

RESOLUTION 24-06

A RESOLUTION OF THE SOUTH WEBER CITY COUNCIL ADOPTING THE MUNICIPAL WASTEWATER PLANNING PROGRAM ANNUAL REPORT

WHEREAS, the Utah Department of Environmental Quality has created a Municipal Wastewater Planning Program (MWPP); and

WHEREAS, municipalities are required to complete an annual survey to assist in evaluating and summarizing technical, operational, and financial conditions of this infrastructure; and

WHEREAS, Sewer Manager Corey Wilson, with assistance from City Engineer Dana Schuler, has completed and is prepared to file the report to the state after Council approval;

NOW THEREFORE BE IT RESOLVED by the Council of South Weber City, Davis County, State of Utah, as follows:

Section 1. Adoption: The 2023 Municipal Wastewater Planning Program Annual Report is hereby adopted by the city of South Weber as attached in **Exhibit 1**.

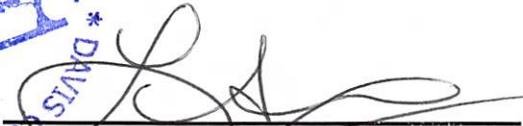
Section 2: Repealer Clause: All ordinances or resolutions or parts thereof, which are in conflict herewith, are hereby repealed.

PASSED AND ADOPTED by the City Council of South Weber, Davis County, on the 26th day of March 2024.

Roll call vote is as follows:

Council Member Halverson	<input checked="" type="radio"/> FOR	<input type="radio"/> AGAINST	
Council Member Petty	<input type="radio"/> FOR	<input type="radio"/> AGAINST	Excused
Council Member Dills	<input checked="" type="radio"/> FOR	<input type="radio"/> AGAINST	
Council Member Davis	<input checked="" type="radio"/> FOR	<input type="radio"/> AGAINST	
Council Member Winsor	<input type="radio"/> FOR	<input type="radio"/> AGAINST	Excused


Rod Westbroek, Mayor



Attest: Lisa Smith, Recorder

2024 MWPP Survey Questions

For year ending December 31, 2023

This document is provided to assist in gathering the appropriate responses for the survey.

The following questions are populated into a spreadsheet. Each question is numbered by the letter of the column that it falls in. If it so happens that you need to change a response to a question after submitting the form call Harry Campbell at 385-501-9583, identify your facility, report the question label (B, C, D, etc. in front of the question), and provide the correct response.

B. Email coreyw@southwebercity.com (email of facility contact)

Section 1. General Information

C. Name of Facility? **South Weber City Sanitary Sewer Collection System**

D. What is the name of the person responsible for this organization? **Corey Wilson**

E. What is the title of the person responsible for this organization? **Sewer Manager**

F. What is the email Address for the person responsible for this organization?
coreyw@southwebercity.com

G. What is the phone number for the person responsible for this organization? **801-529-2620**

H. Facility Location? Please provide either Longitude and Latitude, address, or a written description of the location (with area or point). **South Weber City Limits**

Federal Facility Section

I. Are you a federal facility? A federal facility is a military base, a national park, a facility associated with the forest service, etc. Yes **No**

“If Yes” you will go to the Collection Section

“If No” you will go to the Financial Section

Financial Evaluation Section

J. This form is completed by [name]? **Maryn Nelson**

Part I General Questions - Please answer the following questions regarding GENERAL QUESTIONS.

K. Are sewer revenues maintained in a dedicated purpose enterprise/district account? **Yes** No

L. Are you collecting 95% or more of your anticipated sewer revenue? **Yes** No

M. Are Debt Service Reserve Fund requirements being met? **Yes** No

N. Where are sewer revenues maintained? General Fund **Combined Utilities Fund** Other

O. What was the average annual User Charge for 2023? If there is more than one rate divide the total municipal yearly User Charge collected, by the total number of connections. 36.59

P. Do you have a water and/or sewer customer assistance program (CAP)? Yes **No**

Part II: OPERATING REVENUES AND RESERVES - Please answer the following questions regarding OPERATING REVENUES AND RESERVES.

