

RESOLUTION NO. R-21-2025

A RESOLUTION OF EAGLE MOUNTAIN CITY, UTAH,
APPROVING THE 2024 MUNICIPAL WASTEWATER
PLANNING PROGRAM ANNUAL REPORT

PREAMBLE

WHEREAS, Utah Administrative Code requires political subdivisions that receive assistance for a wastewater project to participate annually in the Municipal Wastewater Planning Program; and

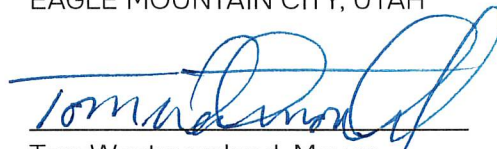
WHEREAS, Eagle Mountain City desires to approve the 2024 Municipal Wastewater Planning Program Annual Report, as prepared in Exhibit A.

NOW, THEREFORE, be it resolved by the City Council of Eagle Mountain City, Utah as follows:

1. The 2024 Municipal Wastewater Planning Program Annual Report, as attached hereto as Exhibit A, is hereby approved.
2. This Resolution shall be effective upon its first publication or posting.

ADOPTED by the City Council of Eagle Mountain City, Utah, this 15th day of April, 2025.

EAGLE MOUNTAIN CITY, UTAH


Tom Westmoreland, Mayor

ATTEST:


Gina L. Olsen, CMC
City Recorder



CERTIFICATION

The above resolution was adopted by the City Council of Eagle Mountain City on the 15th day of April, 2025.

Those Voting Yes:	Those Voting No:	Those Excused:	Those Abstaining:
<input checked="" type="checkbox"/> Donna Burnham	<input type="checkbox"/> Donna Burnham	<input type="checkbox"/> Donna Burnham	<input type="checkbox"/> Donna Burnham
<input checked="" type="checkbox"/> Melissa Clark	<input type="checkbox"/> Melissa Clark	<input type="checkbox"/> Melissa Clark	<input type="checkbox"/> Melissa Clark
<input checked="" type="checkbox"/> Jared Gray	<input type="checkbox"/> Jared Gray	<input type="checkbox"/> Jared Gray	<input type="checkbox"/> Jared Gray
<input checked="" type="checkbox"/> Rich Wood	<input type="checkbox"/> Rich Wood	<input type="checkbox"/> Rich Wood	<input type="checkbox"/> Rich Wood
<input checked="" type="checkbox"/> Brett Wright	<input type="checkbox"/> Brett Wright	<input type="checkbox"/> Brett Wright	<input type="checkbox"/> Brett Wright




Gina L. Olsen, CMC
City Recorder

Exhibit A

2025 MWPP Survey Questions

This document is provided to assist in gathering the appropriate responses for the survey.

The following questions are populated into a spreadsheet. Each question is numbered by the letter of the column that it falls in. If it so happens that you need to change a response to a question after submitting the form call Harry Campbell at 385-501-9583, identify your facility, report the question label (B, C, D, etc. in front of the question), and provide the correct response.

B. Email bkinder@eaglemountain.gov (email of facility contact)

Section 1. General Information

Note: This questionnaire has been compiled for your benefit to assist you in evaluating the technical and financial needs of your wastewater systems. If you received financial assistance from the Water Quality Board, annual submittal of this report is a condition of the 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 and we will contact you as soon as possible. You may also visit our Frequently Asked Questions page

C. What is the name of the Facility? [Eagle Mountain City](#)

D. What is the name of the person responsible for this organization? [Benjamin Reeves](#)

E. What is the title of the person responsible for this organization? [City Manager](#)

F. What is the email Address for the person responsible for this organization?

breeves@eaglemountain.gov

G. What is the phone number for the person responsible for this organization? [8017896603](#)

H. Please identify the Facility Location? Please provide either Longitude and Latitude, address, or a written description of the location (with area or point). [2515 North Pony Express Parkway, Eagle Mountain, UT 84005](#)

Federal Facility Section

I. Are you a federal facility? A federal facility is a military base, a national park, a facility associated with the forest service, etc. Yes **No**

"If Yes" go to the next section

"If No" go to the Financial Section

Federal Facility

J. As a federal facility do you have a wastewater collection system? Yes No

"If Yes" go to Collection System

"If No" go to Wastewater Treatment Options

Financial Evaluation Section

As you begin this survey you must keep in mind which part of the wastewater system that you represent, unless you represent it all (e.g., collections, treatment, or both). If you only represent the collection system please respond to each question thinking only of collection system data as you proceed through this survey. The same goes for treatment and both. If you get a question that does not apply to the part of the system which you represent then leave it unanswered. However, please try to answer as many questions as you possibly can.

