RESOLUTION 25-11

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 the assistance of City Engineer Dana Shuler, 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 2024 Municipal Wastewater Planning Program Annual Report attached as **Exhibit 1** is hereby adopted by the city of South Weber.

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2: **Repealer Clause**: All ordinances or resolutions or parts thereof, which are in conflict herewith, are hereby repealed.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 22nd day of April 2025.

| Roll call vote is | as follows: | |
|--------------------------|----------------|---------|
| | 6 | |
| Council Member Halverson | (FOR) AGAINST | |
| Council Member Petty | EOR AGAINST | |
| Council Member Dills | FOR AGAINST | |
| Council Member Davis | FOR AGAINST | Excused |
| Council Member Winsor | FOR AGAINST | |
| | | |

Rod Westbroek, Mayor

Attest: Lisa Smith, Recorder

RES 25-11 Exhibit 1

Dana Shuler

From: Google Forms <forms-receipts-noreply@google.com> on behalf of Google

Forms

Sent: Tuesday, April 15, 2025 10:15 AM

To: dana@jonescivil.com **Subject:** Full MWPP Survey - 2025

Google Forms

Thanks for filling out Full MWPP Survey - 2025

Here's what was received.

Full MWPP Survey - 2025

Municipal Wastewater Planning Program survey for the year 2024.

Email *

dana@jonescivil.com

Section I: General Information

Note: This questionnaire has been compiled for your benefit to assist you in evaluating the technical and financial needs of your wastewater systems. If you received financial assistance from the Water Quality Board, annual submittal of this report is a condition of the assistance. Please answer questions as accurately as possible to give 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

What is the name of the Facility? *

South Weber City Sanitary Sewer Collection System

| What is the Name of the person responsible for this organization? |
|--|
| * |
| Corey Wilson |
| |
| What is the Title of the person responsible for this organization? * |
| Sewer Manager |
| |
| What is the Email Address for the person responsible for this organization? * |
| coreyw@southwebercity.com |
| |
| What is the Phone number for the person responsible for this organization? * |
| 8015292620 |
| |
| Please identify the Facility Location? * |
| Please provide either Longitude and Latitude, address, or a written description of the location (with area or point). |
| South Weber City limits |
| |
| Are you a federal facility? A federal facility is a military base, a national park, or a facility associated with a federal government organization (e.g., BLM, |
| Forest Service, etc.) |
| Yes |
| No |
| |

As you begin this survey you must keep in mind which part of the wastewater system that you represent, unless you represent it all (e.g., collections, treatment, or both). If you only represent the collection system please respond to each question thinking only of collection system data as you proceed through this survey. The same goes for treatment and both. If you get a question that does not apply to the part of the system which you represent then leave it unanswered. However, please try to answer as many questions as you possibly can.

| This section is completed by: Brett Baltazar and Dana Shuler |
|---|
| |
| Are sewer revenues maintained in a dedicated purpose enterprise/district account? |
| Yes |
| No |
| Are you collecting 95% or more of your anticipated sewer revenue? |
| Yes |
| No |
| Are Debt Service Reserve Fund requirements being met? |
| Yes |
| No |
| Where are sewer revenues maintained? |
| General Fund |

| Combined Utilities Fund Other |
|--|
| Other |
| What was the average MONTHLY User Charge for 2024? 39.08 |
| Do you have a water and/or sewer customer assistance program (CAP)? |
| Yes No |
| Are property taxes or other assessments applied to the sewer systems? |
| Yes No |
| What is the yearly amount of revenue that you receive from these taxes? N/A |
| Are sewer revenues sufficient to cover operations & maintenance costs, and repair & replacement costs (OM&R) at this time? |
| Yes No |

| Are projected sewer revenues sufficient to cover operation & maintenance, and repair and replacement costs for the next five years? |
|---|
| Yes |
| No |
| Does the sewer system have sufficient staff to provide proper operation & maintenance, and repair and replacement? |
| Yes |
| No |
| Has a repair and replacement sinking fund been established for the sewer system? |
| Yes |
| No |
| Is the repair & replacement sinking fund sufficient to meet anticipated needs? |
| Yes |
| No |
| |
| Are sewer revenues sufficient to cover all costs of current capital improvements projects? |
| Yes |