Q. Are property taxes or other assessments applied to the sewer systems? Yes **No**

R. Revenue from these taxes = n/a _____

S. Are sewer revenues sufficient to cover operations & maintenance costs, and repair & replacement costs (OM&R) at this time? **Yes** No

T. Are projected sewer revenues sufficient to cover operation, maintenance, and repair (OM&R) costs for the next five years? **Yes** No

U. Does the sewer system have sufficient staff to provide proper OM&R? **Yes** No

V. Has a repair and replacement sinking fund been established for the sewer system? Yes **No**

W. Is the repair & replacement sinking fund sufficient to meet anticipated needs? Yes **No**

Part III: Capital Improvements, Revenues and Reserves. - Please answer the following questions regarding Capital Improvements, Revenues and Reserves.

X. Are sewer revenues sufficient to cover all costs of current capital improvements projects? **Yes** No

Y. Has a Capital Improvements Reserve Fund been established to provide for anticipated capital improvement projects? Yes **No**

Z. Are projected Capital Improvements Reserve Funds sufficient for the next five years? Yes **No**

AA. Are projected Capital Improvements Reserve Funds sufficient for the next ten years? Yes **No**

AB. Are projected Capital Improvements Reserve Funds sufficient for the next twenty years? Yes **No**

Part IV: FISCAL SUSTAINABILITY REVIEW - Please answer the following questions regarding FISCAL SUSTAINABILITY REVIEW.

AC. Have you completed a rate study within the last five years? Yes **No**

AD. Do you charge Impact fees? **Yes** No

AE. Impact Fee (if not a flat fee, use average of all collected fees) = 2,933

AF. Have you completed an impact fee study in accordance with UCA 11-36a-3 within the last five years? Yes **No**

AG. Do you maintain a Plan of Operations? **Yes** No

AH. Have you updated your Capital Facility Plan within the last five years? Yes **No**

AI. In what year was the Capital Facility Plan last updated? 2017

AJ. Do you use an Asset Management system for your sewer systems? **Yes** No

AK. Do you know the total replacement cost of your sewer system capital assets? Yes **No**

AL. Replacement Cost = n/a _____

AM. Do you fund sewer system capital improvements annually with sewer revenues at 2% or more of the total replacement cost? Yes **No**

AN. What is the sewer/treatment system annual asset renewal cost as a percentage of its total replacement cost? **0** _____

AO. Describe the Asset Management System. Check all that apply

- Spreadsheet
- GIS**
- Accounting Software
- Specialized Software

AP. Please answer the following: - 2023 Capital Assets Cumulative Depreciation?

160,814 _____

AQ. Please answer the following: - 2023 Capital Assets Book Value? Book Value = total cost - accumulated depreciation **4,786,745** _____

Part V: PROJECTED CAPITAL INVESTMENT COSTS - Please answer the following questions regarding PROJECTED CAPITAL INVESTMENT COSTS.

AR. Cost of projected capital improvements - Please enter a valid numerical value. - 2023?

\$0 _____

AS. Cost of projected capital improvements - Please enter a valid numerical value. - 2024 through 2028?

\$1,200,000 _____

AT. Cost of projected capital improvements - Please enter a valid numerical value. - 2029 through 2033?

\$0 _____

AU. Cost of projected capital improvements - Please enter a valid numerical value. - 2034 through 2038?

\$0 _____

AV. Cost of projected capital improvements - Please enter a valid numerical value. - 2039 through 2043?

\$0 _____

AW. Purpose of Capital Improvements - 2023? Check all that apply.

- Replace/Restore
- New Technology
- Increased Capacity

AX. Purpose of projected Capital Improvements - 2024 through 2028? - Check all that apply.

- Replace/Restore

- New Technology
- Increased Capacity

AY. Purpose of projected Capital Improvements - 2029 through 2033 Check all that apply.?

- Replace/Restore
- New Technology
- Increased Capacity

AZ. Purpose of projected Capital Improvements - 2034 through 2038? - Check all that apply.