K. This section is completed by: Kimberly Ruesch Finance Director

Part I General Questions - Please answer the following questions regarding GENERAL QUESTIONS.

L. Are sewer revenues maintained in a dedicated purpose enterprise/district account? ☒ Yes ☐ No

M. Are you collecting 95% or more of your anticipated sewer revenue? ☒ Yes ☐ No

N. Are Debt Service Reserve Fund requirements being met? ☒ Yes ☐ No

O. Where are sewer revenues maintained? General Fund Combined Utilities Fund ☒ Other

P. What was the average MONTHLY User Charge for 2024? 57.33

Q. Do you have a water and/or sewer customer assistance program (CAP)? ☒ Yes ☐ No

R. Are property taxes or other assessments applied to the sewer systems? Yes ☒ No

S. What is the yearly amount of revenue that you receive from these taxes = N/A

T. Are sewer revenues sufficient to cover operations & maintenance costs, and repair & replacement costs (OM&R) at this time? ☒ Yes ☐ No

U. Are projected sewer revenues sufficient to cover operation, maintenance, and repair (OM&R) costs for the next five years? ☒ Yes ☐ No

V. Does the sewer system have sufficient staff to provide proper OM&R? ☒ Yes ☐ No

W. Has a repair and replacement sinking fund been established for the sewer system? Yes ☒ No

X. Is the repair & replacement sinking fund sufficient to meet anticipated needs? Yes ☐ No

Y. Are sewer revenues sufficient to cover all costs of current capital improvements projects? ☒ Yes ☐ No

Z. Has a Capital Improvements Reserve Fund been established to provide for anticipated capital improvement projects? Yes ☒ No

AA. Are projected Capital Improvements Reserve Funds sufficient for the next five years? Yes ☒ No

AB. Are projected Capital Improvements Reserve Funds sufficient for the next ten years? Yes ☒ No

AC. Are projected Capital Improvements Reserve Funds sufficient for the next twenty years? Yes ☒ No

AD. Have you completed a rate study within the last five years? ☒ Yes ☐ No

AE. Do you charge Impact fees? ☒ Yes ☐ No

AF. If you charged Impact Fees, how much were they? (if not a flat fee, use total collected impact fees for the year divided by the total number of entities who paid fees that year) = 4,665 Per ERU

AG. Have you completed an impact fee study in accordance with UCA 11-36a-3 within the last five years? Yes No

AH. Do you maintain a Plan of Operations? Yes No

AI. Have you updated your Capital Facility Plan within the last five years? Yes No

AJ. In what year was the Capital Facility Plan last updated? 2024

AK. Do you use an Asset Management system for your sewer systems? Yes No

AL. Do you know the total replacement cost of your sewer system capital assets? Yes No

AM. Replacement Cost = Unknown

AN. Do you fund sewer system capital improvements annually with sewer revenues at 2% or more of the total replacement cost? Yes No

AO. What is the sewer/treatment system annual asset renewal cost as a percentage of its total replacement cost? Unknown

AP. Describe the Asset Management System. Check all that apply

- ☐ Spreadsheet
- ☐ GIS
- ☐ Accounting Software
- ☐ Specialized Software

AQ. What is the 2024 Capital Assets Cumulative Depreciation for your facility? 22,294,856

AR. What is the 2024 Capital Assets Book Value? Book Value = total cost - accumulated depreciation
64,536,312

AS. Cost of projected capital improvements - Please enter a valid numerical value. - 2024? 2,000,000

AT. Cost of projected capital improvements - Please enter a valid numerical value. - 2025 through 2029?
131,642,586 (This is from plan It CIP 5 year plan)

AU. Cost of projected capital improvements - Please enter a valid numerical value. - 2030 through 2034?
Unknown

AV. Cost of projected capital improvements - Please enter a valid numerical value. - 2035 through 2039?
Unknown

AW. Cost of projected capital improvements - Please enter a valid numerical value. - 2040 through 2044?
Unknown

AX. Purpose of Capital Improvements - 2024? Check all that apply.

- ☐ Replace/Restore

- ☐ New Technology
- ☐ Increased Capacity

AY. Purpose of projected Capital Improvements - 2025 through 2029? - Check all that apply.

- ☐ Replace/Restore
- ☐ New Technology
- ☐ Increased Capacity

AZ. Purpose of projected Capital Improvements - 2030 through 2034 Check all that apply.?

- ☐ Replace/Restore
- ☐ New Technology
- ☐ Increased Capacity

BA. Purpose of projected Capital Improvements - 2035 through 2039? - Check all that apply.

