

# KANAB CITY RESOLUTION 7-1-13 R

## MUNICIPAL WASTEWATER PLANNING PROGRAM RESOLUTION

LET IT BE THEREFORE RESOLVED BY THE KANAB CITY COUNCIL that the Council informs the Water Quality Board that the following actions were taken:

1. The Council reviewed the attached Municipal Wastewater Planning Program Report for 2012.
2. The Council directed staff to take all appropriate actions necessary to maintain effluent requirements contained in the UPDES Permit (If Applicable)

This Resolution shall be effective immediately upon passage.

Passed by the Kanab City Council this 23th day of July, 2013.



Attest: Duane Huffman, Recorder

  
\_\_\_\_\_  
Nina Laycook, Mayor

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Nina Laycook, Mayor

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Attest: Duane Huffman, Recorder

# STATE OF UTAH

## *MUNICIPAL WASTEWATER PLANNING PROGRAM*

### SELF-ASSESSMENT REPORT

FOR

KANAB

2012



# Municipal Wastewater Planning Program (MWPP)

## Collection System Section

Owner Name: *CITY OF KANAB*

Name and Title of Contact Person:

Keith Robinson

Public Works Director

Phone: 435 6442534

**PLEASE SUBMIT TO STATE BY: September 1, 2013**

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

Keith Robinson

**Part I: SYSTEM AGE**

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

Year 1959

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

Oldest part 53 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<br>1 time = 5 points<br>2 times = 10 points<br>3 times = 15 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<br>1 time = 5 points<br>2 times = 10 points<br>3 times = 15 points | 0            |
| <b>TOTAL PART II =</b>  |        |   | <b>0</b>     |

B. Please specify whether the bypass(es) was caused a contract or tributary communities, 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<br>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<br>Yes = 10 points | 0            |
| <b>TOTAL PART III =</b>  |                                  | 0            |

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

  5   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

  12   new people served

**Part IV: OPERATOR CERTIFICATION**

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

B. What is/are the name(s) of your DRC operator(s)?  
 \_\_\_\_\_  
Keith Robinson, Gary Hall, Travis Clark, Jake Dutton  
 \_\_\_\_\_  
Arkay Pugh, Kris Ramsay

C. You are required to have the DRC operator(s) certified at *SMALL LAGOON SYSTEM*.  
 What is the current grade of the DRC operator(s)? Collection II

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.

|                      |                            |
|----------------------|----------------------------|
|                      | <u>Kris Ramsay</u>         |
| <i>Not Certified</i> | _____                      |
|                      | <u>Travis, Jake, Gary,</u> |
| Small Lagoons        | <u>Arkay</u>               |
|                      | _____                      |
| Collection I         | _____                      |
|                      | _____                      |
| Collection II        | <u>Keith</u>               |
|                      | _____                      |
| Collection III       | _____                      |
|                      | _____                      |
| Collection IV        | _____                      |
|                      | _____                      |
|                      | _____                      |

E. Please complete the following table:

| <i>Question</i>  | <i>Points Earned</i>                            | <i>Total Points</i> |
|--|---|---------------------|
| Is/are your DRC operator(s) currently certified at the appropriate grade for this facility? (see C)  | Yes = 0 points<br>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<br>less than 3 = 10 points | 0                   |
| <b>TOTAL PART IV =</b>   |   | <b>0</b>            |

**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<br>No = 30 points | 0            |
| Is it written?  | Yes = 0 points<br>No = 20 points | 0            |
| Do you have a written emergency response plan?            | Yes = 0 points<br>No = 20 points | 0            |
| Do you have an updated operations and maintenance manual  | Yes = 0 points<br>No = 20 points | 0            |
| Do you have a written safety plan?                        | Yes = 0 points<br>No = 20 points | 0            |
| <b>TOTAL PART V =</b>                                     |                                  | 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 collection system is in fair shape. We are starting to have roots grow in the Joints of the 53 year old clay pipe.

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

Replace lines when there is a problem

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

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

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

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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?

