

*Municipal Wastewater Planning Program (MWPP)*  
*Annual Report*  
*for the year ending 2022*  
**HYRUM CITY**

Thank you for filling out the requested information. Please let DWQ know when it is approved by the Council.

**Please download a copy of your form by clicking "Download PDF" below.**

Below is a summary of your responses

[Download PDF](#)

**SUBMIT BY APRIL 15, 2023**

Are you the person responsible for completing this report for your organization?

☒ **Yes**

☐ **No**

This is the current information recorded for your facility:

|                              |                                |
|------------------------------|--------------------------------|
| <b>Facility Name:</b>        | HYRUM CITY                     |
| <b>Contact - First Name:</b> | Angela                         |
| <b>Contact - Last Name:</b>  | Pritchett                      |
| <b>Contact - Title</b>       | Water Reclamation Supt.        |
| <b>Contact - Email:</b>      | angela.pritchett@hyrumcity.com |

|                         |                          |
|-------------------------|--------------------------|
| <b>Contact - Phone:</b> | 435-760-1724             |
| <b>Contact - Email:</b> | apritchett@hyrumcity.com |

Is this information above complete and correct?

☒ **Yes**

☐ No

Your wastewater system is described as Collection, Mechanical Treatment & Financial:

**Classification:** COLLECTION

**Grade:** II

(if applicable)

**Classification:** TREATMENT

**Grade:** III

Is this correct?

**WARNING:** If you select 'no', you will no longer have access to this form upon clicking Save & Continue. DWQ will update the information and contact you again.

☒ **Yes**

☐ No

Click on a link below to view a previous year's examples of sections in the survey:

(Your wastewater system is described as Collection, Mechanical Treatment & Financial)

[MWPP Collection System.pdf](#)

[MWPP Discharging Lagoon.pdf](#)

[MWPP Financial Evaluation.pdf](#)

[MWPP Mechanical Plant.pdf](#)

[MWPP Non-Discharging Lagoon.pdf](#)

Will multiple people be required to fill out this form?

☐ Yes

☒ No

## *Financial Evaluation Section*

Form completed by:

Angela Pritchett

### Part I: GENERAL QUESTIONS

Yes

No

Are sewer revenues maintained in a dedicated purpose enterprise/district account?

☒

☐

Yes

No

Are you collecting 95% or more of your anticipated sewer revenue?

☒

☐

Are Debt Service Reserve Fund<sup>6</sup> requirements being met?

☒

☐

What was the annual average User Charge<sup>16</sup> for 2022?

47.00

Debt Service Reserve Fund<sup>6</sup> requirements are met for the next 10 years. \* (CAP)2

Do you have a water and/or sewer customer assistance program (CAP)?

☐ Yes

☒ No

## Part II: OPERATING REVENUES AND RESERVES

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| Are property taxes or other assessments applied to the sewer systems <sup>15</sup> ? | <input type="radio"/> | <input checked="" type="radio"/> |

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| Are sewer revenues <sup>14</sup> sufficient to cover operations & maintenance costs <sup>9</sup> , and repair & replacement costs <sup>12</sup> (OM&R) at this time? | <input checked="" type="radio"/> | <input type="radio"/> |

|  |                                  |                       |
|--|----------------------------------|-----------------------|
| Are projected sewer revenues sufficient to cover OM&R costs for the <i>next five years</i> ? | <input checked="" type="radio"/> | <input type="radio"/> |
|--|----------------------------------|-----------------------|

|   |                                  |                       |
|---|----------------------------------|-----------------------|
| Does the sewer system have sufficient staff to provide proper OM&R? | <input checked="" type="radio"/> | <input type="radio"/> |
|---|----------------------------------|-----------------------|

|  |                                  |                       |
|--|----------------------------------|-----------------------|
| Has a repair and replacement sinking fund <sup>13</sup> been established for the sewer system? | <input checked="" type="radio"/> | <input type="radio"/> |
|--|----------------------------------|-----------------------|

|  |                                  |                       |
|--|----------------------------------|-----------------------|
| Is the repair & replacement sinking fund sufficient to meet anticipated needs? | <input checked="" type="radio"/> | <input type="radio"/> |
|--|----------------------------------|-----------------------|

