RESOLUTION NO. 00-25

ROLL CALL

VOTING	YES	NO
MAYOR DALE R. BARNEY *(votes only in case of tie)*		
SHERMAN E. HUFF *Councilmember*	X	
EVERETT KELEPOLO *Councilmember*	X	
ROY L. JOHNS *Councilmember*	X	
LILLIAN J. SHEPHERD *Councilmember*	X	
GLENN A. JAMES *Councilmember*	X	

I MOVE this resolution be adopted: Councilmember Kelepolo
I SECOND the foregoing motion: Councilmember Johns

RESOLUTION 00-25

A RESOLUTION APPROVING THE MUNICIPAL WASTEWATER PLANNING PROGRAM

WHEREAS, Spanish Fork City participates in the Municipal Wastewater Planning Program; and

WHEREAS, The Mayor and City Council of Spanish Fork City have reviewed the Municipal Wastewater Planning Program Report for 1999, incorporated herein by this reference; and

WHEREAS, Spanish Fork City has taken all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit.

SECTION I

NOW THEREFORE, be it resolved that the Spanish Fork City Council hereby informs the Water Quality Board the above actions have been taken.

SECTION II

This resolution adopted this 3rd day of October, 2000, by the City Council of Spanish Fork City, Utah.

DALE R. BARNEY, Mayor

ATTEST:

KENT R. CLARK, City Recorder

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STATE OF UTAH

MUNICIPAL WASTEWATER PLANNING PROGRAM

SELF-ASSESSMENT REPORT

FOR

SPANISH FORK

1999

Resolution Number 00-25

MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION

RESOLVED that SPANISH FORK informs the Water Quality Board the following actions were taken by the CITY COUNCIL.

1. Reviewed the Municipal Wastewater Planning Program Report for 1999, which is attached to this resolution.

2. Have taken all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (If Applicable)

Passed by a (majority) (unanimous) vote on October 3, 2000
(date)

Mayor/Chairman

Attest: Recorder/Clerk

CORPORATE SEAL OF SPANISH FORK CITY
UTAH

Municipal Wastewater Planning Program (MWPP)
Mechanical Plant Section

Owner Name: Spanish Fork

Name and Title of Contact Person: Dennis Sorenson

Treatment Plant Manager

Phone: (801) 798-5051

PLEASE SUBMIT TO STATE BY: August 8, 2000

Mail to: MWPP c/o Paul Krauth
Department of Environmental Quality
Division of Water Quality
288 North 1460 West
P.O. Box 144870
Salt Lake City, Utah 84114-4870
Phone : 538-6018
E-mail: PKRAUTH@DEQ.STATE.UT.US

Form completed by

Dennis Sorenson

Part I: INFLUENT INFORMATION

A. Please list the average design flow and average design BOD_5 and TSS loading for your facility.

	Average Design Flow (MGD)	Average Design BOD_5 Loading (lbs/day)	Average Design TSS Loading (lbs/day)
Design Criteria	5 MGD	6,250 lbs/day	6470 lbs/day
90% of the Design Criteria	4.5 MGD	5,625	5823

B. Please list the average monthly flows in millions of gallons per day (MGD) and BOD_5 and TSS loadings in milligrams per liter (mg/L) received at your facility during 1999. (Calculate the BOD_5 and TSS loadings in pounds per day (lbs/day).

Month	(1) Average Monthly Flow (MGD)	(2) Average Monthly BOD_5 Concentration (mg/L)	(3) Average BOD_5 Loading (lbs/day) 1	(4) Average Monthly TSS Concentration (mg/L)	(5) Average TSS Loading (lbs/day) 2
January	3.2	143	3816	155	4137
February	3.3	129	3550	108	2972
March	3.1	133	3439	149	3852
April	3.2	109	2909	94	2509
May	3.8	80	2535	96	3042
June	3.6	87	2612	94	2822
July	4	93	3102	112	3736
August	4	80	2669	106	3536
September	3.5	76	2218	92	2685
October	3.0	110	2752	135	3378
November	2.8	121	2826	199	4647
December	2.7	256	5765 *	430	9682 *
Average	3.4	118	3346	148	4197

1 BOD_5 Loading (3) = Average Monthly Flow (1) x Average Monthly BOD_5 Concentration (2) x 8.34
2 TSS Loading (5) = Average Monthly Flow (1) x Average Monthly TSS Concentration (4) x 8.34

* Faulty Hose on Sampler

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_5 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	0 / 10
How many times did the average monthly BOD_5 loading (Part B., Column 3) to the wastewater facility exceed the design loading?	0	0 = 0 points 1-2 = 20 points 3-5 = 40 points 5 or more = 60 points	0
		TOTAL PART I =	0 / 10

Part II: EFFLUENT INFORMATION

A. Please list the average monthly BOD_5, TSS, Ammonia (NH_3), monthly maximum Cl_2 monthly minimum DO, and 30-day geometric averages for Fecal Coliforms, Total Coliforms, produced by your facility during 1999.