0 times sewage was in basements

F. 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 %

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

YES X                      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)

## Non-Discharging Lagoon Facility Section

Owner Name: *CITY OF KANAB*

Name and Title of Contact Person:

Keith Robinson

Public Works Director

Phone: 435 644 2534

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**PLEASE SUBMIT TO STATE BY: September 1, 2013**

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

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Keith Robinson

**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            | <b>.705</b>               | <b>1200</b>                                       | <b>1200</b>                          |
| 90% of the Design Criteria | .639                      | 1080  | 1080                                 |

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 2008. (Calculate the BOD<sub>5</sub> and TSS loadings in pounds per day (lbs/day).

| Month          | (1)<br>Average Monthly Flow (MGD) | (2)<br>Average Monthly BOD <sub>5</sub> Concentration (mg/L) | (3)<br>Average BOD <sub>5</sub> Loading (lbs/day) 1 | (4)<br>Average Monthly TSS Concentration (mg/L) | (5)<br>Average TSS Loading (lbs/day) 2 |
|----------------|-----------------------------------|--|---|---|--|
| January        | .227                              |  |   |   |  |
| February       | .202                              |  |   |   |  |
| March          | .215                              |  |   |   |  |
| April          | .247                              |  |   |   |  |
| May            | .240                              |  |   |   |  |
| June           | .270                              |  |   |   |  |
| July           | .295                              |  |   |   |  |
| August         | .279                              |  |   |   |  |
| September      | .264                              |  |   |   |  |
| October        | .085                              |  |   |   |  |
| November       | .253                              |  |   |   |  |
| December       | .225                              |  |   |   |  |
| <b>Average</b> | <b>.234</b>                       |  |   |   |  |

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<br>1 - 2 = 10 points<br>3 - 4 = 20 points<br>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<br>1 - 2 = 20 points<br>3 - 4 = 40 points<br>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<br>1 - 2 = 10 points<br>3 - 4 = 20 points<br>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<br>1 - 2 = 20 points<br>3 - 5 = 40 points<br>5 or more = 60 points   | 0            |
| <b>TOTAL PART I =</b>  |        |   | <b>0</b>     |

**Part II: 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 2008.

$$\text{Points} = \text{Age} = \text{Present Year} - \text{Construction or Upgrade Year.}$$

Enter the calculated age below.

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

| Unit Process                                 | Present Year | Construction or Upgrade Year | Age = Points |
|--|--------------|------------------------------|--------------|
| Headworks                                    | 2012         | 1981                         | 20           |
| Lagoons (including aeration)                 | 2012         | 1981                         | 20           |
| Disinfection                                 | 2012         |                              |              |
| <b>TOTAL PART II (not greater than 20) =</b> |              |                              | <b>20</b>    |

**Part III: 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<br>1 = 5 points<br>2 = 10 points<br>3 = 15 points<br>4 = 20 points<br>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<br>1 = 5 points<br>2 = 10 points<br>3 = 15 points<br>4 = 20 points<br>5 or more = 25 points | 0            |
| <b>TOTAL PART III =</b>   |        |  | 0            |

**Part IV: 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<br>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<br>Yes = 10 points | 0            |
| Have you experienced any upset due to septage haulers?   | No = 0 points<br>Yes = 10 points | 0            |
| <b>TOTAL PART IV =</b>   |                                  | 0            |

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

5 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

12 new people served

**Part V: OPERATOR CERTIFICATION**

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

5 treatment system operators employed

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

\_\_\_\_\_  
Keith Robinson, Gary Hall, Travis Clark,

\_\_\_\_\_  
Jake Dutton, Arkay Pugh, Kris Ramsay

C. You are required to have the DRC operator(s) certified at *SMALL LAGOON SYSTEM*.

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

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.

|                      |                                      |
|----------------------|--------------------------------------|
| <i>Not Certified</i> | <u>Kris Ramsay</u>                   |
| Small Lagoons        | <u>Gary, Travis,<br/>Jake, Arkay</u> |
| Treatment I          | _____                                |
| Treatment II         | <u>Keith</u>                         |
| Treatment III        | _____                                |
| Treatment IV         | _____                                |