## Part III: CAPITAL IMPROVEMENTS REVENUES AND RESERVES

|   | Yes                              | No                    |
|---|----------------------------------|-----------------------|
| Are sewer revenues sufficient to cover all costs of current capital improvements <sup>3</sup> projects? | <input checked="" type="radio"/> | <input type="radio"/> |

|  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| Has a Capital Improvements Reserve Fund <sup>4</sup> been established to provide for anticipated capital improvement projects? | <input checked="" type="radio"/> Yes | <input type="radio"/> No         |
| Are projected Capital Improvements Reserve Funds sufficient for the <i>next five years</i> ?                                   | <input type="radio"/>                | <input checked="" type="radio"/> |
| Are projected Capital Improvements Reserve Funds sufficient for the <i>next ten years</i> ?                                    | <input type="radio"/>                | <input checked="" type="radio"/> |
| Are projected Capital Improvements Reserve Funds sufficient for the <i>next twenty years</i> ?                                 | <input type="radio"/>                | <input checked="" type="radio"/> |

## Part IV: FISCAL SUSTAINABILITY REVIEW

|   | Yes                              | No                    |
|---|----------------------------------|-----------------------|
| Have you completed a Rate Study <sup>11</sup> within the last five years? | <input checked="" type="radio"/> | <input type="radio"/> |
| Do you charge Impact fees <sup>8</sup> ?                                  | <input checked="" type="radio"/> | <input type="radio"/> |

2022 Impact Fee (if not a flat fee, use average of all collected fees) =

2206.42

|  | Yes                              | No                               |
|--|----------------------------------|----------------------------------|
| Have you completed an Impact Fee Study in accordance with UCA 11-36a-3 within the last five years? | <input type="radio"/>            | <input checked="" type="radio"/> |
| Do you maintain a Plan of Operations <sup>10</sup> ?   | <input checked="" type="radio"/> | <input type="radio"/>            |
| Have you updated your Capital Facility Plan <sup>2</sup> within the last five years?               | <input type="radio"/>            | <input checked="" type="radio"/> |

In what year was the Capital Facility Plan last updated?

Yes

No

Do you use an Asset Management<sup>1</sup> system for your sewer systems?

☒☐

Describe the Asset Management System (check all that apply)

☐ Spreadsheet

☐ GIS

☒ **Accounting Software**

☐ Specialized Software

☐ Other

Yes

No

Do you know the total replacement cost of your sewer system capital assets?

☐☒

Yes

No

Do you fund sewer system capital improvements annually with sewer revenues at 2% or more of the total replacement cost?

☐☒

What is the sewer/treatment system annual asset renewal\* cost as a percentage of its total replacement cost?

☐☒

What is the sewer/treatment system annual asset renewal\* cost as a percentage of its total replacement cost?

## Part V: PROJECTED CAPITAL INVESTMENT COSTS

### Cost of projected capital improvements

|                | Cost                                 | Purpose of Improvements  |                                     |                                     |
|----------------|--------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|                | Please enter a valid numerical value | Replace/Restore          | New Technology                      | Increase Capacity                   |
| 2023           | 425000                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2023 thru 2027 |                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2028 thru 2032 |                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2033 thru 2037 |                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2038 thru 2042 |                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

This is the end of the Financial questions

To the best of my knowledge, the Financial section is completed and accurate.

☒ Yes

## Collections System Section

Form completed by:

May Receive Continuing Education /units (CEUs)

## Part I: SYSTEM DESCRIPTION

What is the largest diameter pipe in the collection system (diameter in inches)?

24

What is the average depth of the collection system (in feet)?

8

What is the total length of sewer pipe in the system (length in miles)?

50

How many lift/pump stations are in the collection system?

6

What is the largest capacity lift/pump station in the collection system (design capacity in gallons per minute)?

250

Do seasonal daily peak flows exceed the average peak daily flow by 100 percent or more?

☐ Yes

☒ No



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

1975

In what year was the largest diameter sewer pipe in the collection system constructed, replaced or renewed? (If more than one, cite the oldest)

1975

## PART II: DISCHARGES

How many days last year was there a sewage bypass, overflow or basement flooding in the system due to rain or snowmelt?

0

How many days last year was there a sewage bypass, overflow or basement flooding due to equipment failure (except plugged laterals)?

0

*The Utah Sewer Management Program defines two classes of sanitary sewer overflows (SSOs):*

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

- (a) affects 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

by a private lateral obstruction or problem that does not meet the Class 1 SSO criteria.

