RESOLUTION NO. R-9-2020

A RESOLUTION OF EAGLE MOUNTAIN CITY, UTAH, ADOPTING THE MUNICIPAL WASTEWATER PLANNING PROGRAM SELF-ASSESSMENT REPORT FOR 2019

PREAMBLE

WHEREAS, Section R317-101-3H of the Utah Administrative Code requires political subdivisions which receive assistance for a wastewater project to participate annually in the Municipal Wastewater Planning Program (MWPP);

NOW THEREFORE, BE IT RESOLVED by the Eagle Mountain City Council that:

1. The Eagle Mountain City Municipal Wastewater Planning Program Self-Assessment Report for 2019, attached to this Resolution as Exhibit A, be adopted to meet the requirements of the Utah Administrative Code, Section R317-101-3H.

2. All necessary actions have been taken to maintain effluent requirements contained in the UPDES permit.

3. This Resolution shall be effective on the date it is adopted.

ADOPTED by the City Council of Eagle Mountain City this 19th day of May, 2020.

EAGLE MOUNTAIN CITY, UTAH

Tom Westmoreland, Mayor

ATTEST:

Fionnuala B. Kofoed, MMC
City Recorder

CORPORATE SEAL
EAGLE MOUNTAIN
EST. 1996
STATE OF UTAH

CERTIFICATION

The above Resolution was adopted by the City Council of Eagle Mountain City on this 19th day of May, 2020.

Those voting aye:	Those voting nay:	Those excused:
☑ Donna Burnham	☐ Donna Burnham	☐ Donna Burnham
☑ Melissa Clark	☐ Melissa Clark	☐ Melissa Clark
☑ Colby Curtis	☐ Colby Curtis	☐ Colby Curtis
☑ Jared Gray	☐ Jared Gray	☐ Jared Gray
☑ Carolyn Love	☐ Carolyn Love	☐ Carolyn Love

Fionnuala B. Kofoed, MMC
City Recorder

Posted 5/28/2020 (VP)

Exhibit A

Municipal Wastewater Planning Program (MWPP)
Annual Report
for the year ending 2019
EAGLE MOUNTAIN CITY

Thank you for filling out the reqested 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, 2020

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

- (●) **Yes**
- ( ) No

This is the current information recorded for your facility:

Facility Name:	EAGLE MOUNTAIN CITY
Contact - First Name:	Mack
Contact - Last Name:	Straw
Contact - Title	Public Utilities Manager

Contact - Phone:	601 709 0070
Contact - Email:	mstraw@emcity.org

Is this information above complete and correct?

- (●) **Yes**
- ( ) No

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

Classification: COLLECTION
Grade: III

(if applicable)

Classification: TREATMENT
Grade: III

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 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

Please update the information for the person in charge of filling out each section.

	Email ex. john@email.com	Name (first and last)	Notes These notes will be sent in the invite email
Financial Evaluation	mstraw@emcity.org	Mack Straw	
Collection System	mstraw@emcity.org	Mack Straw	
Mechanical	mgoodrich@emcity.org	Matt Goodrich	Please Fill This Out Thanks
Review, sign and submit	mstraw@emcity.org	Mack Straw	

Click 'Yes' to send an email to each responsible person with the notes you've included (if any) with a link to the forms and to receive updates

- (●) **Yes, send the link to this form for the next person to fill out.**
- ( ) Continue filling out the form myself and send the link to others later.

Financial Evaluation Section

Form completed by:

Mack Straw

Part I: GENERAL QUESTIONS

	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[6] requirements being met?	◉	○

What was the User Charge[16] for 2019?

