work and one of the lift stations is in poor repair.

use a lot of work and one of the lift stations is in poor repair.

What sewerage system capital improvements<sup>3</sup> does the utility need to implement in the next 10 years?

7,200 lf of 21" trunk line for capacity and hydrogen sulfide issues.

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<sup>2</sup>?

☐ Yes

☒ **No**

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

☒ **100% Covered**

☐ Partially cover

☐ Does not pay

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

☒ **Yes**

☐ No

Any additional comments?

None

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

☒ Yes

## *Mechanical Plant Section*

Form completed by:

May Receive Continuing Education /units (CEUs)

Tyler Lowe

## Part I: INFLUENT INFORMATION

Please provide the average influent flow rate and average influent BOD<sub>5</sub> and TSS loading rates listed below for your facility.

	Average Daily Flow (MGD)	Average Daily BOD <sub>5</sub> Load (lb/day)	Average Daily TSS Load (lb/day)
Design Basis or Rated Capacity	3	4400	2500
2022 Average	1.5	3423	21117

## Part II: EFFLUENT INFORMATION

How many Notices of Violation (NOVs) did you receive for this facility in the review year?

0



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

0

## Part III: FACILITY AGE

In what year were the following process units constructed, upgraded or renewed?

Note: If a unit process does not apply to your system enter the Evaluation Year under Construction or Upgrade Year.

	Evaluation Year	Construction or Upgrade Year	Age
Headworks	2022	2000	22
Primary Treatment	2022	2000	22
Secondary Treatment	2022	2000	22
Tertiary Treatment	2022	2000	22
Solids Handling	2022	2013	9
Disinfection	2022	2000	22
Land Application/Disposal	0	0	0

## PART IV: DISCHARGES

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

0

## PART V: BIOSOLIDS HANDLING

Biosolids Disposal (check all that apply)

Yes

No

Landfill

☒☐

Land Application

☐☒

Give Away/Other Distribution

☐☒

## Part VI: NEW DEVELOPMENT

Number of new commercial/industrial connections in the last year

25

Number of new residential sewer connections added in the last year

199

Equivalent residential connections<sup>7</sup> served

6426


## Part VII: OPERATOR CERTIFICATION

How many treatment system operators do you employ?

6

*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 Wastewater Treatment System below:

	Name First and Last Name	Grade	Email Please enter full email address
Chief Operator/DRC	Jeff Hiatt	IV 	jeffh@payson.org

List all other Wastewater Treatment System operators with DRC responsibilities in the field, by certification grade, separate names by commas:

	Name separate by comma
SLS <sup>17</sup> Grade I:	<input type="text"/>
Treatment Grade I:	<input type="text"/>
Treatment Grade II:	<input type="text"/>
Treatment Grade III:	<input type="text"/>
Treatment Grade IV:	Tyler Lowe, Jeff Hiatt

List all other Wastewater Treatment System operators by certification grade, separate names by commas:

	Name separate by comma
SLS <sup>17</sup> Grade I:	<input type="text"/>
Treatment Grade I:	<input type="text"/>
Treatment Grade II:	<input type="text"/>

Treatment Grade III:	Name
Treatment Grade IV:	separate by comma Brent Jones

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

☒ Yes

☐ No

## Part VIII: FACILITY MAINTENANCE

	Yes	No
Have you implemented a written preventative maintenance program for your treatment system?	<input checked="" type="radio"/>	<input type="radio"/>
Have you updated the treatment system operations and maintenance manual within the past 5 years?	<input checked="" type="radio"/>	<input type="radio"/>

Identify the types of treatment equipment and processes installed at your facility.

	Yes	No
Screens	<input checked="" type="radio"/>	<input type="radio"/>
Grit Removal	<input checked="" type="radio"/>	<input type="radio"/>
Primary Clarifiers	<input checked="" type="radio"/>	<input type="radio"/>
Imhoff Tanks	<input type="radio"/>	<input checked="" type="radio"/>
Fixed Film Reactor	<input type="radio"/>	<input checked="" type="radio"/>
Activated Sludge	<input checked="" type="radio"/>	<input type="radio"/>
Aerobic Suspend Growth Variations	<input type="radio"/>	<input checked="" type="radio"/>

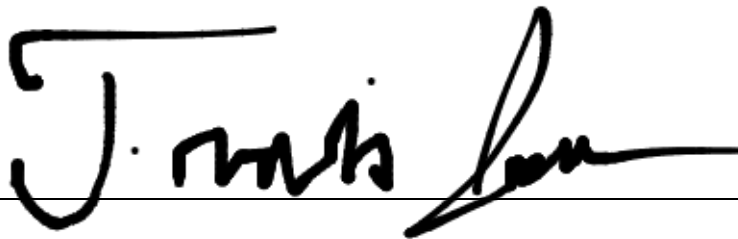
· Anaerobic Suspended Growth variations	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
· Physical-chemical systems for organic removal w/o secondary treatment	<input type="radio"/>	<input checked="" type="radio"/>
· Physical-chemical systems for organic removal following secondary treatment	<input type="radio"/>	<input checked="" type="radio"/>
· Membrane Filtration	<input type="radio"/>	<input checked="" type="radio"/>
· Suspended-growth Nitrification and Denitrification	<input type="radio"/>	<input checked="" type="radio"/>
· Air Stripping	<input type="radio"/>	<input checked="" type="radio"/>
· Phosphorus Removal - Chemical	<input type="radio"/>	<input checked="" type="radio"/>
· Phosphorus Removal - Biological	<input type="radio"/>	<input checked="" type="radio"/>
· Ion Exchange	<input type="radio"/>	<input checked="" type="radio"/>
· Reverse Osmosis	<input type="radio"/>	<input checked="" type="radio"/>
· Media Filtration	<input checked="" type="radio"/>	<input type="radio"/>
· Dissolved Air Flotation	<input type="radio"/>	<input checked="" type="radio"/>
· Micro Screens	<input type="radio"/>	<input checked="" type="radio"/>
· Chlorine Disinfection	<input checked="" type="radio"/>	<input type="radio"/>
· UV Disinfection	<input type="radio"/>	<input checked="" type="radio"/>
· Effluent use/Reuse	<input checked="" type="radio"/>	<input type="radio"/>

This is the end of the Mechanical Plant questions

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

☒ Yes

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

 clear

Has this been adopted by the council? If no, what date will it be presented to the council?

☐ Yes

☒ No

What date will it be presented to the council?

Date format ex. mm/dd/yyyy

03/15/2023

Please log in.

Email

PIN

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

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