Below include the number of SSOs that occurred in year: 2022

Number

Number of Class 1 SSOs in Calendar  
year

0

Number of Class 2 SSOs in Calendar  
year

0

Please indicate what caused the SSO(s) in the previous question.

NA

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

NA

### Part III: NEW DEVELOPMENT

Did an industry or other development enter the community or expand production in the past two years, such that flow or wastewater loadings to the sewerage system increased by 10% or more?

☐ Yes

☒ No

Are new developments (industrial, commercial, or residential) anticipated in the next 2 - 3 years that will increase flow or BOD5 loadings to the sewerage system by 25% or more?

☒ Yes

☐ No

Number of new commercial/industrial connections in the last year

0

Number of new residential sewer connections added in the last year

146

Equivalent residential connections<sup>7</sup> served

3693

## Part IV: OPERATOR CERTIFICATION

How many collection system operators do you employ?

4

Approximate population served

10036

*State of Utah Administrative Rules requires all public system operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at least at the Facility's Grade.*

List the designated Chief Operator/DRC for the Collection System below:

| Name | Grade | Email |
|------|-------|-------|
|------|-------|-------|

|                    | Name<br>Name<br>First and Last Name<br>First and Last Name | Grade<br>Grade | Email<br>Email<br>Please enter full email address<br>Please enter full email address |
|--------------------|--|----------------|--|
| Chief Operator/DRC | Angela Pritchett   | II             | apritchett@hyrumcity.com   |

List all other Collection System operators with DRC responsibilities in the field, by certification grade, separate names by commas:

|                            | Name<br>separate by comma |
|----------------------------|---------------------------|
| SLS <sup>17</sup> Grade I: |                           |
| Collection Grade I:        |                           |
| Collection Grade II:       |                           |
| Collection Grade III:      |                           |
| Collection Grade IV:       |                           |

List all other Collection System operators by certification grade, separate names by commas:

|                                      | Name<br>separate by comma      |
|--------------------------------------|--------------------------------|
| SLS <sup>17</sup> Grade I:           |                                |
| Collection Grade I:                  |                                |
| Collection Grade II:                 | Jeff Jorgensen, Chris Crockett |
| Collection Grade III:                |                                |
| Collection Grade IV:                 | David (Tom) Broadbent,         |
| No Current Collection Certification: |                                |

Is/are your collection DRC operator(s) currently certified at the appropriate grade for this facility?

☐ No

## Part V: FACILITY MAINTENANCE

|   | Yes                              | No                               |
|---|----------------------------------|----------------------------------|
| Have you implemented a preventative maintenance program for your collection system?               | <input checked="" type="radio"/> | <input type="radio"/>            |
| Have you updated the collection system operations and maintenance manual within the past 5 years? | <input type="radio"/>            | <input checked="" type="radio"/> |
| Do you have a written emergency response plan for sewer systems?                                  | <input checked="" type="radio"/> | <input type="radio"/>            |
| Do you have a written safety plan for sewer systems?  | <input checked="" type="radio"/> | <input type="radio"/>            |
| Is the entire collections system TV inspected at least every 5 years?                             | <input type="radio"/>            | <input checked="" type="radio"/> |
| Is at least 85% of the collections system mapped in GIS?  | <input checked="" type="radio"/> | <input type="radio"/>            |

## Part VI: SSMP EVALUATION

|  | Yes                              | No                               |
|--|----------------------------------|----------------------------------|
| Has your system completed a Sewer System Management Plan (SSMP)?                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| Has the SSMP been adopted by the permittee's governing body at a public meeting?   | <input checked="" type="radio"/> | <input type="radio"/>            |
| Has the completed SSMP been public noticed?  | <input checked="" type="radio"/> | <input type="radio"/>            |
| During the annual assessment of the SSMP, were any adjustments needed based on the | <input type="radio"/>            | <input checked="" type="radio"/> |

were any adjustments needed based on the performance of the plan?

Yes

No

## Date of Public Notice

11/16/2017

During 2022, was any part of the SSMP audited as part of the five year audit?

☐ Yes

☒ No

Have you completed a System Evaluation and Capacity Assurance Plan (SECAP) as defined by the Utah Sewer Management Program?

☒ Yes

☐ No

## Part VII: NARRATIVE EVALUATION

This section should be completed with the system operators.