- ☐ Replace/Restore
- ☐ New Technology
- ☐ Increased Capacity

BB. Purpose of projected Capital Improvements from 2040 through 2044? - Check all that apply.

- ☐ Replace/Restore
- ☐ New Technology
- ☐ Increased Capacity

BC. To the best of my knowledge, the Financial Evaluation section is completed and accurate. **True**
False

BD. Do you have a collection system? **Yes** No

"If Yes" go to the Collection Section

"If No" go to Wastewater Treatment Options

Collection System – Including piping and lift stations.

BE. This form is completed by [name]? - The person completing this form may receive Continuing Education Units (CEUs). **Mack Straw, Brody Kinder**

Part I: SYSTEM DESCRIPTION - Please answer the following questions regarding SYSTEM DESCRIPTION.

BF. What is the largest diameter pipe in the collection system? - Please enter the diameter in inches.

42

BG. What is the average depth of the collection system? - Please enter the depth in feet. **10**

BH. What is the total length of sewer pipe in the collection system? - Please enter the length in miles.

191

BI. How many lift/pump stations are there in the collection system? 10

BJ. What is the largest capacity lift/pump station in the collection system? - Please enter the design capacity in gpm. 2000 GPM @ 40 FT of Head

BK. Do seasonal daily peak flows exceed the average peak daily flow by 100 percent or more? Yes No

BL. What year was your collection system first constructed (approximately)? 1998

BM. In what year was the largest diameter sewer pipe in the collection system constructed, replaced or renewed? If more than one, cite the oldest. 2020

Part II: DISCHARGES - Please answer the following questions regarding DISCHARGES.

BN. How many days last year was there a sewage bypass, overflow or basement flooding in the system due to rain or snowmelt? 0

BO. How many days last year was there a sewage bypass, overflow or basement flooding due to equipment failure (except plugged laterals)? 3

Sanitary Sewer Overflow (SSO)

Class 1 - a Significant SSO means a SSO 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 SSO criteria

BP. How many Class 1 SSOs were there in Calendar year 2024? 0

BQ. How many Class 2 SSOs were there in Calendar year 2024? 3

BR. Please indicate what caused the SSO(s) in the previous question. All SSO's were caused by a mechanical failure in a private lift station.

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

Part III: NEW DEVELOPMENT - Please answer the following questions regarding NEW DEVELOPMENT.

BT. 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

BU. 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

BV. What is the number of new commercial/industrial connections in 2024? 6

BW. What is the number of new residential sewer connections added in 2024? 1313

BX. How many equivalent residential connections are served? 16027

Part IV: OPERATOR CERTIFICATION - Please answer the following questions regarding OPERATOR CERTIFICATION.

BY. How many collection system operators do you employ? 3.5

BZ. What is the approximate population served? 62754

CA. State of Utah Administrative Rules require all public system chief operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at no less than the Facility's Grade. List the designated Chief Operator/DRC for the Collection System by: First and Last Name, Grade, and email. Grades: Grade I, Grade II, Grade III, and Grade IV.

Mack Straw, Grade IV, mstraw@eaglemountain.gov,

Brody Kinder, Grade IV, bkinder@eaglemountain.gov

CB. Please list all other Collection System operators with DRC responsibilities in the field, by name and certification grade. Please separate names and certification grade for each operator by commas. Grades: Grade I, Grade II, Grade III, and Grade IV.

Collections DRC Operator:

Dallan Harris, Grade IV

CC. Please list all other Collection System operators by name and certification grade. Please separate names and certification grades for each operator by commas. Grades: Grade I, Grade II, Grade III, and Grade IV.

Collections Operators:

Jason Carter, No Grade,

Corey Christensen, No Grade,

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

Yes No

Part V: FACILITY MAINTENANCE - Please answer the following questions regarding FACILITY MAINTENANCE.

CE. Have you implemented a preventative maintenance program for your collection system? Yes No

CF. Have you updated the collection system operations and maintenance manual within the past 5 years? Yes No

CG. Do you have a written emergency response plan for sewer systems? Yes No

CH. Do you have a written safety plan for sewer systems? Yes No

CI. Is the entire collections system TV inspected at least every 5 years? Yes No

CJ. Is at least 85% of the collections system mapped in GIS? Yes No

Part VI: SSMP EVALUATION - Please answer the following questions regarding SSMP EVALUATION.

CK. Have you completed a Sewer System Management Plan (SSMP)? Yes No

CL. Has the SSMP been adopted by the permittee's governing body at a public meeting? Yes No

CM. Has the completed SSMP been public noticed?
Yes No

If "yes" then the question below.

