

RESOLUTION No. 10-07

ROLL CALL

| VOTING | YES | NO |
|---|--------|----|
| G. WAYNE ANDERSEN <i>Mayor</i> <i>(votes only in case of tie)</i> | | |
| ROD DART <i>Council member</i> | X | |
| RICHARD M. DAVIS <i>Council member</i> | X | |
| STEVE LEIFSON <i>Council member</i> | X | |
| JENS P. NIELSON <i>Council member</i> | absent | |
| KEIR A. SCUBES <i>Council member</i> | X | |

I MOVE this resolution be adopted: Councilman Leifson

I SECOND the foregoing motion: Councilman Dart

RESOLUTION No. 10-07

A RESOLUTION APPROVING THE MUNICIPAL WASTEWATER PLANNING PROGRAM

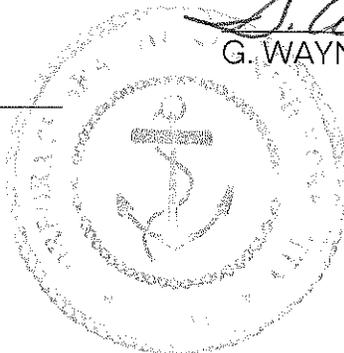
RESOLVED that Spanish Fork City informs the Water Quality Board the following actions were taken by the City Council:

1. Reviewed the attached Municipal Wastewater Planning Program Report for 2010.
2. Have taken all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (If Applicable).

DATED this 6th day of July, 2010.

Attest by:

Kent R. Clark
KENT R. CLARK, Recorder



G. Wayne Andersen
G. WAYNE ANDERSEN, Mayor

STATE OF UTAH

MUNICIPAL WASTEWATER PLANNING PROGRAM

SELF-ASSESSMENT REPORT

FOR

SPANISH FORK CITY

2009



Resolution Number 10-07

MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION

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

1. Reviewed the attached Municipal Wastewater Planning Program Report for 2009.
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

7/6/10
(date)

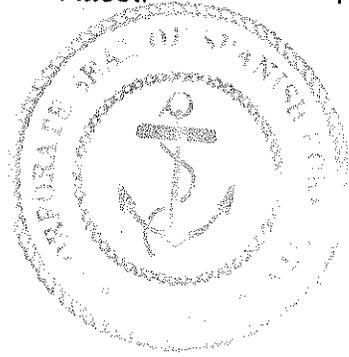


Mayor/Chairman



Attest:

Recorder/Clerk



**Municipal Wastewater Planning Program (MWPP)
Mechanical Plant Section**

Owner Name: *SPANISH FORK CITY*

Name and Title of Contact Person:

Chris Thompson

Assistant Public Works Director

Phone: (801) 804-4556

PLEASE SUBMIT TO STATE BY: July 1, 2010

Mail to: MWPP - Department of Environmental Quality
c/o Paul Krauth, P.E.
Division of Water Quality
195 North 1950 West
P.O. Box 144870
Salt Lake City, Utah 84114-4870
Phone : (801) 536-4346

Form completed by

Dennis R Sorenson

Part I: INFLUENT INFORMATION

- A. Please update (if needed) the average design flow and average design BOD₅ 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 | 6 MGD | 9007 | 9007 |
| 90% of the Design Criteria | 5.4 | 8106 | 8106 |

- B. Please list the average monthly flows in millions of gallons per day (MGD) and BOD₅ and TSS loadings in milligrams per liter (mg/L) **received** at your facility during 2009. (Calculate the BOD₅ 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 | 4.2 | 207 | 7251 | 161 | 5640 |
| February | 4.7 | 185 | 7252 | 171 | 6703 |
| March | 4.2 | 180 | 6305 | 150 | 5254 |
| April | 4.4 | 200 | 7339 | 160 | 5871 |
| May | 4.6 | 169 | 6484 | 170 | 6522 |
| June | 4.7 | 196 | 7683 | 166 | 6507 |
| July | 4.3 | 191 | 6850 | 203 | 7280 |
| August | 6.4 | 184 | 7059 | 204 | 7826 |
| September | 4.5 | 209 | 7844 | 217 | 8144 |
| October | 4.3 | 205 | 7352 | 206 | 7388 |
| November | 3.9 | 223 | 7253 | 201 | 6538 |
| December | 3.8 | 200 | 6338 | 193 | 6117 |
| Average | 4.4 | 196 | 7084 | 184 | 6649 |