| No |
|---|
| Has a Capital Improvements Reserve Fund been established to provide for anticipated capital improvement projects? |
| Yes No |
| Are projected Capital Improvements Reserve Funds sufficient for the next five years? |
| Yes No |
| Are projected Capital Improvements Reserve Funds sufficient for the next ten years? |
| Yes No |
| Are projected Capital Improvements Reserve Funds sufficient for the next twenty years? |
| Yes No |
| Have you completed a rate study within the last five years? |

| Yes No |
|--|
| |
| Do you charge Impact fees? |
| Yes No |
| If you charged Impact Fees, how much were they? = |
| If not a flat fee, use total collected impact fees for the year divided by the total number of entities who paid fees that year. |
| \$2,933 |
| Have you completed an impact fee study in accordance with UCA 11-36a-3 within the last five years? |
| Yes |
| No |
| Do you maintain a Plan of Operations? |
| Yes |
| No |
| Have you updated your Capital Facility Plan within the last five years? |

| Yes |
|---|
| No |
| |
| In what year was the Capital Facility Plan last updated? |
| 2017, update in progress |
| |
| Do you use an Asset Management system for your sewer systems? |
| Yes |
| No |
| |
| Do you know the total replacement cost of your total sewer system capital assets? |
| Yes |
| No |
| |
| Replacement Cost = |
| n/a |
| |
| Do you fund sewer system capital improvements annually with sewer revenues at 2% or more of the total replacement cost? |
| Yes |

No

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

n/a

Describe the Asset Management System. Check all that apply:

Spreadsheet





Specialized Software

What is the 2024 Capital Assets Cumulative Depreciation for your facility?

2,608,211.83

What is the 2024 Capital Assets Book Value?

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

4,636,917.18

Cost of projected capital improvements - Please enter a valid numerical value - 2024?

122,000

Cost of projected capital improvements - Please enter a valid numerical value - 2025 through 2029?

585,050

Cost of projected capital improvements - Please enter a valid numerical value - 2030 through 2034?

0

Cost of projected capital improvements - Please enter a valid numerical value - 2035 through 2039?

0

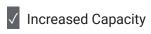
Cost of projected capital improvements - Please enter a valid numerical value - 2040 through 2044?

0

Purpose of Capital Improvements - 2024? Check all that apply.

Replace/Restore

New Technology



Purpose of projected Capital Improvements - 2025 through 2029? - Check all that apply.

✓ Replace/Restore

New Technology
Increased Capacity

Purpose of projected Capital Improvements - 2030 through 2034 Check all that apply.?

Replace/Restore
New Technology
Increased Capacity

Purpose of projected Capital Improvements - 2035 through 2039? - Check all that apply.

Replace/Restore

New Technology

Purpose of projected Capital Improvements from 2040 through 2044? - Check all that apply.

Replace/Restore

Increased Capacity

New Technology

Increased Capacity

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

| True False |
|--|
| Do you have a collection system? * |
| Yes No |
| Collection System Including piping and lift stations. |
| 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. |
| What is the largest diameter pipe in the collection system? Please enter the diameter in inches. |
| What is the average depth of the collection system? Please enter the depth in feet. |

| What is the total length of sewer pipe in the collection system? Please enter the length in miles. |
|---|
| 39.33 |
| |
| How many lift/pump stations are there in the collection system? |
| |
| What is the largest capacity lift/pump station in the collection system? Please enter the design capacity in gpm. |
| |
| 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? |
| What year was your collection system first constructed? This can be an approximate guess if you really are not sure. 1993 |
| This can be an approximate guess if you really are not sure. |
| This can be an approximate guess if you really are not sure. |
| This can be an approximate guess if you really are not sure. 1993 In what year was the largest diameter sewer pipe in the collection system constructed, replaced or renewed? If more than one, cite the oldest. |

Part II: DISCHARGES

Please answer the following questions regarding DISCHARGES.

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

0

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

How many Class 1 SSOs were there in Calendar year 2024?

0

How many Class 2 SSOs were there in Calendar year 2024?

0

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

| n/a | |
|--|--|
| Please specify whether the SSOs were caused by contract or tributary community, etc. | |
| Part III: NEW DEVELOPMENT Please answer the following questions regarding NEW DEVELOPMENT. | |
| Did an industry or other development enter the community or expand production in the past two years, such that flow or wastewater loadings to the sewerage system increased by 10% or more? Yes No | |
| Are new developments (industrial, commercial, or residential) anticipated in the next 2 - 3 years that | |
| will increase flow or BOD5 loadings to the sewerage system by 25% or more? | |
| Yes No | |
| What is the number of new commercial/industrial connections in 2024? | |
| 4 | |
| What is the number of new residential sewer connections added in 2024? | |

How many equivalent residential connections are served?

