UTAH DEPARTMENT of ENVIRONMENTAL QUALITY
WATER QUALITY

Division of Water Quality (DWQ)
UPDES Program

UPDES Municipal (POTW) Permit Application

Part I. General Information (40 CFR 122.21(j)(1) and (9))

UPDES Permit No.: UT0020427

Facility Name: Payson City Wastewater Treatment Plant

Facility Location: 1062 N Main St

City Payson State UT Zip 84651

Facility Mailing Address: Same

City _____ State _____ Zip _____

Facility Contact: Jeff Hiatt **Title:** Sewer Superintendent

Phone Number: 801-465-5277 **Email Address:** jeffh@payson.org

Name of Signatory: _____ **Title:** _____

Is the applicant the facility owner, operator or both? (check only one response.)

☒ Owner ☐ Operator ☐ Both

Indicate below any existing environmental permits. (Check all that apply and type the corresponding permit number for each.)

☐ RCRA (hazardous waste) ☐ UIC (underground injection control) ☐ PSD (air emissions)

☐ Nonattainment program (CAA) ☐ NESHAPs (CAA) ☐ Dredge or fill (CWA Section 404)

☐ Other (specify) _____

Nature of Business CFR (40 CFR 122.21(f)(8))

Describe the nature of your business

This is a publicly owned treatment work treating wastewater from Payson City.

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Part II. Facility Information

Population served?	24,000

Design and Actual Flow Rates

Provide design and actual flow rates in designated spaces.

Design Flow Rate	
4.03	mgd

Annual Average Flow Rates (Actual)					
Five Years Ago		**Four Years Ago**		**Three Years Ago**	
1.68	mgd	1.66	mgd	1.72	mgd
Two Years Ago		**Last Year**		**Current Year**	
1.67	mgd	1.72	mgd	1.76	mgd

Maximum Daily Flow Rates (Actual)					
Five Years Ago		**Four Years Ago**		**Three Years Ago**	
2.81	mgd	2.26	mgd	3.09	mgd
Two Years Ago		**Last Year**		**Current Year**	
1.98	mgd	2.34	mgd	2.20	mgd

Describe the treatment for each outfall

	Outfall No. 001	**Outfall No.** 001R	**Outfall No.** _____
Highest Level of Treatment (check all that apply per outfall)	☐ Primary ☐ Equivalent to secondary ☐ Secondary ■ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ■ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____
Design Removal Rates by Outfall			
BOD_5	85 %	85 %	%
TSS	85 %	85 %	%
Phosphorus	■ Not applicable %	■ Not applicable %	☐ Not applicable %
Nitrogen	■ Not applicable %	■ Not applicable %	☐ Not applicable %
Other (specify)	■ Not applicable %	■ Not applicable %	☐ Not applicable %

UPDES Municipal (POTW) Permit Application

Part II. Facility Information *continued*

Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? ■ YES ☐ NO

Describe the type of disinfection used for the effluent for each outfall. If disinfection varies by season, describe below.

Chlorine is used for disinfection for both outfalls on a year-round basis.

	Outfall No. _____	**Outfall No. _____**	**Outfall No. _____**
Disinfection type			
Seasons used			
Dechlorination used?	☐ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No

MAP: Attach a USGS topographic map or aerial photo extending one mile beyond the property boundaries of the site, the facility or activity boundaries, any treatment area(s), outfall(s), major drainage patterns, and the receiving surface waters stated above.

■ Map Attached

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Part II. Facility Information *continued*

Are improvements to the facility scheduled?

■ YES If YES, explain below.

☐ NO If NO, Skip to Part III

Briefly list and describe the schedule improvements.

1. Upgrade to BNR and expand capacity (see CFP amendment)

2.

3.

4.

Provide scheduled or actual dates of completion for improvements.

Scheduled or Actual Dates of Completion for Improvements

Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1. Upgrade	001, 001R	01/01/2023	12/31/2024	10/01/2024	01/01/2025
2.					
3.					
4.					