Month	(1) BOD_5 (mg/L)	(2) TSS (mg/L)	(3) Fecal Coliform (#/100 mL)	(4) Total Coliform (#/100 mL)	(5) Cl_2 (mg/L)	(6) DO (mg/L)	(7) NH_3 (mg/L)
	Whole Numbers Only				One Decimal Place Only		
January	13	10	3	230	0.38	6.0	4.4
February	18	10	3	206	0.40	6.5	2.7
March	17	13	10	668	0.40	6.5	3
April	13	13	2	161	0.3	7.0	3.2
May	14	12	3	540	0.5	6.0	2.5
June	17	14	2	270	0.4	6.0	2.7
July	15	12	9	245	0.4	5.0	2.6 (2.6)
August	10	6	6	289	.4	5.5	2.8
September	11	6	4	133	.3	6.0	2.6
October	11	11	4	148	.4	5.0	2.5
November	8	8	3	148	.3	5.5	2.3
December *	12 *	13	2	135	.4	5.0	2.2
Average	13	11	3.7	229	.4	5.8	2.8

B. Please list the monthly average permit limits for the facility in the blanks below.

	BOD_5 ($CBOD_5$) (mg/L)	Cl_2 maximum (mg/L)	NH_3 (mg/L) April Sept / Summer / Oct/Nov Winter	DO minimum (mg/L)
Monthly Permit Limit	25	0.42	9.0 / 8.6	5.0
80% of the Permit Limit	20	0.34	7.2 / 6.9	~~7.0~~ 6.0

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_5 ($CBOD_5$) 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_5 ($CBOD_5$) 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?	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 TSS exceed 25 mg/L?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
* How many times did the Cl_2 exceed permit limit?	1	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	15
How many times did the NH_3 concentration exceed permit limits?	0	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	0
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?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many months did the 30-day total coliform exceed 2000 #/100 mL?	0	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
		TOTAL PART II =	15

Period of Not more than 30min.

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 1999.

Points = Age = Present Year - Construction or Upgrade Year.

Enter the calculated age below.

If the point total exceeds 20 points, enter only 20 points. for Part III total.

Unit Process	Present Year	Construction or Upgrade Year	Age = Points
Headworks	1999	1986	13
Primary Treatment	1999	1986	13
Secondary Treatment	1999	1999	0
Solids Handling	1999		13
Disinfection	1999	1997	2
		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: SOLIDS HANDLING

A. Please complete the following table:

Current Disposal Method (check all that apply)	Points Earned	Total Points
Landfilling	Class B = 0 points < Class B = 50 points	0
Land Application	Site Life 0-5 years = 20 points 5-10 years = 10 points 10-20 years = 0 points	0
Give Away/Distribution and Marketing	Unrestricted = 10 points (Class A) Restricted = 20 points (Class B)	
	TOTAL PART V =	0

Part VI: 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
Have you experienced any upset due to septic haulers?	No = 0 points Yes = 10 points	0
	TOTAL PART VI =	0

Part VI: NEW DEVELOPMENT (cont.)

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

307 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

900 new people served

Part VII: OPERATOR CERTIFICATION

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

3 treatment system operators employed

B. What is/are the name(s) of your DRC operator(s)?

Dennis Sorenson, Jerry Hadlock

C. You are required to have the DRC operator(s) certified at a treatment grade III.

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

D. State of Utah Administrative Rules require all operators considered to be in DRC to be appropriately certified. List all the operators in your system by their certification class.

Not Certified	___
Treatment I	___
Treatment II	1
Treatment III	1
Treatment IV	1

Part VII: 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 VII =	0

Part VIII: 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 an 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 an written safety plan?	Yes = 0 points No = 20 points	0
	TOTAL PART VIII =	0

Part IX: 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 NO, why?

B. What improvements do you think the plant will need in the next 5 years?

Screening at headworks
Sand Filters

C. Did you experienced backups into basements at any point in the collection system in 1999.

YES X NO _____

Why? (do not include backups due to clogged laterals)

3 main line backups due to low flow and accumulated debris

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

ALWAYS X SOMETIMES _____ NO _____

If they pay, what percentage?

approximately 100 %

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

YES ___X___ NO _____

F. Have you done any major repairs or mechanical equipment replacement in 1999? (do not include construction or upgrade projects)

YES _____ NO ___X___

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

$ _____

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

Point Summation

Fill in the values from Parts I through VIII in the blanks provided in column 1. Add the numbers to determine the MWPP point total that your wastewater facility has generated for the past twelve months.