¹ BOD₅ Loading (3) = Average Monthly Flow (1) x Average Monthly BOD₅ 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 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 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? | | 0-1 = 0 points 1 - 2 = 10 points 3 - 4 = 20 points 5 or more = 30 points | 0 |
| How many times did the average monthly BOD ₅ loading (Part B., Column 3) to the wastewater facility exceed the design loading? | | 0 = 0 points 1 - 2 = 20 points 3 - 5 = 40 points 5 or more = 60 points | 0 |
| TOTAL PART I = | | | 0 |

Part II: EFFLUENT INFORMATION

A. Please list the average monthly BOD₅, TSS, Ammonia (NH₃), monthly maximum Cl₂, minimum monthly DO, and 30-day geometric averages for Fecal and Total Coliform, or E-Coli produced by your facility during 2009.

| Month | (1) BOD ₅ (mg/L) | (2) TSS (mg/L) | (3) Fecal Coliform (#/100 mL) | (4) Total Coliform (#/100 mL) | (5) E-Coli | (6) Cl ₂ (mg/L) | (7) DO (mg/L) | (8) NH ₃ (mg/L) |
|-----------|-----------------------------------|----------------------|--|--|------------------------|----------------------------------|---------------------|----------------------------------|
| | Whole Numbers Only | | | | One Decimal Place Only | | | |
| January | 9 | 8 | | | 15 | 1.8 | 4 | 13 |
| February | 7 | 6 | | | 7 | 1.9 | 4 | 8.4 |
| March | 6 | 6 | | | 3 | 1.8 | 4 | 7.7 |
| April | 9 | 6 | | | 13 | 1.3 | 4 | 7.7 |
| May | 8 | 5 | | | 14 | 1.7 | 4 | 7.8 |
| June | 6 | 4 | | | 2 | 1.5 | 5 | 12.7 |
| July | 8 | 4 | | | 2.8 | 1.5 | 4 | 15.5 |
| August | 11 | 4 | | | 8 | 1.9 | 4 | 13.3 |
| September | 11 | 6 | | | 20 | 1.9 | 4 | 13.4 |
| October | 10 | 8 | | | 4 | 1.6 | 4 | 16.5 |
| November | 9 | 7 | | | 12 | 1.9 | 4 | 18 |
| December | 10 | 6 | | | 4 | 1.7 | 4 | 18 |
| Average | 9 | 6 | | | 7 | 1.7 | 4 | 12.7 |

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

| | BOD ₅ (CBOD ₅) (mg/L) | maximum Cl ₂ (mg/L) | NH ₃ (mg/L) | minimum DO (mg/L) |
|-------------------------|---|--------------------------------------|---------------------------|-------------------------|
| Monthly Permit Limit | 25 | 2.0 | 18 | 4 |
| 80% of the Permit Limit | 20 | 1.6 | 14.4 | 4.8 |

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 ₅ (CBOD ₅) exceed 80% of monthly permit limit? | | 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 points 1 - 2 = 10 points 3 or more = 20 points | 0 |
| How many months did the effluent TSS exceed 20 mg/L? | | 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 points 1 - 2 = 10 points 3 or more = 20 points | 0 |
| How many times did the Cl ₂ exceed permit limit? | | 0 = 0 points 1 - 2 = 15 points 3 or more = 30 points | 0 |
| How many times did the NH ₃ exceed permit limits? | | 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 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 points 1 - 2 = 10 points 3 or more = 20 points | N/A |
| How many months did the 30-day total coliform exceed 2,000 #/100 mL? | | 0 = 0 points 1 - 2 = 10 points 3 or more = 20 points | N/A |
| How many months did the 30-day E-coli exceed 126 #/100 mL? | | 0 = 0 points 1 - 2 = 20 points 3 or more = 40 points | 0 |
| TOTAL PART II = | | | 0 |

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 2009.

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

Enter the calculated age below.

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

| Unit Process | Current Year | Construction or Last Upgrade Year | Age = Points |
|---|--------------|-----------------------------------|--------------|
| Headworks | 2009 | 2000 | 9 |
| Primary Treatment | 2009 | 2006 | 3 |
| Secondary Treatment | 2009 | 2006 | 3 |
| Solids Handling | 2009 | 2009 | 0 |
| Disinfection | 2009 | 1997 | 12 |
| 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 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 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 |
|---|--|--------------|
| Landfill | Class B = 0 points < Class B = 50 points | 0 |
| Land Application | Site Life 0 - 5 years = 20 points 5 - 10 years = 10 points 10+ years = 0 points | 0 |
| Give Away/Distribution and Marketing | Class A = 10 points Class B = 20 points | 0 |
| 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 septage 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
197
_____ new residential connections
- C. Approximate number of new commercial/industrial connections in the last year
4
_____ new commercial/industrial connections
- D. Approximate number of new population serviced in the last year
670
_____ new people served

