

# Municipal Wastewater Planning Program (MWPP) Financial Evaluation Section

Owner Name: *RICHMOND*

Name and Title of Financial Contact Person:

*Marlene Adkins*

*City Manager*

Phone: *435-258-7092*

E-mail: *richmondcity@richmond-utah.com*

**PLEASE SUBMIT TO STATE BY: May 1, 2015**

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 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 <b><i>at this time?</i></b>	YES = 0 points NO = 25 points	0
Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for <b><i>the next five years?</i></b>	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
<b>TOTAL PART I =</b>		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 <b><i>next five years?</i></b>	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><i>next ten years?</i></b>	YES = 0 points NO = 25 points	0
Are projected funding sources sufficient to cover all projected capital improvement costs for the <b><i>next twenty years?</i></b>	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
<b>TOTAL PART II =</b>		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 <b>95%</b> 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
<b>TOTAL PART III =</b>		0

**Part IV: PROJECTED NEEDS**

Estimate as best you can the following:

Cost of projected capital improvements (in thousands)	2015	2016	2017	2018	2019
	10	10	15	10	10

**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

# Municipal Wastewater Planning Program (MWPP) Collection System Section

Owner Name: RICHMOND

Name and Title of Contact Person:

W. Scott Ball

Phone: 435-984-1572

E-mail: richmondmb@richmond-utah.com

**PLEASE SUBMIT TO STATE BY: May 1, 2015**

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

W. Scott Ball

**Part I: SYSTEM AGE**

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

Year \_\_\_\_\_

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

Oldest part \_\_\_\_\_ years

**Part II: BYPASSES**

A. Please complete the following table:

Question	Number	Points Earned	Total Points
How many days last year was there a bypass, overflow or basement flooding by untreated wastewater in the system due to rain or snowmelt?	0	0 times = 0 points 1 time = 5 points 2 times = 10 points 3 times = 15 points 4 times = 20 points 5 or more = 25 points	0
How many days last year was there a bypass, overflow or basement flooding by untreated wastewater due to equipment failure? (except plugged laterals)	0	0 times = 0 points 1 time = 5 points 2 times = 10 points 3 times = 15 points 4 times = 20 points 5 or more = 25 points	0
<b>TOTAL PART II =</b>			0

B. The Utah Sewer Management Program defines sanitary sewer overflows into two classes. Below include the number of SSOs that occurred in 2014:

Number of Class 1 SSOs in Calendar year 2014 0

Number of Class 2 SSOs in Calendar year 2014 0

*Class 1*- a Significant SSO means a SSO or backup that is not caused by a private lateral obstruction or problem that:

- (a) effects 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.

**Part II: BYPASSES (cont.)**

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

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**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 <sub>5</sub> loadings to the sewerage system could significantly increase (25%)?	No = 0 points Yes = 10 points	0
<b>TOTAL PART III =</b>		0

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

\_\_\_\_\_ new people served

**Part IV: OPERATOR CERTIFICATION**

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

2 collection system operators employed

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

Scott Ball  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. You are required to have the collection DRC operator(s) certified at **Grade I**

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

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

Not Certified \_\_\_\_\_  
 Small Lagoons \_\_\_\_\_  
 Collection I \_\_\_\_\_  
 Collection II \_\_\_\_\_  
 Collection III \_\_\_\_\_  
 Collection IV Scott Ball  
                           Charles Christ

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	<u>0</u>
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	<u>0</u>
<b>TOTAL PART IV =</b>		<u>0</u>

**Part VI: SSMP EVALUATION (cont.)**

E. During 2014 was any part of the SSMP audited as part of the five year audit?

No \_\_\_\_\_

If yes, what part of the SSMP was audited and were changed made to the SSMP as a result of the audit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Has your system completed its *System Evaluation and Capacity Assurance Plan* (SECAP) as defined by the Utah Sewer Management Program?

Yes \_\_\_\_\_ NO \_\_\_\_\_

The following are required completion dates that the SSMP and SECAP based on population. The SSMP and SECAP must be public noticed and approved by the permittee's governing body in order to be considered complete.

Program	Population				
	< 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 Signatory Requirement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature of Signatory Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory Official

\_\_\_\_\_  
Title

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

**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
<b>TOTAL PART V =</b>		0

**Part VI: SSMP EVALUATION**

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



Part VII: SUBJECTIVE EVALUATION

This section should be with the system operators.

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

Over all it's in fair condition  
in most part some lines need to be  
be up sized for future growth.

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

upsizing of lines for future  
growth.

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

~~experienced~~ No  
No problems

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

Explained in B.

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

ALWAYS X SOMETIMES \_\_\_\_\_ NO \_\_\_\_\_

If they do, what percentage is paid?

approximately 100 %

# Municipal Wastewater Planning Program (MWPP) Mechanical Plant Section

Owner Name: *RICHMOND*

Name and Title of Contact Person:

*W. Scott Ball*

Phone: *435-994-1572*

E-mail: *richmondmbc@richmond-utah.com*

**PLEASE SUBMIT TO STATE BY: May 1, 2015**

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

*W. Scott Ball*

## Part I: INFLUENT INFORMATION

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

	Average Design Flow (MGD)	Average Design BOD <sub>5</sub> Loading (lbs/day)	Average Design TSS Loading (lbs/day)
Design Criteria	.5	951	834
90% of the Design Criteria	.45	855	751

- 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 2014. (Calculate the BOD<sub>5</sub> and TSS loadings in pounds per day (lbs/day)).