- Replace/Restore
- New Technology
- Increased Capacity

BA. Purpose of projected Capital Improvements from 2039 through 2043? - Check all that apply.

- Replace/Restore
- New Technology
- Increased Capacity

BB. To the best of my knowledge, the Financial Evaluation section is completed and accurate. **True**
False

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 you 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.

BC. Do you have a collection system?

The answer to this question is obvious in most cases, but for clarification, some wastewater systems consist of only wastewater collections (answer Yes). Some wastewater systems do not have a collection system but receive wastewater from separate collection system jurisdictions (answer No). Some wastewater systems have treatment and collections and consider their entire system as one entity (answer Yes). Some wastewater systems have treatment and collections, but consider their collections a separate entity from treatment (answer No). If you have treatment but have an independent collection system and you answered "No," you must enter your collection system separately as an independent response to the survey. **Yes** No

"If Yes" you will go to the Collection Section

"If No" you will go to a choice of which Treatment section

Collection System - The collection of wastewater in a system of pipes and possibly pump stations that deliver wastewater to a treatment system that may or may not be independent of the treatment system.

BD. This form is completed by [name]? - The person completing this form may receive Continuing Education Units (CEUs). **Corey Wilson**

Part I: SYSTEM DESCRIPTION - Please answer the following questions regarding SYSTEM DESCRIPTION.

BE. What is the largest diameter pipe in the collection system? - Please enter the diameter in inches. **21**

BF. What is the average depth of the collection system? - Please enter the depth in feet. **10**

BG. What is the total length of sewer pipe in the collection system? - Please enter the length in miles. **37.66**

BH. How many lift/pump stations are there in the collection system? **1**

BI. What is the largest capacity lift/pump station in the collection system? - Please enter the design capacity in gpm. **20**

BJ. Do seasonal daily peak flows exceed the average peak daily flow by 100 percent or more? Yes **No**

BK. What year was your collection system first constructed (approximately)? **1993**

BL. In what year was the largest diameter sewer pipe in the collection system constructed, replaced or renewed? If more than one, cite the oldest. **2017**

Part II: DISCHARGES - Please answer the following questions regarding DISCHARGES.

BM. How many days last year was there a sewage bypass, overflow or basement flooding in the system due to rain or snowmelt? **0**

BN. How many days last year was there a sewage bypass, overflow or basement flooding due to equipment failure (except plugged laterals)? **0**

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

BO. What is the number of Class 1 SSOs in Calendar year 2023? **0**

BP. What is the number of Class 2 SSOs in Calendar year 2023? **0**

BQ. Please indicate what caused the SSO(s) in the previous question. **n/a**

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

n/a

Part III: NEW DEVELOPMENT - Please answer the following questions regarding NEW DEVELOPMENT.

BS. 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**

BT. 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**

BU. What is the number of new commercial/industrial connections in 2023? 2

BV. What is the number of new residential sewer connections added in 2023?

14

BW. How many equivalent residential connections are served? 2436

Part IV: OPERATOR CERTIFICATION - Please answer the following questions regarding OPERATOR CERTIFICATION.

BX. How many collection system operators do you employ? 3

BY. What is the approximate population served? 8125

BZ. State of Utah Administrative Rules require all public system chief operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at no less than the Facility's Grade. List the designated Chief Operator/DRC for the Collection System by: First and Last Name, Grade, and email. Grades: Grade I, Grade II, Grade III, and Grade IV. Corey Wilson, Grade II, coreyw@southwebercity.com

CA. Please list all other 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: Grade I, Grade II, Grade III, and Grade IV. n/a

CB. Please list all other Collection System operators by name and certification grade. Please separate names and certification grades for each operator by commas. Grades: Grade I, Grade II, Grade III, and Grade IV.

