

**CITY OF LOGAN**  
**RESOLUTION NO. 17-14**

A RESOLUTION APPROVING THE ANNUAL MUNICIPAL WASTEWATER SELF-ASSESSMENT REPORT

**WHEREAS**, each year the City of Logan completes a Municipal Wastewater Self-Assessment Report for the State of Utah Division of Environmental Quality.

NOW THEREFORE, BE IT RESOLVED THAT THE LOGAN MUNICIPAL COUNCIL informs the Water Quality Board the following actions were taken:

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.

PASSED BY THE LOGAN MUNICIPAL COUNCIL THIS 4 DAY OF <sup>April 2017</sup> ~~MARCH~~, 2016

  
\_\_\_\_\_  
Holly H. Daines, Council Chairperson

ATTEST:

  
\_\_\_\_\_  
Teresa Harris, City Recorder



2333



# STATE OF UTAH

## *MUNICIPAL WASTEWATER PLANNING PROGRAM*

### SELF-ASSESSMENT REPORT

FOR

LOGAN

2016



UTAH DEPARTMENT *of*  
ENVIRONMENTAL QUALITY

**WATER  
QUALITY**





# **Municipal Wastewater Planning Program (MWPP) Financial Evaluation Section for 2016**

Owner Name: LOGAN

Name and Title of Contact Person:

Richard Anderson  
Finance Director

Phone: (435) 716-9180

E-mail: richard.anderson@loganutah.org

## **SUBMIT BY APRIL 15, 2017**

Electronic

submission: <http://deq.utah.gov/ProgramsServices/services/submissions/index.htm>

**or**

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. If you received financial assistance from the Water Quality Board, annual submission 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 call John Mackey, Utah Division of Water Quality: (801) 536-4300.*

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 collection and treatment facilities that generate revenues to pay for costs of the system.

**Operation and Maintenance Expense** - Expenditures incurred for materials, labor, utilities, and other items necessary for managing and maintaining the facility to achieve or maintain the capacity and performance for which it was designed and constructed.

**Repair and Replacement Cost** - Expenditures incurred during the useful life of the treatment works for obtaining and installing equipment, accessories, and/or appurtenances necessary to maintain the existing capacity and the performance for which the facility was designed and constructed.

**Capital Needs** - Cost to construct, upgrade or improve the facility.

**Capital Improvement Reserve Account** - A reserve established to accumulate funds for construction and/or replacement of treatment facilities, collection lines or other capital improvement needs.

**Reserve for Debt Service** - A reserve for bond repayment as may be defined in accordance with terms of a bond indenture.

**Current Debt Service** - Interest and principal costs for debt payable this year.

**Repair and Replacement Sinking Fund** - A fund to accumulate funds for repairs and maintenance to fixed assets not normally included in operation expenses and for replacement costs (defined above).



## Part I: OPERATION AND MAINTENANCE

Complete the following table:

Question	Points Earned	Total
Are revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs <u>at this time</u> ?	YES = 0 points NO = 25 points	0
Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for the <u>next five years</u> ?	YES = 0 points NO = 25 points	0
Does the facility have sufficient staff to ensure proper OM&R?	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
What was the average User Charge fee for 2016?	\$ <u>27.31</u> per month	
TOTAL PART I =		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 <u>next next five years</u> ?	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <u>next next ten years</u> ?	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <u>next next twenty years</u> ?	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
TOTAL PART II =		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 95% 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
TOTAL PART III =		0

### Part IV: PROJECTED NEEDS

Estimate as best you can the following:

	2017	2018	2019	2020	2021
Cost of projected capital improvements (in thousands)	3 mil	20 mil	45 mil	45 mil	0

### Point Summation

Fill in the point totals from Parts I through III in the blanks provided in the Points column. 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: LOGAN

Name and Title of Contact Person:

Paul Lindhardt  
Water / Waste Water Manager

Phone: 435-716-9622

E-mail: paul.lindhardt@loganutah.org

## **SUBMIT BY APRIL 15, 2017**

Electronic

submission: <http://deq.utah.gov/ProgramsServices/services/submissions/index.htm>

or

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:

Paul Lindhardt  
May Receive Continuing Education Units (CEUs)



**Part I: SYSTEM AGE**

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

Year 1914

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

Oldest part 101 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	<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)		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>
TOTAL PART II =			<u>0</u>

B. The Utah Sewer Management Program defines two classes of sanitary sewer overflows (SSOs). Below include the number of SSOs that occurred in 2016.

