# Santaquin City Resolution 04-02-2016

### MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION

**WHEREAS**, the City of Santaquin is a fourth class city in the State of Utah and operates a Wastewater Collection and Treatment System; and

**WHEREAS**, the Utah Division of Water Quality requires of the Santaquin City Public Works Department an annual Wastewater Planning Program Report; and

**WHEREAS**, the Utah Division of Water Quality desires formal action of the Santaquin City Council to review said report prior to its submission to the division;

**NOW, THEREFORE, BE IT RESOLVED**, that the Santaquin City Council informs the Water Quality Board that the following actions were taken by the City Council:

- 1. Reviewed the attached Municipal Wastewater Planning Program Report for 2015 (See Attached)
- 2. Have taken all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (If Applicable)

Approved	and	adopte	ed by t	he Sa	ntaquir	City	Coun	cil this	20 <sup>th</sup>	day	of Apr	il, 2	2016.
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Attact.													

Susan B. Farnsworth, City Recorder

# STATE OF UTAH

MUNICIPAL WASTEWATER
PLANNING PROGRAM

**SELF-ASSESSMENT REPORT** 

**FOR** 

**SANTAQUIN** 

2015



# Resolution Number 04-02-2016

#### MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION

RESOLVED that **SANTAQUIN** informs the Water Quality Board the following actions were taken by the **CITY COUNCIL** 

- 1. Reviewed the attached Municipal Wastewater Planning Program Report for 2015.
- 2. Have taken all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (If Applicable).

(date)
4 20 2016

# Municipal Wastewater Planning Program (MWPP) Financial Evaluation Section

Owner Name: SANTAQUIN

Name and Title of Financial Contact Person:

Phone: (801) 754-32

E-mail: breeves@Santagvin.org

# PLEASE SUBMIT TO STATE BY: March 1, 2016

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. Please answer questions as accurately as possible to give <u>you</u> the best evaluation of your facility. If you need assistance please call, Marsha Case. 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 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	$\bigcirc$
Has a dedicated sinking fund been established to provide for repair & replacement costs?	YES = 0 points NO = 25 points	9
Is the repair & replacement sinking fund adequate to meet anticipated needs?	YES = 0 points NO = 25 points	$\bigcirc$
	TOTAL PART I =	

### 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 <a href="mailto:next five years?">next five years?</a>	YES = 0 points NO = 25 points	Q)
Are projected funding sources sufficient to cover all projected capital improvement costs for the <a href="mailto:next ten years?">next ten years?</a>	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <a href="mailto:next twenty years">next twenty years</a> ?	YES = 0 points NO = 25 points	
Has a dedicated sinking fund been established to provide for future capital improvements?	YES = 0 points NO = 25 points	0
	TOTAL PART II =	

#### 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	
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	()
Are bond reserve requirements being met if applicable?	YES = 0 points NO = 25 points	$\bigcirc$
	TOTAL PART III =	

#### **Part IV: PROJECTED NEEDS**

#### Estimate as best you can the following:

Cost of projected capital	2016	2017	2018	2019	2020
improvements (in thousands)	0	0	0	0	D

Growth will Dictare when the Next WRF MEMBRAGE TRAIN WILL COME ONline.
This could be within 5 YEARS or AFTER. Howevel, NF SETASTDE \$2500 From Point Summation
EVERY SEVER IMPACT FEE/Building PERMIT TO COVER THIS FULL EXPENDENCE IN 2TS ENTERTY

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
1	0
II	0
III	0
Total	0

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

Owner Name: SANTAQUIN

Name and Title of Contact Person:

Jason Callarray Wade Eva
Operations Manager Public Works Director
801-420-3033 801-420-3006

jcallarray @ santaquin.org Weva@santaquin.org

Phone:

E-mail:

# PLEASE SUBMIT TO STATE BY: March 1, 2016

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

Part I: SYSTEM AGE

	Year <u>/ 99                                 </u>			
B.	What is the oldest part of your p	resent syst	em?	
	Oldest part <u>/994</u> years			
A.	Please complete the following ta	ıblo:	Part II	: BYPASSES
Λ.	·			
	Question	Number	Points Earned	Total Points
by	ow many days last year was there a class, overflow or basement flooding 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
	ow many days last year was there a class, 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 F classes. Below include the num			erflows into two
	Number of Class 1 SSOs in Cale	endar year	2015 <u>O</u>	
	Number of Class 2 SSOs in Cale	endar year	2015 <u> </u>	
	Class 1- a Significant SSO mear lateral obstruction or problem that		r backup that is not caus	sed by a private
	<ul> <li>(a) effects more than five private</li> <li>(b) affects one or more public, co</li> <li>(c) may result in a public health r</li> <li>(d) has a spill volume that exceed structures; or</li> <li>(e) discharges to Waters of the second</li> </ul>	ommercial of risk to the g eds 5,000 g	or industrial structure(s); eneral public;	in single private
	Class 2 – a Non-Significant SSC			

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

A.

Part II: BYPASSES (cont.)

C.	Please specify whether the SSOs were caused etc.	a contract or tributa	ry community,
		<b>**</b>	
Α.	Please complete the following table:	Part III: NEW	DEVELOPMENT
	Question	Points Earned	Total Points
co ye the	as an industry (or other development) moved into the mmunity or expanded production in the past two ars, such that either flow or wastewater loadings to e sewerage system were significantly increased (10-%)?	No = 0 points Yes = 10 points	0
co ye	e there any major new developments (industrial, mmercial, or residential) anticipated in the next 2-3 ars, such that either flow or BOD <sub>5</sub> loadings to the werage system could significantly increase (25%)?	No = 0 points Yes = 10 points	0
	•	TOTAL PART III =	0
B.	Approximate number of new residential sewer content and the sewer	onnections in the la	st year
C.	Approximate number of new commercial/industrial connection		ne last year
D.	new commercial/industrial connection  Approximate number of new population services  460 new people served		

# Part IV: OPERATOR CERTIFICATION

How many c	ollection system operators	s are currently employed by	y your facility?
<u> </u>	ollection system operators	employed	
What is/are	the name(s) of your DRC	operator(s)?	
Jason	· Callarnay	and the same of th	
			_
-			_
You are requ	uired to have the collection	n DRC operator(s) certified	at <u>Grade II</u>
What is the o	current grade of the DRC	operator(s)? Grade II	-
State of Utah appropriately	Administrative Rules requote certified. List all the operation	uire all operators considered ators in your system by thei	d to be in DRC to be r certification class.
	Not Certified		
	Small Lagoons		
	Collection I		
	Collection II	6	
	Collection III		
	Collection IV		
Please comp	elete the following table:		
	Question	Points Earned	Total Points
certified at the a	C operator(s) currently ppropriate grade for this ity? (see C)	Yes = 0 points No = 50 points	0
each of the DRC of	nuing education units has operator(s) completed over ast 3 years?	3 or more = 0 points less than 3 = 10 points	0

TOTAL PART IV =



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	6
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** 

Α.	Has your system completed its Sewer System Management Plan (SSMP)?
	Yes NO
B.	If the SSMP has been completed then has the SSMP been public noticed?
	No X Yes, included date of public notice
C.	Has the SSMP been approved by the permittee's governing body at a public meeting?
	Yes NO
D.	During the annual assessment of the operation and maintenance plan were any adjustments needed based on the performance of the plan?
	No X If yes, what components of the plan were changed (i.e. line cleaning, CCTV inspections and manhole inspections and/or SSO events)