CN. Date of Public Notice? 04/18/2023

If "no" then the question below.

CO. When will the SSMP be public noticed? _____

CP. During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan? Yes No

CQ. What adjustments were made to the SSMP (i.e. line cleaning, CCTV inspections, manhole inspections, and/or SSO events)? N/A

CR. During 2024, was any part of the SSMP audited as part of the five-year audit? Yes No

CS. If yes, what part of the SSMP was audited and were changes made to the SSMP as a result of the audit? N/A

CT. Have you completed a System Evaluation and Capacity Assurance Plan (SECAP) as defined by the Utah Sewer Management Plan? Yes No

HW. Does the collection system have more than 2,000 connections? Yes No

HX. Has a fats, oil, and grease (FOG) or fats, oil, sand, and grease program been developed by the collection system? Yes No

Part VII: NARRATIVE EVALUATION - Please answer the following questions regarding NARRATIVE EVALUATION.

CU. Describe the physical condition of the sewerage system: (lift stations, etc. included) The system is in good operation. All but one lift stations are working at peak Performance. We are currently in construction to replace this lift station with a new pumping system. We also have 4 lift stations currently run by private companies (HOA)

CV. What sewerage system capital improvements does the utility need to implement in the next 10 years? Sections of our concrete outfall line will need CIPP in the near future.

CW. What sewerage system problems, other than plugging, have you had over the last year? Mechanical failure at two different private lift stations.

CX. Is your utility currently preparing or updating its capital facilities plan? **Yes** No

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

☐ **100%**

☐ Partially

☐ Does not pay

CZ. Is there a written policy regarding continued education and training for wastewater operators? **Yes**
No

DA. Do you have any additional comments? **No**

DB. To the best of my knowledge, the Collections System section is completed and accurate. **True**
False

Wastewater Treatment Options

You have either just completed or just bypassed questions about a Collection System. If this section was bypassed by mistake, in the next question you will have the option to return to the questions on a Collection System. If you are good with the progress up to now, next you will determine what kind of Wastewater Treatment you have, or you can choose NO Wastewater Treatment.

DC. What kind of wastewater treatment do you have in your wastewater treatment system?

☐ **Mechanical Plant**

☐ Discharging Lagoon

☐ Non-Discharging Lagoon

☐ No Treatment of Wastewater

Mechanical Plant

Part I: Influent Information. Please answer the following questions regarding INFLUENT INFORMATION.

DD. Form completed by [name]? - The person completing this form may receive Continuing Education Units (CEUs). **Brody Kinder**

DE. What is the design basis or rated capacity for average daily flow in MGD? **2.4**

DF. What is the design basis or rated capacity for average daily BOD loading in lb/day?

7,405

DG. What is the design basis or rated capacity for average daily TSS loading in lb/day?

4,203

DH. What was the 2024 average daily flow in MGD? **1.4**

DI. What was the 2024 average daily loading for BOD in lb/day? **4,033**

DJ. What was the 2024 average daily loading for TSS in lb/day? **4,255**

DK. What is the percent of capacity used by the 2024 average daily flow? **58.5%**

DL. What is the percent of capacity used by the 2024 average daily BOD load? 54.5%

DM. What is the percent of capacity used by the 2024 average daily TSS? 101.2%

Part II: EFFLUENT INFORMATION - Please answer the following questions regarding EFFLUENT INFORMATION.

DN. How many Notices of Violations (NOVs) did you receive for this facility in 2024? None

DO. How many days in the past year was there a bypass or overflow of wastewater at the facility due to high flows? None

Part III: FACILITY AGE - Please answer the following questions regarding FACILITY AGE.

DP. In what year was your HEADWORKS evaluated? 2023

DQ. In what year was your HEADWORKS most recently constructed, upgraded, or renewed? 2023

DR. What is the age of your HEADWORKS? 1 year

DS. In what year was your PRIMARY TREATMENT evaluated? N/A

DT. In what year was your PRIMARY TREATMENT constructed, upgraded or renewed? N/A

DU. What is the age of your PRIMARY TREATMENT? N/A

DV. In what year was your SECONDARY TREATMENT evaluated? 2021

DW. In what year was your SECONDARY TREATMENT constructed, upgraded or renewed? 2022

DX. What is the age of your SECONDARY TREATMENT? 3 years

DY. In what year was your TERTIARY TREATMENT evaluated? N/A

DZ. In what year was your TERTIARY TREATMENT constructed, upgraded or renewed? N/A

