STATE OF UTAH

MUNICIPAL WASTEWATER PLANNING PROGRAM

SELF-ASSESSMENT REPORT

FOR

IVINS

2016

UTAH DEPARTMENT *of*
ENVIRONMENTAL QUALITY
WATER
QUALITY

Resolution Number _____

MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION

RESOLVED that IVINS informs the Water Quality Board of the following actions taken by the _____ *(Governing Body).*

1. Reviewed the attached Municipal Wastewater Planning Program Report for 2016.

~~2. Have taken all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (if applicable).~~ (NOT APPLICABLE)

Passed by a (majority) (unanimous) vote on

_____
(Date)

_____ _____
Mayor/Chair Attest: Recorder/Clerk

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

Owner Name: IVINS

Name and Title of Contact Person:

CHARLES R. GILLETTE

PUBLIC WORKS DIR/ CITY ENGINEER

Phone: 435-634-0689

E-mail: cgillette@ivins.com

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 ***at this time?***	YES = 0 points NO = 25 points	0
Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for the ***next five years***?	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	25
Is the repair & replacement ~~sinking fund~~ adequate to meet anticipated needs? funding	YES = 0 points NO = 25 points	0
What was the average User Charge fee for 2016?	$ 22.11 per month	
	TOTAL PART I =	25

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 next ***next five years***?	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the next ***next ten years***?	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the next ***next twenty years?***	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	25
	TOTAL PART II =	25

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)	$83K	$0	$390K	$0	$512K

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	25
II	25
III	0
Total	50

Municipal Wastewater Planning Program (MWPP)
Collection System Section

Owner Name: IVINS

Name and Title of Contact Person:

CHARLES R. GILLETTE

PUBLIC WORKS DIR/CITY ENG.

Phone: 435-634-0689

E-mail: cgillette@ivins.com

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:

CHARLES R. GILLETTE, OPID#3415

May Receive Continuing Education Units (CEUs)

Part I: SYSTEM AGE

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

Year 1991

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

Oldest part 25 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	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	0
How many days last year was there a bypass, overflow or basement flooding by untreated wastewater due to equipment failure? (except plugged laterals)	0	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	0
		TOTAL PART II =	0

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 0

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

N/A

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_5 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

111 new residential connections

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

0 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

111 total ERC served

Part IV: OPERATOR CERTIFICATION

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

4 collection system operators employed

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

What is the current grade of the collection DRC operator(s)? C4

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

Charles Gillette, Lvl C4, DRC

Shiloh Pentz, Lvl C4, DRC

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	3
Small Lagoons	
Collection I	
Collection II	1
Collection III	
Collection IV	3

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 ✓

B. If the SSMP has been completed, has the SSMP been public noticed?

No _____ Yes (include date of public notice) 1/15/2016

C. Has the SSMP been approved by the permittee's governing body at a public meeting?

No _____ Yes ✓

D. During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan?

No ✓ 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 ✓ 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 ✓

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)

The 25 year old system is in good condition.

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

2017 - Need to improve access to line in the Tuaeahn Wash

2019 - 2500LF 10" in 200W

2021 - 3100 LF 10" in Hwy 91

2023 - Upsize 12" to 18" in Tuaeahn Wash

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

ODOR PROBLEMS ARE COMMON

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

JUST FINISHED SEWER MASTER PLAN AND IMPACT FEE ANALYSIS.

Part VII: SUBJECTIVE EVALUATION (cont.)

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

ALWAYS ✓ 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 _____

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

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.

_____ _____

Signature of Signatory Official Date

_____ _____

Print Name of Signatory Official Title

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