Month	(1) Average Monthly Flow (MGD)	(2) Average Monthly BOD <sub>5</sub> Concentration (mg/L)	(3) Average BOD <sub>5</sub> Loading (lbs/day) 1	(4) Average Monthly TSS Concentration (mg/L)	(5) Average TSS Loading (lbs/day) 2
January	.141	257	302	234	278
February	.170	226	320	202	286
March	.156	125	163	105	137
April	.167	187	260	159	221
May	.181	231	349	224	338
June	.181	191	288	183	276
July	.168	219	307	262	367
August	.137	145	166	152	174
September	.130	231	250	182	197
October	.148	240	296	286	316
November	.157	179	234	197	258
December	.159	204	271	231	306
Average	.158	203	267	199	262

1 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 = 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 <sub>5</sub> loading (Part B., Column 3) to the wastewater facility exceed 90% of the design loading?	0	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 <sub>5</sub> 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
<b>TOTAL PART I =</b>			0

## Part II: EFFLUENT INFORMATION

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 2014.

Month	(1) BOD <sub>5</sub> (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)								
	Whole Numbers Only					One Decimal Place Only										
January	10	1	4	N/A	4	.1	5.5	N/A								
February	8	1	6	N/A	6	.2	5.5	N/A								
March	4	<1	4	N/A	4	.3	8.5	N/A								
April	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; font-weight: bold;">NO</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; font-weight: bold;">DISCHARGE</div> </div>															
May																
June																
July																
August																
September																
October																
November																
December																
Average									7	1	5	N/A	5	.2	6.5	N/A

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	25/30	.419	N/A	5.5
80% of the Permit Limit	20/24			

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 <sub>5</sub> (CBOD <sub>5</sub> ) 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 <sub>5</sub> (CBOD <sub>5</sub> ) 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 <sub>2</sub> exceed permit limit?	0	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	0
How many times did the NH <sub>3</sub> exceed permit limits?	N/A	0 = 0 points 1 - 2 = 15 points 3 or more = 30 points	N/A
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 2,000 #/100 mL?	0	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	0
<b>TOTAL PART II =</b>			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 2014.

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	2014	2008	6
Primary Treatment	2014	2008	6
Secondary Treatment	2014	2008	6
Solids Handling	2014	2008	6
Disinfection	2014	2008	6
<b>TOTAL PART III (not greater than 20) =</b>			<b>20</b>

**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
<b>TOTAL PART IV =</b>			<b>0</b>

**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	N/A
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
<b>TOTAL PART V =</b>		N/A

**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	0
Have you experienced any upset due to septage haulers?	No = 0 points Yes = 10 points	0
<b>TOTAL PART VI =</b>		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  
\_\_\_\_\_ new people served

**Part VII: OPERATOR CERTIFICATION**

- A. How many operators are currently employed by your facility?  
2 operator(s) employed
- B. What is/are the name(s) of your DRC operator(s)?  
Scott Ball  
Charles Chism  
\_\_\_\_\_  
\_\_\_\_\_
- 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)? 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	_____
Treatment I	_____
Treatment II	_____
Treatment III	_____
Treatment IV	<u>Scott Ball</u> <u>Charles Chism</u>

**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
<b>TOTAL PART VII =</b>		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
<b>TOTAL PART VIII =</b>		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?

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

General

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C. Where there any backups into basements at any point in the collection system in 2014.

YES  NO

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

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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	N/A
VI	0
VII	0
VIII	0
Total	20



State of Utah

GARY R. HERBERT  
Governor

SPENCER J. COX  
Lieutenant Governor

Department of  
Environmental Quality

Amanda Smith  
Executive Director

DIVISION OF WATER QUALITY  
Walter L. Baker, P.E.  
Director

MAR 16 2015

Mr. Scott Ball  
Richmond  
P.O. Box 9  
Richmond, Utah 84333

Subject: Municipal Wastewater Planning Program Annual Report for 2014

Dear Mr. Ball;

It's is that time of year again. The Annual Municipal Wastewater Planning Program Report is due May 1, 2015. As a reminder completing the MWPP meets the reporting requirements of the new Utah Sanitary Sewer Management Program. Additionally this survey allows The State of Utah to identify and solve potential problems before they become serious and costly. In order to do this, we need to know the current condition of your wastewater facilities.

There are three major benefits to returning these forms:

1. Meets the REQUIRED reporting under Utah Sanitary Sewer Management Program
2. Completing these forms give your community additional points on the Utah Wastewater Project Priority List/System. The Priority List is used to allocate funds under the wastewater grant and loan programs.
3. Operator(s) completing these forms will be given operational continuing educational units (CEUs) for each form returned.

If you need assistance on completing these forms, please email me at [pkrauth@utah.gov](mailto:pkrauth@utah.gov),

Sincerely,

Paul Krauth, P.E.  
Outreach Coordinator  
Division of Water Quality