

RESOLUTION NO. R-04-2021

**A RESOLUTION OF EAGLE MOUNTAIN CITY, UTAH,
ADOPTING THE MUNICIPAL WASTEWATER PLANNING PROGRAM
SELF-ASSESSMENT REPORT FOR 2020**

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:

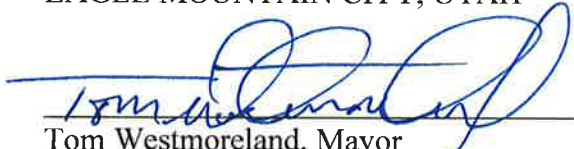
1. The Eagle Mountain City Municipal Wastewater Planning Program Self-Assessment Report for 2020, attached to this Resolution as Exhibit A, be adopted to meet the requirements of the Utah Administrative Code, Section R317-101-3H.

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 2nd day of March, 2021.

EAGLE MOUNTAIN CITY, UTAH



Tom Westmoreland, Mayor

ATTEST:



Fionnuata B. Kofoed, MMC
City Recorder



CERTIFICATION

The above Resolution was adopted by the City Council of Eagle Mountain City, Utah on this 16th day of March 2021.

Those voting aye:	Those voting nay:	Those excused:	Those abstaining:
<input checked="" type="checkbox"/> Donna Burnham	<input type="checkbox"/> Donna Burnham	<input type="checkbox"/> Donna Burnham	<input type="checkbox"/> Donna Burnham
<input checked="" type="checkbox"/> Melissa Clark	<input type="checkbox"/> Melissa Clark	<input type="checkbox"/> Melissa Clark	<input type="checkbox"/> Melissa Clark
<input checked="" type="checkbox"/> Colby Curtis	<input type="checkbox"/> Colby Curtis	<input type="checkbox"/> Colby Curtis	<input type="checkbox"/> Colby Curtis
<input checked="" type="checkbox"/> Jared Gray	<input type="checkbox"/> Jared Gray	<input type="checkbox"/> Jared Gray	<input type="checkbox"/> Jared Gray
<input checked="" type="checkbox"/> Carolyn Love	<input type="checkbox"/> Carolyn Love	<input type="checkbox"/> Carolyn Love	<input type="checkbox"/> Carolyn Love


Fionnuala B. Kofoed, MMC
City Recorder



Posted to City bulletin boards on 03.19.2021 by UP.

Exhibit A

*Municipal Wastewater Planning Program (MWPP)
Annual Report
for the year ending 2020
EAGLE MOUNTAIN CITY*

Thank you for filling out the requested 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, 2021

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 - Email:	mack@emcog.org

Contact - Phone:	801-789-6678
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	<input type="text"/>
Collection System	mstraw@emcity.org	Mack Straw	<input type="text"/>
Mechanical	mgoodrich@emcity.org	Matt Goodrich/Brody Kinder	<input type="text"/>
Review, sign and submit	mstraw@emcity.org	Mack Straw	<input type="text"/>

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 Fund⁶ requirements being met?

What was the annual average User Charge¹⁶ for 2020?

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 systems¹⁵?

Yes

No

- | | Yes | No |
|--|----------------------------------|-----------------------|
| Are sewer revenues ¹⁴ sufficient to cover operations & maintenance costs ⁹ , and repair & replacement costs ¹² (OM&R) at this time? | <input checked="" type="radio"/> | <input type="radio"/> |
| Are projected sewer revenues sufficient to cover OM&R costs for the <i>next five years</i> ? | <input checked="" type="radio"/> | <input type="radio"/> |
| Does the sewer system have sufficient staff to provide proper OM&R? | <input checked="" type="radio"/> | <input type="radio"/> |
| Has a repair and replacement sinking fund ¹³ been established for the sewer system? | <input checked="" type="radio"/> | <input type="radio"/> |
| Is the repair & replacement sinking fund sufficient to meet anticipated needs? | <input checked="" type="radio"/> | <input type="radio"/> |

Part III: CAPITAL IMPROVEMENTS REVENUES AND RESERVES

- | | Yes | No |
|--|----------------------------------|----------------------------------|
| Are sewer revenues sufficient to cover all costs of current capital improvements ³ projects? | <input type="radio"/> | <input checked="" type="radio"/> |
| Has a Capital Improvements Reserve Fund ⁴ been established to provide for anticipated capital improvement projects? | <input checked="" type="radio"/> | <input type="radio"/> |
| Are projected Capital Improvements Reserve Funds sufficient for the <i>next five years</i> ? | <input checked="" type="radio"/> | <input type="radio"/> |
| Are projected Capital Improvements Reserve Funds sufficient for the <i>next ten years</i> ? | <input type="radio"/> | <input checked="" type="radio"/> |
| Are projected Capital Improvements Reserve Funds sufficient for the <i>next twenty years</i> ? | <input type="radio"/> | <input checked="" type="radio"/> |

Part IV: FISCAL SUSTAINABILITY REVIEW

- | | Yes | No |
|--|----------------------------------|-----------------------|
| Have you completed a Rate Study ¹¹ within the | <input checked="" type="radio"/> | <input type="radio"/> |

last five years?

Yes

No

Do you charge Impact fees⁸?

2020 Impact Fee (if not a flat fee, use average of all collected fees) =

3589

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 Operations¹⁰?