Mark Johnson, Grade II; Mark Larsen, Grade II

CC. 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.

CD. Have you implemented a preventative maintenance program for your collection system? **Yes** No

CE. Have you updated the collection system operations and maintenance manual within the past 5 years? Yes **No**

CF. Do you have a written emergency response plan for sewer systems? Yes **No**

CG. Do you have a written safety plan for sewer systems? Yes **No**

CH. Is the entire collections system TV inspected at least every 5 years? Yes **No**

CI. 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.

CJ. Have you completed a Sewer System Management Plan (SSMP)? **Yes** No

CK. Has the SSMP been adopted by the permittee's governing body at a public meeting? **Yes** No

CL. Has the completed SSMP been public noticed? **Yes** No

If "yes" then the question below.

CM. Date of Public Notice? 09/18/2015

If "no" then the question below.

CN. When will the SSMP be public noticed? n/a

CO. During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan? Yes **No**

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

CQ. During 2023, was any part of the SSMP audited as part of the five-year audit? Yes **No**

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

n/a

CS. Have you completed a System Evaluation and Capacity Assurance Plan (SECAP) as defined by the Utah Sewer Management Plan? **Yes** No

Part VII: NARRATIVE EVALUATION - Please answer the following questions regarding NARRATIVE EVALUATION.

CT. Describe the physical condition of the sewerage system: (lift stations, etc. included) in good condition, no major issues, lift station works good

CU. What sewerage system capital improvements does the utility need to implement in the next 10 years? Possibly upsizing to accommodate new growth, based on Sanitary Sewer Capital Facilities Plan

CV. What sewerage system problems, other than plugging, have you had over the last year? none

CW. Is your utility currently preparing or updating its capital facilities plan? **Yes** No

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

- 100%**
- Partially
- Does not pay

CY. Is there a written policy regarding continued education and training for wastewater operators? **Yes**
No

CZ. Do you have any additional comments? none

DA. To the best of my knowledge, the Collections System section is completed and accurate. **True**
False

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 you 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.

You have either just completed or just bypassed questions about a Collection System. This section (the questions below) determines the next set of questions that you will be presented based on the choice you make for treatment.

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

~~If you have treatment, you must choose from Mechanical Plant, Discharging Lagoon, or Non-Discharging Lagoon. If you don't have treatment then choose "No Treatment." Choose only one answer.~~

- ~~Mechanical Plant~~
 - ~~Discharging Lagoon~~
 - ~~Non-Discharging Lagoon~~
 - ~~No Treatment of Wastewater~~
-

Mechanical Plant

~~DC. Form completed by [name]? - The person completing this form may receive Continuing Education Units (CEUs).~~

~~DD. What is the design basis or rated capacity for average daily flow in MGD? _____~~

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

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

DG. What was the 2023 average daily flow in MGD? _____

DH. What was the 2023 average daily loading for BOD in lb/day? _____

DI. What was the 2023 average daily loading for TSS in lb/day? _____

DJ. What is the percent of capacity used by the 2023 average daily flow? _____

DK. What is the percent of capacity used by the 2023 average daily BOD load? _____

DL. What is the percent of capacity used by the 2023 average daily TSS? _____

Part II: EFFLUENT INFORMATION – Please answer the following questions regarding EFFLUENT INFORMATION.

DM. How many Notices of Violations (NOVs) did you receive for this facility in 2023?

DN. 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.

DO. In what year was your HEADWORKS evaluated? _____

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

DQ. What is the age of your HEADWORKS? _____

DR. In what year was your PRIMARY TREATMENT evaluated? _____

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

DT. What is the age of your PRIMARY TREATMENT? _____

DU. In what year was your SECONDARY TREATMENT evaluated? _____

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

DW. What is the age of your SECONDARY TREATMENT? _____

DX. In what year was your TERTIARY TREATMENT evaluated? _____

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

DZ. What is the age of your TERTIARY TREATMENT? _____

EA. In what year was your SOLIDS HANDLING evaluated? _____

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

EC. What is the age of your SOLIDS HANDLING? _____

ED. In what year was your DISINFECTION evaluated? _____

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

EF. What is the age of your DISINFECTION? _____

EG. In what year was your LAND APPLICATION/DISPOSAL evaluated? _____

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

EI. What is the age of your LAND APPLICATION/DISPOSAL? _____

Part IV: DISCHARGES - Please answer the following questions regarding DISCHARGES.