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Part III. Sampling Information

Provide all parameter sampling data with analytical results, reporting limit and any laboratory flags on an Excel spreadsheet. *An Excel Spreadsheet will be provided upon request.*

Has WET testing been conducted during the last 5 years? ■ YES ☐ NO

Indicate the acute and chronic WET tests (PASS or FAIL) results for the past 5 years. If no WET testing for the quarter, then leave blank (e.g., for semi-annual or annual testing or missed testing events).

See attached summary table

Year	Outfall No. ____				Outfall No. ____				Outfall No. ____			
	Acute		Chronic		Acute		Chronic		Acute		Chronic	
	Qtr 1	☐ PASS	Qtr 1	☐ PASS	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL
	Q				Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL
	Q	☐ FAIL		☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL
	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL
	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL
	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL
	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL
	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL
	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL
	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL
	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL
	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL
	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL
	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL
	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL
	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL
	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL	Qtr 1	☐ PASS ☐ FAIL
	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL	Qtr 2	☐ PASS ☐ FAIL
	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL	Qtr 3	☐ PASS ☐ FAIL
	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL	Qtr 4	☐ PASS ☐ FAIL

Describe any cause(s) of toxicity:
We did have some high ammonia which caused a fail. We did do 2 weeks of testing more to get two passes in a row.

UPDES Municipal (POTW) Permit Application

Part IV. Compliance Information

Has the facility had an parameter exceedances over the past five years? ☑YES ☐NO

If Yes, provide the below information:

Parameter	Exceedance	Month/Year	Cause
See attached data spreadsheet			

UPDES Municipal (POTW) Permit Application

Part IV. Compliance Information *continued*

Facility monitoring data.

Please provide the past **five years** of all parameters required to be monitored in the UPDES permit. The data can be entered in the section below or an excel spreadsheet. Attached additional sheets if needed.

Month	Year	Parameter	Min	Max	Avg	MDL/RL*

See attached data spreadsheets

*MDL/RL is the analysis method detection limit or reporting limit located on the laboratory analysis report.

UPDES Municipal (POTW) Permit Application

Part V. Outfalls and Receiving Water(s)

Provide the latitude and longitude to the nearest second for each dewatering outfall. The specified location should be after all treatment and before release to the receiving water. Provide the name of the initial receiving water. If the initial receiving water is unnamed, please also indicate the closed named drainage the receiving water flows into (i.e. unnamed tributary of City Creek). Attach additional sheets if necessary for more outfalls.

Each outfall to a different receiving water segment is subject to additional application fees and annual fees.

Outfall No.	Average daily flow rate	Latitude	Longitude	Receiving Surface Waters (Name)
001	0-1.75 mgd	40 ° 03 ' 41 "	111 ° 43 ' 49 "	Beer Creek
001R	0-1.75 mgd	40 ° 03 ' 41 "	111 ° 43 ' 49 "	Payson Power Plant
	mgd	° ' "	° ' "	

Do any of the outfalls described above have a season or periodic discharges?

☐ YES ■ NO

If so, provide the following information for each applicable outfall.

	Outfall No. _____	Outfall No. _____	Outfall No. _____
Number of times per year discharges occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs			

Part VI. Collection System

Service Area(s)	Population Served	Miles of Pipe
Payson City	24,000	90
Total Population Served	24,000	**Total Miles of Pipe** 90

USMP Program implemented? ■ YES ☐ NO

UPDES Municipal (POTW) Permit Application

Part VII. Pretreatment Information

Does the facility have an approved pretreatment program? ■ YES ☐ NO

If YES, skip to next section

If No, complete the below industrial user forms and inspections as needed.

A. Industrial Pretreatment Wastewater Survey

Check any of the following that have occurred in the past five years either at the wastewater treatment plant or in the collection system:

- ☐ Foaming
- ☐ Unusual colors
- ☐ Plugged collection lines caused by grease
- ☐ Plugged collection lines caused by sand
- ☐ Plugged collection lines caused by other debris
- ☐ Discharging of excessive BOD
- ☐ Discharging of excessive suspended solids
- ☐ Smells unusually bad or unusual smells
- ☐ Upsets of the treatment plant due to unknown conditions

Does the facility have any industrial users (IUs) which meet any of the following criteria:

1. **Has a lot of process wastewater (5% of the flow at the waste treatment facility or more than 25,000 gallons per work day.)**
   a. Examples: food processor, dairy, slaughterhouse, industrial laundry.