Describe the physical condition of the sewerage system: (lift stations, etc. included)

Lift stations are new and are regularly maintained. Manholes are inspected annually and are in good condition. Some of the sewer lines may need to be replaced for capacity.

What sewerage system capital improvements<sup>3</sup> does the utility need to implement in the next 10 years?

We are in the process of updating our SECAP. Once the SECAP is complete we will have a better idea of what lines need to be replaced for capacity.

What sewerage system problems, other than plugging, have you had over the last year?

None

Is your utility currently preparing or updating its capital facilities plan<sup>2</sup>?

☒ **Yes**

☐ No

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

☒ **100% Covered**

☐ Partially cover

☐ Does not pay

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

☒ **Yes**

☐ No

Any additional comments?

Hyrum City is in the process of updating their SECAP plan. Based off of the findings the SSMP may be modified and we will have a better informed capital plan moving forward.

[This is the end of the Collections System questions](#)

To the best of my knowledge, the Collections System section is completed

and accurate.

☒ **Yes**

*Mechanical Plant Section*

Form completed by:  
[May Receive Continuing Education /units \(CEUs\)](#)

Angela Pritchett

Part I: INFLUENT INFORMATION

Please provide the average influent flow rate and average influent BOD<sub>5</sub> and TSS loading rates listed below for your facility.

|                                   | Average Daily Flow<br>(MGD) | Average Daily BOD <sub>5</sub><br>Load (lb/day) | Average Daily TSS Load<br>(lb/day) |
|-----------------------------------|-----------------------------|---|------------------------------------|
| Design Basis or<br>Rated Capacity | 2                           | 3670  | 3340                               |
| 2022 Average                      | 1.29                        | 1640  | 1663                               |

Part II: EFFLUENT INFORMATION

How many Notices of Violation (NOVs) did you receive for this facility in the review year?

1

How many days in the past year was there a bypass or overflow of wastewater at the facility due to high flows?

0



## Part III: FACILITY AGE

In what year were the following process units constructed, upgraded or renewed?

Note: If a unit process does not apply to your system enter the Evaluation Year under Construction or Upgrade Year.

|                           | Evaluation Year | Construction or Upgrade Year | Age |
|---------------------------|-----------------|------------------------------|-----|
| Headworks                 | 2022            | 2021                         | 1   |
| Primary Treatment         | 2022            | 2021                         | 1   |
| Secondary Treatment       | 2022            | 2021                         | 1   |
| Tertiary Treatment        | 2022            | 2021                         | 1   |
| Solids Handling           | 2022            | 2002                         | 20  |
| Disinfection              | 2022            | 2004                         | 18  |
| Land Application/Disposal | 2022            | 2002                         | 20  |

## PART IV: DISCHARGES

How many days in the last year was there a bypass or overflow of wastewater at the facility due to equipment failure?

1

## PART V: BIOSOLIDS HANDLING

Biosolids Disposal (check all that apply)

Yes

No

Landfill

☐☒

Land Application

☒☐

Give Away/Other Distribution

☐☒

## Part VI: NEW DEVELOPMENT

Number of new commercial/industrial connections in the last year

0

Number of new residential sewer connections added in the last year

146

Equivalent residential connections<sup>7</sup> served

3693


## Part VII: OPERATOR CERTIFICATION

How many treatment system operators do you employ?

4

*State of Utah Administrative Rules requires all public system operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at least at the Facility's Grade.*

List the designated Chief Operator/DRC for the Wastewater Treatment System below:

|                    | Name<br>First and Last Name | Grade  | Email<br>Please enter full email address |
|--------------------|-----------------------------|--|--|
| Chief Operator/DRC | Angela Pritchett            | IV  | apritchett@hyrumcity.com                 |

List all other Wastewater Treatment System operators with DRC responsibilities in the field, by certification grade, separate names by commas:

|                            | Name<br>separate by comma |
|----------------------------|---------------------------|
| SLS <sup>17</sup> Grade I: | <input type="text"/>      |
| Treatment Grade I:         | <input type="text"/>      |
| Treatment Grade II:        | <input type="text"/>      |
| Treatment Grade III:       | <input type="text"/>      |
| Treatment Grade IV:        | <input type="text"/>      |

List all other Wastewater Treatment System operators by certification grade, separate names by commas:

|                            | Name<br>separate by comma      |
|----------------------------|--------------------------------|
| SLS <sup>17</sup> Grade I: | <input type="text"/>           |
| Treatment Grade I:         | <input type="text"/>           |
| Treatment Grade II:        | Jeff Jorgensen, Chris Crockett |
| Treatment Grade III:       | <input type="text"/>           |
| Treatment Grade IV:        | David (Tom) Broadbent          |

Is/are your DRC operator(s) currently certified at the appropriate grade for this facility?