# Part VI: SSMP EVALUATION (cont.)

E. During 2015 was any part of the SSMP audited as part of the five year audit?									
No X									
If yes, what part of the SSMP was audited and were changed made to the SSMP as a result of the audit?									
			e .						
					<u> </u>				
				,					
			<i>stem Evaluation a</i> er Management Pi	and Capacity Assurogram?	ırance Plan				
Yes _X	NO _		-						
The following	g are required and SECAP n	completion date	es that the SSMP a oticed and approve	nd SECAP based or ed by the permittee	n population.				
body in orde	er to be consid	dered complete.			3				
Program			Population						
riogram	< 2,000	2,000 - 3,500	3,501 – 15,000	15,001 - 50,000	> 50,000				
SSMP	3-31-16	3-31-16	9-30-15	3-31-15	9-30-14				
SECAP	Optional	9-30-17	9-30-16	3-31-16	9-30-15				
SSMP Signa	atory Require	ment							
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 faviolations.	accurate and alse information	n complete. I a	m aware that the possibility of fine	re are significant p and imprisonment	enalties for for knowing				
<u> </u>	-42200 Calleria - 3/23/16								
Signature of	Signatory Of	ficial	Date						
	The same of the same								
Print Name	of Signatory C	Official	Title		7				

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

# Part VII: SUBJECTIVE EVALUATION

This section should be with the system operators.

Α.	included)  Santaguin Collection System is only
	22 years old. We have all plastic pipe with
	Die de la
	the pumps were upgraded in 2013
B.	What sewerage system improvements does the community have under consideration for the next 10 years?
	depending on growth we may
	upgrade the Center Street Lift Station
C.	Explain what problems, other than plugging have you experienced over the last year
	We experience grease accomulation in
	our Lift station. This requires more frequent
	cleanings and monitoring.
D.	Is your community presently involved in formal planning for system expansion/upgrading? If so explain.
	as new developments
	come into the city we expand our collection system. This is all handled through the DRC
	system. This is all handled through the DRC process.
E.	Does the municipality/district pay for the continuing education expenses of operators?
	ALWAYS SOMETIMES NO
	If they do, what percentage is paid?
	approximately <u>/00</u> %

# Part VII: SUBJECTIVE EVALUATION (cont.)

F.	Is there a written policy regarding continuing education and training for wastewate operators?
	YES NO
G.	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	0
III	6
IV	0
V	0
Total	0

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

Owner Name: SANTAQUIN

Name and Title of Contact Person:

Jason Callarray Wade Eva Operations manager Public Works Director

Phone:

801-420-3033 801-420-3006

E-mail:

jeallaray@ santaquin.org weva@santaquin.org

# PLEASE SUBMIT TO STATE BY: March 1, 2016

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

A. Please update (if needed) the average <u>design</u> flow and average <u>design</u> BOD<sub>5</sub> and TSS loading for your facility.

	Average Design Flow (MGD)	Average Design BOD₅ Loading (lbs/day)	Average Design TSS Loading (lbs/day)
Design Criteria	,65	1355	1355
90% of the Design Criteria	.585	1226	1220

B. Please list the average monthly flows in millions of gallons per day (MGD) and BOD<sub>5</sub> and TSS loadings in milligrams per liter (mg/L) *received* at your facility during 2015. (Calculate the BOD<sub>5</sub> and TSS loadings in pounds per day (lbs/day).

Month	(1) Average Monthly Flow (MGD)	(2) Average Monthly BOD₅ Concentration (mg/L)	(3) Average BOD₅ Loading (lbs/day) 1	(4) Average Monthly TSS Concentration (mg/L)	(5) Average TSS Loading (lbs/day) 2
January	.576	177	850	224	1076
February	,548	208	950	345	1576
March	,560	205	957	305	1424
April	,559	201	937	260	1212
May	,559	376	1752	326	1519
June	,557"	190	882	258	1198
July	.555"	175	810	321	1485
August	.585	166	809	327	1595
September	,588	184	902	284	1393
October	,588	132	647	202	990
November	.598	88	432	281	1401
December	.613	262	1339	304	1462
Average	.574	197	938	286	1361

<sup>1</sup> BOD<sub>5</sub> Loading (3) = Average Monthly Flow (1) x Average Monthly BOD<sub>5</sub> 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	20
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 BOD₅ 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	10
How many times did the average monthly BOD₅ 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	20
		TOTAL PART I =	50

A. Please list the average monthly BOD<sub>5</sub>, TSS, Ammonia (NH<sub>3</sub>), monthly maximum Cl<sub>2</sub>, minimum monthly DO, and 30-day geometric averages for Fecal and Total Coliform,or E-Coli produced by your facility during 2015.