2326

Part IV: OPERATOR CERTIFICATION

Please answer the following questions regarding OPERATOR CERTIFICATION.

How many collection system operators do you employ?

3

What is the approximate population served?

8105

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

Corey Wilson, Grade II, coreyw@southwebercity.com

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

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

n/a

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

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

| Mark Johnson, Grade II; Mark Larsen, Grade I |
|--|
| Is/are your collection DRC operator(s) currently certified at the appropriate grade for this facility? |
| Yes No |
| Part V: FACILITY MAINTENANCE Please answer the following questions regarding FACILITY MAINTENANCE. |
| Have you implemented a preventative maintenance program for your collection system? |
| Yes No |
| Have you updated the collection system operations and maintenance manual within the past 5 years? |
| Yes No |
| Do you have a written emergency response plan for sewer systems? |
| Yes No |
| |

| Do you have a written safety plan for sewer systems? |
|---|
| Yes No |
| Is the entire collections system TV inspected at least every 5 years? |
| Yes No |
| Is at least 85% of the collections system mapped in GIS? |
| Yes No |
| Part VI: SSMP EVALUATION Please answer the following questions regarding SSMP EVALUATION. |
| Have you completed a Sewer System Management Plan (SSMP)? |
| Yes No |
| |

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

| Yes |
|--|
| No |
| |
| |
| Has the completed SSMP been public noticed? |
| |
| Yes |
| No |
| |
| |
| USMP Public Notice Date |
| |
| Date of public notice? |
| MM |
| 09 |
| / DD |
| 18 |
| / |
| YYYY |
| 2015 |
| |
| Continue 1 |
| |
| During the annual assessment of the SSMP, were any adjustments needed based on the performance |
| of the plan? |
| |
| Yes |
| No |
| |
| |

| What adjustments were made to the SSMP (i.e. line cleaning, CCTV inspections, manhole inspections, and/or SSO events)? |
|--|
| n/a |
| |
| During 2024, was any part of the SSMP audited as part of the five year audit? |
| Yes |
| No |
| |
| If yes, what part of the SSMP was audited and were changes made to the SSMP as a result of the audit? |
| n/a |
| |
| Have you completed a System Evaluation and Capacity Assurance Plan (SECAP) as defined by the Utah Sewer Management Plan? |
| Yes |
| No |
| |
| Does the collection system have more than 2,000 connections? |
| Yes |
| No |
| |

| Has a fats, oil, and grease (FOG) or fats, oil, sand, and grease program been developed by the collection system? |
|---|
| Yes |
| No |
| |
| Part VII: NARRATIVE EVALUATION Please answer the following questions regarding NARRATIVE EVALUATION. |
| |
| Describe the physical condition of the sewerage system: (lift stations, etc. included) |
| n good condition, no major issues, lift station works good |
| |
| What sewerage system capital improvements does the utility need to implement in the next 10 years? |
| replace/re-route 2 segments of deficient sewer line |
| |
| What sewerage system problems, other than plugging, have you had over the last year? |
| |
| Is your utility currently preparing or updating its capital facilities plan? |
| Yes |
| No |
| |
| |

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

| 100% |
|--|
| Partially |
| Does not pay |
| |
| Is there a written policy regarding continued education and training for wastewater operators? |
| Yes |
| No |
| |
| Do you have any additional comments? none |
| To the best of my knowledge, the Collections System section is completed and accurate |
| True |
| False |
| Wastewater Treatment Options |
| You have either just completed or just bypassed questions about a Collection System. If this section was bypassed by mistake, in the next question you will have the option to return to the questions on a Collection System. If you are good with the progress up to now, next you will determine what kind of Wastewater Treatment you have, or you can choose NO Wastewater Treatment. |
| What kind of wastewater treatment do you have in your wastewater treatment system? |

Mechanical Plant

Discharging Lagoon Non-Discharging Lagoon No Treatement of Wastewater Collections (go back to Collections) Adopt & Sign I have reviewed this report and to the best of my knowledge the information provided in this report is correct. * True False Has this been adopted by the Council? * yes No Not Adopted by Council What date will it be presented to the Council? * MM 04 DD

YYYY

22

End of Survey

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

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

Create your own Google Form

Does this form look suspicious? Report