41.14

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[15]?	○	◉

	Yes	No
Are sewer revenues[14] sufficient to cover operations & maintenance costs[9], and repair & replacement costs[12] (OM&R) at this time?	◉	○
Are projected sewer revenues sufficient to cover OM&R costs for the ***next five years***?	◉	○
Does the sewer system have sufficient staff to provide proper OM&R?	◉	○
Has a repair and replacement sinking fund[13] been established for the sewer system?	◉	○
Is the repair & replacement sinking fund sufficient to meet anticipated needs?	◉	○

Part III: CAPITAL IMPROVEMENTS REVENUES AND RESERVES

	Yes	No
Are sewer revenues sufficient to cover all costs of current capital improvements[3] projects?	○	◉
Has a Capital Improvements Reserve Fund[4] been established to provide for anticipated capital improvement projects?	◉	○
Are projected Capital Improvements Reserve Funds sufficient for the ***next five years***?	◉	○
Are projected Capital Improvements Reserve Funds sufficient for the ***next ten years***?	○	◉
Are projected Capital Improvements Reserve Funds sufficient for the ***next twenty years***?	○	◉

Part IV: FISCAL SUSTAINABILITY REVIEW

	Yes	No
Have you completed a Rate Study[11] within the last five years?	◉	○
Do you charge Impact fees[8]?	◉	○

2019 Impact Fee =

3283.43

	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[10]?	◉	○
Have you updated your Capital Facility Plan[2] within the last five years?	◉	○

	Yes	No
Do you use an Asset Management[1] system for your sewer systems?	◉	○

Describe the Asset Management System (check all that apply)

- ☑ **Spreadsheet**
- ☐ GIS
- ☑ **Accounting Software**

☑ **Other**

	Yes	No
Do you know the total replacement cost of your sewer system capital assets?	○	◉

	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?

0

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
2020		☐	☐	☐

2025 thru 2029	65498667			
2030 thru 2034	Please enter a valid numerical value 65498667	Replace/Restore	New Technology	Increase Capacity
2035 thru 2039	65498667			

This is the end of the Financial questions

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

- [x] **Yes**

This is the end of the Financial section. What would you like to do next?

- ○ This entire section is complete. Send the link to the next person in charge. *(Once you Save & Continue, you will no longer be able to use the same link to view/edit your responses).*
- ◉ **I will continue to fill out/review the next section myself.**

Collections System Section

Form completed by:

May Receive Continuing Education /units (CEUs)

Matt Goodrich

Part I: SYSTEM DESCRIPTION

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

30

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)?

114

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)?

660 GPM @ 140 FT of head

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)?

1998

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

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)?

1

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: 2019

Number

year	Number 1
Number of Class 2 SSOs in Calendar year	0

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

Our lift station pumps didn't prime in the night. When we went to inspect the lift station in the morning there was a small pool of water around the lift station. This Lift station is located near a city park, thus classifying it as a class one SSO. We sucked up the water with our vac truck. Also, we have since connected this lift station to our SCADA system.

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

Tributary community.

Part III: 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

Number of new commercial/industrial connections in the last year

3

Number of new residential sewer connections added in the last year

923

Equivalent residential connections[7] served

2306776

Part IV: OPERATOR CERTIFICATION

How many collection system operators do you employ?

3

Approximate population served

21,415

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	Grade	Email

	Name	Grade	Email
Chief Operator/DRC	Matt Goodrich First and Last Name	IV	mgoodrich@emcity.org Please enter full email address

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

	Name separate by comma
SLS[17] Grade I:	
Collection Grade I:	
Collection Grade II:	
Collection Grade III:	
Collection Grade IV:	Brody Kinder

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

	Name separate by comma
SLS[17] Grade I:	
Collection Grade I:	
Collection Grade II:	Dallan Harris
Collection Grade III:	
Collection Grade IV:	
No Current Collection Certification:	

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

◉ **Yes**

Part V: FACILITY MAINTENANCE

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

Part VI: SSMP EVALUATION

	Yes	No
Has your system completed a Sewer System Management Plan (SSMP)?	◉	○
Has the SSMP been adopted by the permittee's governing body at a public meeting?	◉	○
Has the completed SSMP been public noticed?	◉	○
During the annual assessment of the SSMP, were any adjustments needed based on the	○	◉

Yes No

Date of Public Notice

10/17/2017

During 2019, 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)

Our System is in relatively good condition. 90% of our system is PVC and the RCP we do have is in good condition, except for a strech of our fall out line going to TSSD. Lift stations are in good shape and operating properly. Also, we have 24+ manholes we need to have repaired.

What sewerage system capital improvements[3] does the utility need to implement in the next 10 years?

What sewerage system problems, other than plugging, have you had over the last year?

We had pumps not prime and we have found some manholes and sewer line that needs to be repaired.