**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.

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

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.

Number of Class 1 SSOs in Calendar year 2016 0

Number of Class 2 SSOs in Calendar year 2016 1

- C. Please indicate what caused the SSO(s) in B. If needed attach the additional information to this report.

A pressurized sewer main was damaged  
during construction by a Logan City  
employee. It cause a small SSO, which  
was fixed immediately.

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

N/A

### Part III: NEW DEVELOPMENT

A. Please complete the following table:

Question	Points Earned	Total Points
Has an industry or other development moved into the community or expanded production in the past two years, such that either flow or wastewater loadings to the sewerage system were significantly increased (10 - 20%)?	No = 0 points Yes = 10 points	0
Are there any major new developments (industrial, commercial, or residential) anticipated in the next 2 - 3 years, such that either flow or BOD <sub>5</sub> loadings to the sewerage system could significantly increase (25%)?	No = 0 points Yes = 10 points	0
TOTAL PART III =		0

### Part III: NEW DEVELOPMENT (cont.)

- B. Approximate number of new residential sewer connections in the last year  
100 new residential connections
- C. Approximate number of new commercial/industrial connections in the last year  
10 new commercial/industrial connections
- D. Approximate number of new population serviced in the last year  
300 new people served
- E. Total number of effective residential connections (ERC) served  
9138 total ERC served



#### Part IV: OPERATOR CERTIFICATION

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

5 collection system operators employed (designated)

- B. You are required to have the chief direct responsible charge (DRC) operator(s) certified at COLLECTION III.

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

- C. What is/are the name(s) of your wastewater treatment DRC operator(s)?

Paul Lindhardt, Bill Young, Issa Hamud

Lance Houser, Jim Johnson

Jim Harps, Jarred Pratt

- D. State of Utah Administrative Rules requires all operators, of public systems, considered to be in DRC to be appropriately certified. List all the operators in your system by their certification class. Attach additional pages if necessary.

Not Certified

\_\_\_\_\_

Small Lagoons

\_\_\_\_\_

Collection I

1

Collection II

5

Collection III

15

Collection IV

4

**Part IV: 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
TOTAL PART IV =		0

**Part V: FACILITY MAINTENANCE**

A. Please complete the following table:

Question	Points Earned	Total Points
Do you follow an annual preventative maintenance program?	Yes = 0 points No = 30 points	0
Is it written?	Yes = 0 points No = 20 points	0
Do you have a written emergency response plan?	Yes = 0 points No = 20 points	0
Do you have an updated operations and maintenance manual	Yes = 0 points No = 20 points	0
Do you have a written safety plan?	Yes = 0 points No = 20 points	0
TOTAL PART V =		0

## Part VI: SSMP EVALUATION

- A. Has your system completed its Sewer System Management Plan (SSMP)?  
No \_\_\_\_\_ Yes X
- B. If the SSMP has been completed, has the SSMP been public noticed?  
No \_\_\_\_\_ Yes (include date of public notice) 9-1-15
- C. Has the SSMP been approved by the permittee's governing body at a public meeting?  
No \_\_\_\_\_ Yes X
- D. During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan?  
No X Yes \_\_\_\_\_ If yes, what components of the plan were changed (i.e. line cleaning, CCTV inspections and manhole inspections and/or SSO events)?  
\_\_\_\_\_  
\_\_\_\_\_
- E. During 2016 was any part of the SSMP audited as part of the five year audit?  
No X Yes \_\_\_\_\_ If yes, what part of the SSMP was audited and were changes made to the SSMP as a result of the audit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Has your system completed its System Evaluation and Capacity Assurance Plan (SECAP) as defined by the Utah Sewer Management Program?  
No \_\_\_\_\_ Yes X

The following are dates that the SSMP and SECAP are required to be completed, 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.