EA. What is the age of your TERTIARY TREATMENT? N/A

EB. In what year was your DISINFECTION evaluated? 2023

EC. In what year was your DISINFECTION constructed, upgraded or renewed? 2022

ED. What is the age of your DISINFECTION? 3 years

EE. In what year was your SOLIDS HANDLING evaluated? 2023

EF. In what year was your SOLIDS HANDLING constructed, upgraded or renewed? 2023

EG. What is the age of your SOLIDS HANDLING? 3 years

EH. In what year was your LAND APPLICATION/DISPOSAL evaluated? N/A

EI. In what year was your LAND APPLICATION/DISPOSAL constructed, upgraded or renewed? N/A

EJ. What is the age of your LAND APPLICATION/DISPOSAL? N/A

Part IV: DISCHARGES - Please answer the following questions regarding DISCHARGES.

EK. How many days in the last year was there a bypass or overflow of wastewater at the facility due to equipment failure? None

Part V: BIOSOLIDS HANDLING - Please answer the following questions regarding BIOSOLIDS HANDLING.

EL. Biosolids disposal (check all that apply)

- ☒ Landfill
- ☐ Land Application
- ☐ Give Away/Other Distribution

Part VI: NEW DEVELOPMENT - Please answer the following questions regarding NEW DEVELOPMENT.

EM. Number of new commercial/industrial connections in the last year? 4

EN. Number of new residential sewer connections added in the last year? 877

EO. Equivalent residential connections served? 8153.5

Part VII: OPERATOR CERTIFICATION

EP. How many treatment system operators do you employ? 5.5

EQ. State of Utah Administrative Rules require all public system chief operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at no less than the Facility's Grade. List the designated Chief Operator/DRC for the Treatment System by: First and Last Name, Grade, and email.

Grades: Grade I, Grade II, Grade III, and Grade IV.

Brody Kinder, Grade IV, bkinder@eaglemountain.gov

ER. Please list all other wastewater treatment system operators with DRC responsibilities in the field, by name and certification grade. Please separate names and certification grade for each operator by commas.

Grades: Grade I, Grade II, Grade III, and Grade IV.

Jacob Hansen, Grade IV,

Matthew Banks, Grade IV

ES. Please list all other wastewater treatment operators by name and certification grade. Please separate names and certification grades for each operator by commas.

Grades: Grade I, Grade II, Grade III, and Grade IV.

Matthew Powell, Grade I,

Daven Cooke, No Cert,

Fred Garbett, No Cert

ET Is/are your DRC operator(s) currently certified at the appropriate grade for this facility? Yes No

Part VIII: FACILITY MAINTENANCE - Please answer the following questions regarding FACILITY MAINTENANCE.

EU. Have you implemented a written preventative maintenance program for your treatment system?

☒ Yes ☐ No

EV. Have you updated the treatment system operations and maintenance manual within the past 5 years? ☒ Yes ☐ No

EW. Please identify (below) the types of treatment equipment and processes installed at your facility.

Indicate as many as you need.

- ☒ Screens
- ☒ Grit Removal
- ☐ Primary Clarifier
- ☐ Imhoff Tanks
- ☐ Fixed Film Reactor
- ☒ Activated Sludge
- ☐ Aerobic Suspended Growth Variations
- ☐ Anaerobic Suspended Growth Variations
- ☐ Physical-Chemical Systems for Organic Removal w/o Secondary Treatment
- ☐ Physical-Chemical Systems for Organic Removal Following Secondary Treatment
- ☐ Membrane Filtration
- ☒ Suspended-Growth Nitrification and Denitrification
- ☐ Air Stripping
- ☐ Phosphorus Removal - Chemical
- ☐ Phosphorus Removal - Biological
- ☐ Ion Exchange
- ☐ Reverse Osmosis
- ☐ Media Filtration
- ☐ Dissolved Air Flotation
- ☐ Micro Screens
- ☒ Chlorine Disinfection
- ☐ UV Disinfection
- ☒ Effluent Use/Reuse

EX. To the best of my knowledge, the Mechanical Plant section is completed and accurate. ☒ True ☐ False

Adopt & Sign

HS. I have reviewed this report and to the best of my knowledge the information provided in this report is correct. ☒ True ☐ False

HT. Has this been adopted by the City Council or District Board? Yes ☒ No

"If No"

HU. What date will it be presented to the City Council or District Board? 4/15/2025

"If Yes"

HV. What date was this adopted by City Council or District Board? _____

END of Survey

This is the end of the survey. Please make sure you have submitted your responses for each section.
Thank you for your participation.

Also, if you want a copy of your response to this survey you must click the button immediately below and you must do it before you submit the survey.