EJ. 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.

EK. 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.

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

EM. Number of new residential sewer connections added in the last year? _____

EN. Equivalent residential connections served? _____

Part VII: OPERATOR CERTIFICATION

EO. How many treatment system operators do you employ? _____

EP. State of Utah Administrative Rules require all public system chief operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at no less than the Facility's Grade. List the designated Chief Operator/DRC for the Treatment System by: First and Last Name, Grade, and email.

Grades: Grade I, Grade II, Grade III, and Grade IV. _____

EQ. 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: Grade I, Grade II, Grade III, and Grade IV. _____

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

Grades: Grade I, Grade II, Grade III, and Grade IV. _____

ES. 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.

ET. Have you implemented a written preventative maintenance program for your treatment system? Yes No

EU. Have you updated the treatment system operations and maintenance manual within the past 5 years? Yes No

EV. 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 Removal 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

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

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 you 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.

Discharging Lagoon

EX. This form is 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 into your lagoon.

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

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

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

FB. What was the 2023 average daily flow in MGD? _____

FC. What was the 2023 average daily loading for BOD in lb/day? _____

FD. What was the 2023 average daily loading for TSS in lb/day? _____

FE. What is the percent of capacity used by the 2023 average daily flow? _____

FF. What is the percent of capacity used by the 2023 average daily BOD load? _____

FG. What is the percent of capacity used by the 2023 average daily TSS? _____

Part II: EFFLUENT INFORMATION. – Please answer the following questions regarding EFFLUENT.

FH. How many notices of violation (NOV)s did you receive for this facility in 2023? _____

Part III: DISCHARGES – Please answer the following questions regarding DISCHARGES.

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

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

Part IV: FACILITY AGE—Please answer the following questions about FACILITY AGE. If your plant does not have the treatment unit please enter N/A.

FK. In what year was your HEADWORKS evaluated? _____

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

FM. What is the age of your HEADWORKS? _____

FN. In what year was your LAGOON evaluated? _____

FO. In what year was your LAGOONS (including aeration) most recently constructed, upgraded, or renewed? _____

FP. What is the age of your LAGOONS (including aeration)? _____

FQ. In what year was your DISINFECTION SYSTEM evaluated? _____

FR. In what year was your DISINFECTION SYSTEM most recently constructed, upgraded, or renewed?

FS. What is the age of your DISINFECTION SYSTEM? _____

FT. In what year was your LAND APPLICATION/DISPOSAL evaluated? _____

FU. In what year was your LAND APPLICATION/DISPOSAL most recently constructed, upgraded, or renewed? _____

FV. What is the age of your LAND APPLICATION/DISPOSAL? _____

Part V: NEW DEVELOPMENT—Please answer the following questions regarding NEW DEVELOPMENT.

FW. How many commercial/industrial connections were added in 2023? _____

FX. How many residential sewer connections were added in 2023? _____

FY. How many equivalent residential connections did you serve in 2023? _____

Part VI: OPERATOR CERTIFICATION—Please answer the following questions regarding OPERATOR CERTIFICATION

FZ. How many treatment operators do you employ? _____

GA. Utah administrative rules require all public system chief operators with Direct Responsible Charge (DRC) to be appropriately certified at no less than the facility's grade. Please list the designated Chief Operator/DRC for the Wastewater Treatment system below. Please give their first and last name, grade level, and email address. Grades: Grade I, Grade II, Grade III, and Grade IV. _____

GB. 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: Grade I, Grade II, Grade III, and Grade IV. _____

GC. Please list all other Wastewater Treatment operators by name and certification grade. Please separate names and certification grades for each operator by commas.

Grades: Grade I, Grade II, Grade III, and Grade IV. Include operators with no certification. _____

GD. Is/are all your DRC operators currently certified at the appropriate grade level for this facility? Yes No

Part VII: FACILITY MAINTENANCE – Please answer the following questions regarding FACILITY MAINTENANCE.