Requirement	Population				
	Less than 2,000	2,000 - 3,500	3,501 - 15,000	15,001 - 50,000	More than 50,000
Completion of SSMP	March 31, 2016	March 31, 2016	September 30, 2016	March 31, 2016	September 30, 2016
Completion of SECAP	Optional	September 30, 2017	September 30, 2016	March 31, 2016	September 30, 2016



## Part VII: SUBJECTIVE EVALUATION

*This section should be completed with the system operators.*

- A. Describe the physical condition of the sewer collection system: (lift stations, etc. included)

In general the system is adequate. We still need to make some repairs and upsize existing infrastructure.

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

Vac truck disposal, new air port development and upgrade sewer mains.

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

Roots and old pipe age are a concern in our collection system. Also, we have a lot of groundwater infiltration.

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

We have a sewer master plan.

**Part VII: SUBJECTIVE EVALUATION (cont.)**

- G. 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 %

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

YES \_\_\_\_\_ NO X

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## POINT SUMMATION

Fill in the point totals from Parts II through V in the blanks provided in the Points column. Add the numbers to determine the MWPP point total that your wastewater facility has generated for the past twelve months.

Part	Points
II	0
III	0
IV	0
V	0
Total	0

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.

Paul Lindhardt  
Signature of Signatory Official

3-15-17  
Date

Paul Lindhardt  
Print Name of Signatory Official

Water/Wastewater Division Manager  
Title

The signatory official is the person authorized to sign permit documents, per R317-8-3.4.

# **Municipal Wastewater Planning Program (MWPP) Discharging Lagoon Facility Section for 2016**

Owner Name: LOGAN

Name and Title of Contact Person:

Jim HARPS  
Wastewater Treatment Manager

Phone: (435) 716-9797

E-mail: jim.harps@loganutah.org

**SUBMIT BY APRIL 15, 2017**

Electronic

submission: <http://deq.utah.gov/ProgramsServices/services/submissions/index.htm>

or

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:

Jim HARPS  
May Receive Continuing Education Units (CEUs)



## Part I: INFLUENT INFORMATION

- A. Please provide the average design flow rate 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	19.3	21,310	21,310
90% of the Design Criteria	17.4	19,179	19,179

- 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 2016. (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) <sup>1</sup>	(4) Average Monthly TSS Concentration (mg/L)	(5) Average TSS Loading (lbs/day) <sup>2</sup>
January	9.2	141	10,819	130	9975
February	11.8	142	13,975	111	10,924
March	13.2	197	21,687	150	16,513
April	13.8	133	15,307	125	14,387
May	13.7	117	13,368	121	13,825
June	16.6	115	15,921	95	13,152
July	15.9	80	10,608	139	18,432
August	14.8	78	9628	107	13,207
September	16.1	105	14,099	130	17,455
October	13.7	101	11,540	98	11,197
November	11.2	129	12,050	153	14,291
December	12.0	155	15,512	178	17,814
Average	13.5	124	13,709	128	14,264

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

## Part II: EFFLUENT INFORMATION

- A. Please list the average monthly BOD<sub>5</sub>, TSS, Ammonia (NH<sub>3</sub>), monthly maximum total residual chlorine (TRC) minimum monthly dissolved oxygen (DO), and 30-day geometric averages for Fecal and Total Coliform or E-Coli, discharge by your facility during 2016.