Month	(1) BOD₅ (mg/L)	(2) TSS (mg/L)	(3) Fecal Coliform (#/100 mL)	(4) Total Coliform (#/100 mL)	(5) E-Coli	(6) Cl <sub>2</sub> (mg/L)	(7) DO (mg/L)	(8) NH <sub>3</sub> (mg/L)
		V	Vhole Numbers	Only		One De	cimal Plac	ce Only
January	ND				0	,		×
February	ND				0			
March	ND		_		0		,	
April	ND				0			
May	ND				0			∞ ,
June	7			0.87	0			
July	ND			0.1	0			
August	NO				0			
September	ND				0			
October	ND				6	yr t		
November	ND			~	0			
December	NP	.e.		1	0			
Average	y v			1	0		-	

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

	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/L)	maximum Cl <sub>2</sub> (mg/L)	NH <sub>3</sub> (mg/L)	minimum DO (mg/L)
Monthly Permit Limit	10	NA	NA	N/A
80% of the Permit Limit	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 BOD₅ (CBOD₅) 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 BOD₅ (CBOD₅) exceed the monthly permit limits?	$\circ$	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many months did the effluent TSS exceed 20 mg/L?	N/A	0 -1 = 0 points 2 = 5 points 3 = 10 points 4 = 15 points 5 or more = 20 points	Ó
How many months did the effluent TSS exceed 25 mg/L?	NA	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many times did the Cl₂ exceed permit limit?	NA	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	6
How many times did the NH₃ exceed permit limits?	NA	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	0
How many times did the DO not meet permit limit?	NA	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?	NA	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many months did the 30-day total coliform exceed 2,000 #/100 mL?	N/A	0 = 0 points 1 - 2 = 10 points 3 or more = 20 points	0
How many months did the 30-day E-coli exceed 126 #/100 mL?	0	0 = 0 points 1 - 2 = 20 points 3 or more = 40 points	6
		TOTAL PART II =	0

Part III: FACILITY AGE

10

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 2015.

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	2015	2013	- 2
Primary Treatment	2015	2013	2
Secondary Treatment	2015	2013	2
Solids Handling	2015	2013	2
Disinfection	2015	2013	2
	10		

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

# 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	N/A
Give Away/Distribution and Marketing	Class A = 10 points Class B = 20 points	N/A
	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 <sub>5</sub> loadings to the sewerage system could significantly increase (25%)?	No = 0 points Yes = 10 points	$\bigcirc$
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
	new residential connections
C.	Approximate number of new commercial/industrial connections in the last year
	new commercial/industrial connections
D.	Approximate number of new population serviced in the last year
	<u>460</u> new people served
	Part VII: OPERATOR CERTIFICATION
A.	How many operators are currently employed by your facility?
	operator(s) employed
В.	What is/are the name(s) of your DRC operator(s)?
	Jason Callaway
C.	You are required to have the treatment DRC operator(s) certified at GRADE III.
	What is the current grade of the DRC operator(s)?
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
	Treatment I
	Treatment II
	Treatment III
	Treatment IV/

# 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.

Α.	Do you consider your wastewater facility to be in good physical and structural condition?
	YES NO
	If NOT, why?
В	What improvements do you think the plant will need in the next 5 years?  Within the next 2 years we are
	planning on adding more Membrane
	Modules. This will increase the capacity
	of the plant by about 300
C.	Where there any backups into basements at any point in the collection system in 2015.
	YES NO
	Why? (do not include backups due to clogged laterals)
D.	Does the municipality/district pay for the continuing education expenses of operators?
	ALWAYS SOMETIMES NO
	If so, what percentage do they pay?
	approximately %

# Part IX: SUBJECTIVE EVALUATION (cont.)

E.	s there a written policy regarding continuing education and training for wastewater operators?	
	YES NO	
F.	Have you done any major repairs or mechanical equipment replacement in 2015? (do not include construction or upgrade projects)	
	YES NOX	
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 was	50
П	0
Ш	10
IV	0
V	0
VI	0
VII	0
VIII	0
Total	60