☒ Yes

☐ No

## Part VIII: FACILITY MAINTENANCE

|  | Yes                              | No                               |
|--|----------------------------------|----------------------------------|
| Have you implemented a written preventative maintenance program for your treatment system?       | <input type="radio"/>            | <input checked="" type="radio"/> |
| Have you updated the treatment system operations and maintenance manual within the past 5 years? | <input checked="" type="radio"/> | <input type="radio"/>            |

Identify the types of treatment equipment and processes installed at your facility.

|   | Yes                              | No                               |
|---|----------------------------------|----------------------------------|
| Screens   | <input checked="" type="radio"/> | <input type="radio"/>            |
| Grit Removal  | <input checked="" type="radio"/> | <input type="radio"/>            |
| Primary Clarifiers  | <input type="radio"/>            | <input checked="" type="radio"/> |
| Imhoff Tanks  | <input type="radio"/>            | <input checked="" type="radio"/> |
| Fixed Film Reactor  | <input type="radio"/>            | <input checked="" type="radio"/> |
| Activated Sludge  | <input checked="" type="radio"/> | <input type="radio"/>            |
| Aerobic Suspend Growth Variations                                     | <input checked="" type="radio"/> | <input type="radio"/>            |
| Anaerobic Suspended Growth variations                                 | <input checked="" type="radio"/> | <input type="radio"/>            |
| Physical-chemical systems for organic removal w/o secondary treatment | <input type="radio"/>            | <input checked="" type="radio"/> |

Physical-chemical systems for organic

|   |                                      |                                  |
|---|--------------------------------------|----------------------------------|
| Physical-chemical systems for organic removal following secondary treatment | <input checked="" type="radio"/> Yes | <input type="radio"/> No         |
| Membrane Filtration   | <input checked="" type="radio"/>     | <input type="radio"/>            |
| Suspended-growth Nitrification and Denitrification                          | <input checked="" type="radio"/>     | <input type="radio"/>            |
| Air Stripping   | <input type="radio"/>                | <input checked="" type="radio"/> |
| Phosphorus Removal - Chemical   | <input checked="" type="radio"/>     | <input type="radio"/>            |
| Phosphorus Removal - Biological   | <input checked="" type="radio"/>     | <input type="radio"/>            |
| Ion Exchange  | <input type="radio"/>                | <input checked="" type="radio"/> |
| Reverse Osmosis   | <input type="radio"/>                | <input checked="" type="radio"/> |
| Media Filtration  | <input type="radio"/>                | <input checked="" type="radio"/> |
| Dissolved Air Flotation   | <input type="radio"/>                | <input checked="" type="radio"/> |
| Micro Screens   | <input type="radio"/>                | <input checked="" type="radio"/> |
| Chlorine Disinfection   | <input type="radio"/>                | <input checked="" type="radio"/> |
| UV Disinfection   | <input checked="" type="radio"/>     | <input type="radio"/>            |
| Effluent use/Reuse  | <input checked="" type="radio"/>     | <input type="radio"/>            |

This is the end of the Mechanical Plant questions

To the best of my knowledge, the Mechanical Plant section is completed and accurate.

☒ **Yes**

I have reviewed this report and to the best of my knowledge the information provided in this report is correct.



Has this been adopted by the council? If no, what date will it be presented to the council?

☐ Yes

☒ No

What date will it be presented to the council?

Date format ex. mm/dd/yyyy

05/04/2023

Please log in.

Email

PIN

NOTE: This questionnaire has been compiled for your benefit to assist you in evaluating the technical and financial needs of your wastewater systems. Completion of the collection section meets the annual reporting requirement for the USMP. If you received financial assistance from the Water Quality Board, annual submittal of this report is a condition of that assistance. Please answer questions as accurately as possible to give you the best evaluation of your facility. If you need assistance, please send an email to [wqinfodata@utah.gov](mailto:wqinfodata@utah.gov) and we will contact you as soon as possible. You may also visit our [Frequently Asked Questions](#) page.