Is your utility currently preparing or updating its capital facilities plan[2]?

- (●) **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?

No Comments

This is the end of the Collections System questions

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

☑ **Yes**

This is the end of the Collection System section, what would you like to do next?

This entire section is complete. Send the link to the next person in charge. *(Once you Save & Continue, you will no longer be able to use the same link to view/edit your responses).*

◉ **I will continue to fill out/review the next section myself.**

Mechanical Plant Section

Form completed by:

May Receive Continuing Education /units (CEUs)

Matt Goodrich

Part I: INFLUENT INFORMATION

Please provide the average <u>influent</u> flow rate and average <u>influent</u> BOD_5 and TSS loading rates listed below for your facility.

	Average Daily Flow (MGD)	Average Daily BOD_5 Load (lb/day)	Average Daily TSS Load (lb/day)
Design Basis or Rated Capacity	1.2	210	210
2019 Average	.5	196	269

Part II: EFFLUENT INFORMATION

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	2019	2009	10
Primary Treatment	2019	2009	10
Secondary Treatment	2019	2009	10
Tertiary Treatment	2019	0	0
Solids Handling	2019	2009	10
Disinfection	2019	2009	10
Land Application/Disposal	2019	2009	10

PART IV: DISCHARGES

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

18

Number of new residential sewer connections added in the last year

1090

Equivalent residential connections[7] served

1108

Part VII: OPERATOR CERTIFICATION

How many treatment system operators do you employ?

5

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	Matt Goodrich	IV	mgoodrich@emcity.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[17] Grade I:	
Treatment Grade I:	
Treatment Grade II:	
Treatment Grade III:	
Treatment Grade IV:	Brody Kinder, Matt Mort

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

	Name separate by comma
SLS[17] Grade I:	
Treatment Grade I:	Tyler Herd, Dallan Harris
Treatment Grade II:	
Treatment Grade III:	
Treatment Grade IV:	

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?	(●)	( )
Have you updated the treatment system operations and maintenance manual within the past 5 years?	(●)	( )

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

	Yes	No
Screens	(●)	( )
Grit Removal	(●)	( )

	Yes	No
Imhoff Tanks	○	◉
Fixed Film Reactor	○	◉
Activated Sludge	◉	○
Aerobic Suspend 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	◉	○

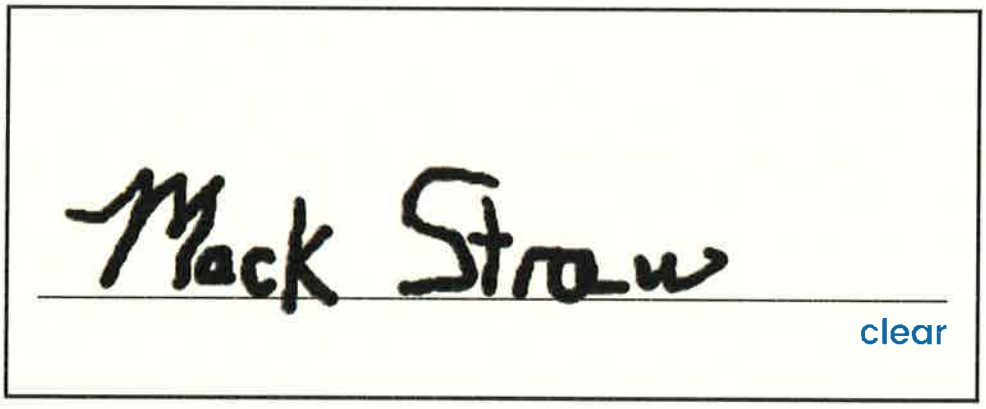
To the best of my knowledge, the Mechanical Plant section is completed and accurate.

- [x] **Yes**

This is the end of the Mechanical Plant section, what would you like to do next?

- ○ This entire section is complete. Send the link to the next person in charge. *(Once you Save & Continue, you will no longer be able to use the same link to view/edit your responses).*
- ◉ **I will continue to fill out/review the next section myself.**

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



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

05/19/2020

Please log in.

Email mstraw@emcity.org

PIN ••••

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 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 and we will contact you as soon as possible. You may also visit our Frequently Asked Questions page.