GE. Have you implemented a preventative maintenance program for your treatment system? Yes No

GF. Have you updated the treatment system operations and maintenance manual within the past five years? Yes No

GG. Identify the types of treatment units at your facility.

- Screening
- Grit Removal
- Lagoon Variations
- Phosphorous Treatments
- Chlorine Disinfection
- UV Disinfection
- Land Application/Disposal

GH. To the best of my knowledge I certify the discharging lagoon portion of the MWPP survey to be correct and accurate. True False

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 you 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.

Non-Discharging Lagoon

GI. This form is 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 into your lagoon.

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

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

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

GM. What was the 2023 average daily flow in MGD? _____

GN. What was the 2023 average daily loading for BOD in lb/day? _____

GO. What was the 2023 average daily loading for TSS in lb/day? _____

GP. What was the percent capacity used by the 2023 average daily flow? _____

GQ. What was the percent capacity used by the 2023 daily average BOD? _____

GR. What was the percent capacity used by the 2023 daily average TSS? _____

Part II: FACILITY AGE – Please answer the following questions about FACILITY AGE. If your plant does not have the treatment unit please enter N/A.

GS. In what year was your HEADWORKS most recently evaluated? _____

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

GU. What is the age of your HEADWORKS? _____

GV. In what year was your LAGOONS (including aeration) evaluated? _____

GW. In what year was your LAGOONS (including aeration) most recently constructed, upgraded, or renewed? _____

GX. What is the age of your LAGOONS (including aeration)? _____

GY. In what year was your DISINFECTION SYSTEM evaluated? _____

GZ. In what year was your DISINFECTION SYSTEM evaluated? _____

HA. What is the age of your DISINFECTION SYSTEM? _____

HB. In what year was your LAND APPLICATION/DISPOSAL evaluated? _____

HC. In what year was your LAND APPLICATION/DISPOSAL most recently constructed, upgraded, or renewed? _____

HD. What is the age of your LAND APPLICATION/DISPOSAL? _____

Part III: DISCHARGES – Please answer the following questions regarding DISCHARGES.

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

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

Part IV: NEW DEVELOPMENT—Please answer the following questions regarding NEW DEVELOPMENT.

HG. How many commercial/industrial connections were added in 2023? _____

HH. How many residential sewer connections were added in 2023? _____

HI. How many equivalent residential connections did you serve in 2023? _____

Part V: OPERATOR CERTIFICATION—Please answer the following question regarding OPERATOR CERTIFICATION.

HJ. How many treatment operators do you employ? _____

HK. Utah administrative rules require all public system chief operators with Direct Responsible Charge (DRC) to be appropriately certified at no less than the facility's grade. Please list the designated Chief Operator/DRC for the wastewater treatment system below. Please give their first and last name, grade level, and email address. Grades: Grade I, Grade II, Grade III, and Grade IV. _____

HL. 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: Grade I, Grade II, Grade III, and Grade IV. _____

HM. Please list all other wastewater treatment operators by name and certification grade. Please separate names and certification grades for each operator by commas. Grades: Grade I, Grade II, Grade III, and Grade IV. Include operators that are not certified. _____

HN. Is/are all your DRC operators currently certified at the appropriate grade level for this facility? Yes No

Part VI: FACILITY MAINTENANCE—Please answer the following questions regarding FACILITY MAINTENANCE.

HO. Have you implemented a preventative maintenance program for your treatment system? Yes No

HP. Have you updated the treatment system operations and maintenance manual within the past five years? Yes No

HQ. To the best of my knowledge I certify the non-discharging lagoon portion of the MWPP survey to be correct and accurate. True False

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 you 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.

Adopt & Sign

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

HS. Has this been adopted by the City Council or District Board? Yes No

“If No”

HT. What date will it be presented to the City Council or District Board? _____

“If Yes”

HU. What date was this adopted by City Council or District Board? _____

(At this point you can choose to have a copy of your responses sent to you in a report, if you turn it on before you submit.)

THE END