Part VII: OPERATOR CERTIFICATION

- A. How many operators are currently employed by your facility?
3
_____ operator(s) employed
- B. What is/are the name(s) of your DRC operator(s)?
Dennis R Sorenson

Jerry Hadlock

- C. You are required to have the DRC operator(s) certified at GRADE III.
What is the current grade of the DRC operator(s)? III,IV

- D. State of Utah Administrative Rules Require that all operators considered to be in DRC to be appropriately certified. List all the operators in your system by their certification class.
- | | |
|---------------|---|
| Not Certified | 0 |
| Treatment I | 0 |
| 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 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 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 NO

If NOT, why?

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

Repaint & CK final clarifier 1

Replace or repair gates in chlorine contact basin

C. Where there any backups into basements at any point in the collection system in 2009.

YES NO

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

2- A. Long root ball

B. Unknown Blockage

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

ALWAYS SOMETIMES NO

If so, what percentage do they pay?

approximately 100 %

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 | 0 |
| III | 20 |
| IV | 0 |
| V | 0 |
| VI | 0 |
| VII | 0 |
| VIII | 0 |
| Total | 20 |

**Municipal Wastewater Planning Program (MWPP)
Collection System Section**

Owner Name: *SPANISH FORK CITY*

Name and Title of Contact Person:

James Chappel

Streets Division Supervisor

(801) 804-4454

Phone:

PLEASE SUBMIT TO STATE BY: July 1, 2010

Mail to: MWPP - Department of Environmental Quality
c/o Paul Krauth, P.E.
Division of Water Quality
195 North 1950 West
P.O. Box 144870
Salt Lake City, Utah 84114-4870
Phone : (801) 536-4346

Form completed by

James Chappel

Part I: SYSTEM AGE

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

Year 1935

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

Oldest part 74 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) | 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 bypass(es) was caused a contract or tributary communities, 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 |

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

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

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

Part IV: OPERATOR CERTIFICATION

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

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

Chris Thompson

C. You are required to have the DRC operator(s) certified at *GRADE III*.

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

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 | <u>2</u> |
| Small Lagoons | <u> </u> |
| Collection I | <u> </u> |
| Collection II | <u>3</u> |
| Collection III | <u>3</u> |
| Collection IV | <u>1</u> |

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: SUBJECTIVE EVALUATION

This section should be with the system operators.

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

Lift Station is good. All with backup generators and SCADA.

Sewer Collection pipes are good and maintained on a regular basis.

Some root problems and infiltration problems exist.

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

Sewer line replacement on a yearly basis. Routine maintenance working on I & I problems.

Part VI: SUBJECTIVE EVALUATION (cont.)

C. Explain what problems, other than plugging have you experienced over the last year
None

D. Is your community presently involved in formal planning for system expansion/upgrading? If so explain.
Yes, we have a 10 year plan for replacement and rehabilitation of sewer mains. We also have a sewer cleaning and maintenance plan that is followed very well.

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 NO

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 | 0 |
| III | 0 |
| IV | 0 |
| V | 0 |
| Total | 0 |

**Municipal Wastewater Planning Program (MWPP)
Financial Evaluation Section**

Owner Name: *SPANISH FORK CITY*

Name and Title of Contact Person:
Chris Thompson

Assistant Public Works Director

(801) 804-4556

Phone:

PLEASE SUBMIT TO STATE BY: July 1, 2010

Mail to: MWPP - Department of Environmental Quality
c/o Paul Krauth, P.E.
Division of Water Quality
195 North 1950 West
P.O. Box 144870
Salt Lake City, Utah 84114-4870
Phone : (801) 536-4346

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, Emily Cantón, Utah Division of Water Quality: (801) 536-4342.

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 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 <i>at this time</i> ? | YES = 0 points NO = 25 points | 0 |
| Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for the <i>next five years</i> ? | 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 <i>next five years</i> ? | YES = 0 points NO = 25 points | 0 |
| Are projected funding sources sufficient to cover all projected capital improvement costs for the <i>next ten years</i> ? | YES = 0 points NO = 25 points | 0 |
| Are projected funding sources sufficient to cover all projected capital improvement costs for the <i>next twenty years</i> ? | YES = 0 points NO = 25 points | 25 |
| Has a dedicated sinking fund been established to provide for future capital improvements? | YES = 0 points NO = 25 points | 0 |
| 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:

| Cost of projected capital improvements (in thousands) | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|-------|------|------|------|-------|
| | 1,300 | 0 | 0 | 0 | 2,000 |

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 | 25 |
| III | 0 |
| Total | 25 |