Have you updated your Capital Facility Plan² within the last five years?

Yes

No

Do you use an Asset Management¹ system for your sewer systems?

Describe the Asset Management System (check all that apply)

- Spreadsheet
- GIS
- Accounting Software
- Specialized 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
2021		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2021 thru 2025	70950000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2026 thru 2030	57150000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2031 thru 2035		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Please enter a valid

New

Increase

This is the end of the Financial questions

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

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)

Mack Straw, Matt Goodrich, Brody Kinder

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)?

121

How many lift/pump stations are in the collection system?

5

What is the largest capacity lift/pump station in the collection system (design capacity in gallons per minute)?

2000 GPM @ 40 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)

1998

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)?

0

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: 2020

Number

Number of Class 1 SSOs in Calendar year

0

Number of Class 2 SSOs in Calendar year

0

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

NA

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

NA

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

1554

Equivalent residential connections⁷ served

64

Part IV: OPERATOR CERTIFICATION

How many collection system operators do you employ?

7

Approximate population served

43,000

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 First and Last Name	Grade	Email Please enter full email address
Chief Operator/DRC	Brody Kinder	IV	bkinder@emcity.org

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:	Name
Collection Grade II:	separate by comma
Collection Grade III:	
Collection Grade IV:	Mack Straw, Matt Goodrich, 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, Blayne Parkin
Collection Grade III:	
Collection Grade IV:	Justin Komoroski
No Current Collection Certification:	Matt Mortensen

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

Yes

No

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?

- the past 5 years:
- | | Yes | No |
|---|----------------------------------|----------------------------------|
| Do you have a written emergency response plan for sewer systems? | <input checked="" type="radio"/> | <input type="radio"/> |
| Do you have a written safety plan for sewer systems? | <input type="radio"/> | <input checked="" type="radio"/> |
| Is the entire collections system TV inspected at least every 5 years? | <input checked="" type="radio"/> | <input type="radio"/> |
| Is at least 85% of the collections system mapped in GIS? | <input checked="" type="radio"/> | <input type="radio"/> |

Part VI: SSMP EVALUATION

- | | Yes | No |
|---|----------------------------------|----------------------------------|
| Has your system completed a Sewer System Management Plan (SSMP)? | <input checked="" type="radio"/> | <input type="radio"/> |
| Has the SSMP been adopted by the permittee's governing body at a public meeting? | <input checked="" type="radio"/> | <input type="radio"/> |
| Has the completed SSMP been public noticed? | <input checked="" type="radio"/> | <input type="radio"/> |
| During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan? | <input type="radio"/> | <input checked="" type="radio"/> |

Date of Public Notice

10/17/2017

During 2020, 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 stretch 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 improvements³ does the utility need to implement in the next 10 years?

We will need to repair a portion of our fallout line and 24+ manholes.

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

SCADA communications problems are the only issues we have had. nothing serious.

Is your utility currently preparing or updating its capital facilities plan²?

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?

NA

This is the end of the Collections System questions

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

- 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/Brody Kinder

Part I: INFLUENT INFORMATION

Please provide the average influent flow rate and average influent BOD₅ 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	2102	000
2020 Average	.603	825	882

Part II: EFFLUENT INFORMATION

How many Notices of Violation (NOVs) did you receive for this facility in the 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?

1

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	2020	2009	11
Primary Treatment	2020	2009	11
Secondary Treatment	2020	0	0
Tertiary Treatment	2020	0	0
Solids Handling	2020	2018	2
Disinfection	2020	0	0
Land Application/Disposal	2020	0	0

PART IV: DISCHARGES

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

Biosolids Disposal (check all that apply)

Yes

No

Landfill

Land Application

Part VI: NEW DEVELOPMENT

Number of new commercial/industrial connections in the last year

Number of new residential sewer connections added in the last year

Equivalent residential connections⁷ served

Part VII: OPERATOR CERTIFICATION

How many treatment system operators do you employ?

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	Grade	Email
------	-------	-------

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

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:	Matt Goodrich, Brody Kinder, Matt Mortenson

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:	Dallan Harris
Treatment Grade II:	
Treatment Grade III:	Justin Komoroski
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

Primary Clarifiers

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

	Yes	No
Air Stripping	<input type="radio"/>	<input checked="" type="radio"/>
Phosphorus Removal - Chemical	<input type="radio"/>	<input checked="" type="radio"/>
Phosphorus Removal - Biological	<input checked="" type="radio"/>	<input type="radio"/>
Ion Exchange	<input type="radio"/>	<input checked="" type="radio"/>
Reverse Osmosis	<input type="radio"/>	<input checked="" type="radio"/>
Media Filtration	<input type="radio"/>	<input checked="" type="radio"/>
Dissolved Air Flotation	<input type="radio"/>	<input checked="" type="radio"/>
Micro Screens	<input type="radio"/>	<input checked="" type="radio"/>
Chlorine Disinfection	<input type="radio"/>	<input checked="" type="radio"/>
UV Disinfection	<input type="radio"/>	<input checked="" type="radio"/>
Effluent use/Reuse	<input type="radio"/>	<input checked="" type="radio"/>

This is the end of the Mechanical Plant questions

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

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.

× Mask Straw

[clear](#)

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](#)

03/02/2021

Please log in.

Email

mstraw@emcity.org

PIN

....

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.

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