Part	Points
I	0
II	15
III	20
IV	0
V	0
VI	0
VII	0
VIII	0
Total	35

Municipal Wastewater Planning Program (MWPP)
Collection System Section

Owner Name: Spanish Fork

Name and Title of Contact Person: Richard Nielson
Assistant Public Works Director

Phone: (801) 798-5000 x 26

PLEASE SUBMIT TO STATE BY: August 8, 2000

Mail to: MWPP c/o Paul Krauth
Department of Environmental Quality
Division of Water Quality
288 North 1460 West
P.O. Box 144870
Salt Lake City, Utah 84114-4870
Phone : 538-6018
E-mail: PKRAUTH@DEQ.STATE.UT.US

Form completed by

Richard Nielson

Part I: SYSTEM AGE

A. Approximately in what year was your collection system first constructed ?

Year 1935

B. How old is the oldest part of your present system ?

Oldest part 65 years

Part II: BYPASSES

A. Please complete the following table:

Question	Number	Points Earned	Total Points
How many days in the past 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 in the last year was there a bypass, overflow or basement flooding by untreated wastewater due to equipment failure? (except plugged laterals)	3	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	15
		TOTAL PART II =	15

B. Please specify whether the bypasses was caused a contract or tributary communities, etc.

Part III : NEW DEVELOPMENT

A. Please complete the following table:

Question	Points Earned	Total Points
Has there been any major new developments (industrial, commercial, or residential) such that flow in the system has significantly increase (10 - 20%) or > 25,000 gallons/day within the last year?	No = 0 points Yes = 10 points	0
Are there any new major new developments (industrial, commercial, or residential) planned in the next 2-3 years such that flow in the system could significantly increase (10 - 20%) or > 25,000 gallons/day ?	No = 0 points Yes = 10 points	10
	TOTAL PART III =	10

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

307 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

900 new people served

Part IV: OPERATOR CERTIFICATION

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

5 collection system operators employed

B. What is/are the name(s) of your DRC operator(s)?

Marvin Banks

Part IV: OPERATOR CERTIFICATION (cont.)

C. You are required to have the DRC operator(s) certified at collection grade III ~~IV~~.

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

D. State of Utah Administrative Rules require all operators considered to be in DRC to be appropriately certified. List all the operators in your system by their certification class.

Not Certified 3
Collection I 1
Collection II ___
Collection III 1
Collection IV ___

E. Complete the following table:

Question	Points Earned	Total Points
Is the DRC operator currently certified at the appropriate grade for this facility? (see C)	Yes = 0 points No = 50 points	0
How many continuing education units has the DRC operator completed over the last 3 years?	3 or more = 0 points less than 3 = 10 points	0
	TOTAL PART IV =	10

Part V: SYSTEM MAINTENANCE

A. Please check the appropriate box:

Do you have any of the following?	Yes	No
traffic control devices (cones, barricades, etc.)	✓	
safety harness, winch, tripod	✓	
ventilation equipment	✓	
explosive meter/O_2 meter	✓	
self contained breathing apparatus	✓	
a written confined space entry program	✓	

Part V: SYSTEM MAINTENANCE(cont.)

B. Please complete the following table:

Question	Points Earned	Total Points
Do you follow an annual preventative maintenance program? (ie. annual flushing, T.V. of lines, etc.)	Yes = 0 points No = 30 points	0
Is it written?	Yes = 0 points No = 20 points	0
Do you have an written emergency response plan?	Yes = 0 points No = 20 points	0
Do you have an written safety plan?	Yes = 0 points No = 20 points	0
	TOTAL PART V =	0

Part VI: SUBJECTIVE EVALUATION

This section should be with the system operators.

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

The system is in generally good condition. There are areas that have ground water infiltration and parts of the system are 60+ years old.

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

Continued replacement of aging sewer lines to increase capacity, decrease infiltration, and reduce backups.

Part VI: SUBJECTIVE EVALUATION (cont.)

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

Ground water infiltration approx 600,000 gal/day

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

yes, we have a 6 year capital facilities plan and have project sewer line replacement out 20 years

E. How many times in the last year were there sewage in basements at any point in the collection system for any reason, except plugging of the lateral connections?

3 times sewage was in basements

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

ALWAYS ✓ SOMETIMES _____ NO _____

If they do, what percentage is paid?

approximately 100 %

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

YES X NO _____

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

POINT SUMMATION

Fill in the values from Parts II through V in the blanks provided in column 1. Add the numbers to determine the MWPP point total that your wastewater facility has generated for the past twelve months.

Part	Points
II	15
III	10
IV	10
V	0
Total	35

Municipal Wastewater Planning Program (MWPP)
Financial Evaluation Section

Owner Name: Spanish Fork

Name and Title of Contact Person: Richard J. Nielson
Assistant Public Works Director

Phone: (801) 798-5000 ext 26

PLEASE SUBMIT TO STATE BY: August 8, 2000

Mail to: MWPP c/o Paul Krauth
Department of Environmental Quality
Division of Water Quality
288 North 1460 West
P.O. Box 144870
Salt Lake City, Utah 84114-4870
Phone : 538-6018
E-mail: PKRAUTH@DEQ.STATE.UT.US

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. Please answer questions as accurately as possible to give you the best evaluation of your facility. If you need assistance please call Nancy Hess, Utah Division of Water Quality,(801) 538-6070.

I. Definitions: The following terms and definitions may help you complete the work-sheets and questionnaire:

User Charge (UC) - A fee established for one or more class(es) of users of the wastewater 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 O&M?	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
	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 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 ten years?	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the 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	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:

	2000	2001	2002	2003	2004
cost of projected capital improvements (in thousands)	$280	300	300	300	300

Point Summation

Fill in the values from Parts I through III in the blanks provided in column 1. 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