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) TRC (mg/L)	(7) DO (mg/L)	(8) NH <sub>3</sub> (mg/L)
	Whole Numbers Only					One Decimal Place Only		
January	6	5	NA	NA	2.9	NA	4.0	14.3
February	16	8	NA	NA	12.8	NA	4.0	8.8
March	8	20	NA	NA	1.3	NA	4.1	8.0
April	7	12	NA	NA	0.5	NA	4.0	9.2
May	7	5	NA	NA	0.7	NA	4.1	10.9
June	6	4	NA	NA	0.7	NA	4.0	10.2
July	17	21	NA	NA	1.2	NA	4.0	13.7
August	ND	ND	NA	NA	9.7	NA	ND	ND
September	9	7	NA	NA	2.0	NA	4.0	6.4
October	3	2	NA	NA	0.5	NA	4.1	7.7
November	3	3	NA	NA	0.8	NA	4.1	3.5
December	3	4	NA	NA	0.5	NA	4.1	7.7
Average	8	8	NA	NA	2.8	NA	4.0	9.1

- 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 TRC (mg/L)	NH <sub>3</sub> (mg/L) W Sp Su Fall				minimum DO (mg/L)
Monthly Permit Limit	25	NA	14.4	11.9	9.1	11.2	4
80% of the Permit Limit	20	NA	11.5	9.5	7.3	8.9	4.8

ND = No Discharge



**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?	1	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 TSS exceed 25 mg/L?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many times did the TRC exceed permit limit?	NA	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	NA
How many times did the NH <sub>3</sub> exceed permit limits?	2	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	15
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?	NA	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	NA
How many months did the 30-day total coliform exceed 2000 #/100 mL?	NA	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	NA
How many months did the 30-day E-coli exceed 126 #/100 mL?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 40 points	0
TOTAL PART II =			15

### 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 2016.

$$\text{Points} = \text{Age} = \text{Present Year} - \text{Construction or Upgrade Year.}$$

Enter the calculated age below.

If the point total exceeds 20 points, enter only 20 points

Unit Process	Present Year	Construction or Upgrade Year	Age = Points
Headworks	2016	1988	20
Lagoons (including aeration)	2016	1988	20
Disinfection	2016	2007	9
TOTAL PART III (not greater than 20) =			20

### 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
TOTAL PART IV =			0



## Part V: 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 septic haulers?	No = 0 points Yes = 10 points	0
TOTAL PART V =		0

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

362 new residential connections

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

37 new commercial/industrial connections

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

1082 new people served

E. Total number of effective residential connections (ERC) served

17,279 total ERC served

## Part VI: OPERATOR CERTIFICATION

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

6 treatment system operators employed

B. You are required to have the chief direct responsible charge (DRC) operator(s) certified at TREATMENT II.

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

C. What is/are the name(s) of your wastewater treatment DRC operator(s)?

Jim HARPS  
Issa HAMUD  
 \_\_\_\_\_  
 \_\_\_\_\_

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. Attach additional pages if necessary.

Not Certified John Newbold Ryan Jenks

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

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

Treatment II Issa Hamud Brad Jones  
Jim Harps Tim Lindsay

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

Treatment IV \_\_\_\_\_

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 B & 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>
TOTAL PART VI =		<u>0</u>

## Part VII: 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
TOTAL PART VII =		0

## Part VIII: 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?

we will be doing a full facility upgrade  
in the next 5 years to address new  
limits for phosphorous & ammonia.

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**Part VIII: SUBJECTIVE EVALUATION (cont.)**

C. 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 %

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

YES X NO \_\_\_\_\_

E. Have you done any major repairs or mechanical equipment replacement in 2016?  
(do not include construction or upgrade projects)

YES \_\_\_\_\_ NO X

F. What was the approximate cost for those repairs or replacements?

\$ NA



## Point Summation

Fill in the point totals from Parts I through VII in the blanks provided in the Points column. Add the numbers to determine the MWPP point total that your wastewater facility has generated for the past twelve months.

Part	Points
I	20
II	15
III	20
IV	0
V	0
VI	0
VII	0
Total	55

**Part VIII: SUBJECTIVE EVALUATION (cont.)**

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

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