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<br>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<br>less than 3 = 10 points | 0            |
| <b>TOTAL PART V =</b>  |   | 0            |

**Part VI: FACILITY MAINTENANCE**

A. Please complete the following table:

| Question  | Points Earned                    | Total Points |
|---|----------------------------------|--------------|
| Do you follow an annual preventative maintenance program? | Yes = 0 points<br>No = 30 points | 0            |
| Is it written?  | Yes = 0 points<br>No = 20 points | 0            |
| Do you have a written emergency response plan?            | Yes = 0 points<br>No = 20 points | 0            |
| Do you have an updated operations and maintenance manual  | Yes = 0 points<br>No = 20 points | 0            |
| Do you have a written safety plan?                        | Yes = 0 points<br>No = 20 points | 0            |
| <b>TOTAL PART VI =</b>                                    |                                  | 0            |

**Part VII: 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 NOT, why?

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

Weed Control

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- C. Were there any backups into basements at any point in the collection system in 2012.

YES \_\_\_\_\_ NO  X

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

If so, what percentage do they pay?

approximately  100  %

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

YES  X  NO \_\_\_\_\_



## POINT SUMMATION

Fill in the values from Parts I through VII 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    | 20     |
| III   | 0      |
| IV    | 0      |
| V     | 0      |
| VI    | 0      |
| Total | 20     |

# Municipal Wastewater Planning Program (MWPP)

## Financial Evaluation Section

Owner Name: *CITY OF KANAB*

Name and Title of Contact Person:

\_\_\_\_\_  
Duane Huffman City Manager  
\_\_\_\_\_

Phone: 435 644 2534

**PLEASE SUBMIT TO STATE BY: September 1, 2013**

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) 538-6070.*

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>at this time</b> ?                          | YES = 0 points<br>NO = 25 points | 0         |
| Are the projected revenues sufficient to cover operation, maintenance, and repair & replacement (OM&R) costs for the <b>next five years</b> ? | YES = 0 points<br>NO = 25 points | 0         |
| Does the facility have sufficient staff to ensure proper O&M?   | YES = 0 points<br>NO = 25 points | 0         |
| Has a dedicated sinking fund been established to provide for repair & replacement costs?  | YES = 0 points<br>NO = 25 points | 25        |
| Is the repair & replacement sinking fund adequate to meet anticipated needs?  | YES = 0 points<br>NO = 25 points | 25        |
| <b>TOTAL PART I =</b>   |                                  | <b>50</b> |

## 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<br>NO = 25 points | 0         |
| Are projected funding sources sufficient to cover all projected capital improvement costs for the <b>next five years</b> ?   | YES = 0 points<br>NO = 25 points | 0         |
| Are projected funding sources sufficient to cover all projected capital improvement costs for the <b>next ten years</b> ?    | YES = 0 points<br>NO = 25 points | 25        |
| Are projected funding sources sufficient to cover all projected capital improvement costs for the <b>next twenty years</b> ? | YES = 0 points<br>NO = 25 points | 25        |
| Has a dedicated sinking fund been established to provide for future capital improvements?                                    | YES = 0 points<br>NO = 25 points | 25        |
| <b>TOTAL PART II =</b>   |                                  | <b>75</b> |

### 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<br>NO = 25 points | 0         |
| Are you collecting <b>95%</b> or more of your sewer billings?                    | YES = 0 points<br>NO = 25 points | 0         |
| Is there a review, at least annually, of user fees?                              | YES = 0 points<br>NO = 25 points | 25        |
| Are bond reserve requirements being met if applicable?                           | YES = 0 points<br>NO = 25 points | 0         |
| <b>TOTAL PART III =</b>  |                                  | <b>25</b> |

### Part IV: PROJECTED NEEDS

Estimate as best you can the following:

| Cost of projected capital improvements (in thousands) | 2013   | 2014   | 2015 | 2013 | 2017   |
|---|--------|--------|------|------|--------|
|   | 10,000 | 10,000 |      |      | 20,000 |

### 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     | 50     |
| II    | 75     |
| III   | 25     |
| Total | 150    |