☐ YES ☐ NO

1. **Is subject to federal categorical pretreatment standards**;
   a. Examples: metal plating, cleaning or coating of metals, blueing of metals, aluminum extruding, circuit board manufacturing, tanning animal skins, pesticide formulating or packaging, and pharmaceutical manufacturing or packaging,

☐ YES ☐ NO

2. **Is a concern to the POTW.**
   a. Examples: septage hauler, restaurant and food service, car wash, hospital, photo lab, carpet cleaner, commercial laundry.

☐ YES ☐ NO

Do any users of the water treatment facility caused any of the following to occur:

☐ YES ☐ NO A discharge which creates a fire or explosion hazard in the collection system.
☐ YES ☐ NO A discharge which creates toxic gases, vapor or fumes in the collection system.
☐ YES ☐ NO A discharge of solids or thick liquids which creates flow obstructions in the collection system.
☐ YES ☐ NO An acidic discharge (low pH) which causes corrosive damage to the collection system.
☐ YES ☐ NO Petroleum oil, nonbiodegradable cutting oil, or products of mineral oil origin in amounts that will cause problems in the collection system or at the waste treatment facility.
☐ YES ☐ NO Waste haulers are prohibited from discharging without permission.
☐ YES ☐ NO Does the facility believe that illegal dumping is occurring in the jurisdiction?

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Part VII. Pretreatment Information *continued*

Complete and submit a preliminary inspection of each business that is discharging process wastewater to the wastewater treatment plant

B. PRELIMINARY INSPECTION FORM

Inspection Date _____ Inspection Time _____

Name of Business _____ Person Contacted _____
Street Address _____ City _____
Email Address _____ Phone Number _____

Description of Business:

Principal product or service:

Raw Materials used:

Production process is: ☐ Batch ☐ Continuous ☐ Both

If yes, briefly describe seasonal production cycle.

This facility generates the following types of wastes (check all that apply):

1. ☐ Domestic wastes (Restrooms, employee showers, etc.)
2. ☐ Cooling water, non-contact
3. ☐ Boiler/Tower blowdown
4. ☐ Cooling water, contact
5. ☐ Process
6. ☐ Equipment/Facility washdown
7. ☐ Air Pollution Control Unit
8. ☐ Storm water runoff to sewer
9. ☐ Other describe

Wastes are discharged to (check all that apply):

☐ Evaporation
☐ Ground water
☐ Sanitary sewer
☐ Other (describe below)
☐ Storm sewer
☐ Surface water
☐ Waste haulers

Name of waste hauler(s), if used

_____ _____ _____

Is a grease trap installed? ☐ Yes ☐ No
Is it operational? ☐ Yes ☐ No

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Part VII. Pretreatment Information *continued*

B. PRELIMINARY INSPECTION FORM *continued*

Does the business discharge a lot of process wastewater?

- More than 5% of the flow to the waste treatment facility? ☐ Yes ☐ No
- More than 25,000 gallons per work day? ☐ Yes ☐ No

Does the business do any of the following or manufacture any of the following?

- ☐ Adhesives
- ☐ Aluminum Forming
- ☐ Battery Manufacturing
- ☐ Car Wash
- ☐ Carpet Cleaner
- ☐ Copper Forming
- ☐ Dairy
- ☐ Electric & Electronic Components
- ☐ Explosives Manufacturing
- ☐ Food Processor
- ☐ Foundries
- ☐ Hospital
- ☐ Industrial Porcelain Ceramic Manufacturing
- ☐ Inorganic Chemicals Mfg. or Packaging
- ☐ Iron & Steel
- ☐ Laundries
- ☐ Metal Finishing, Coating or Cleaning
- ☐ Mining
- ☐ Nonferrous Metals Manufacturing
- ☐ Organic Chemicals Manufacturing or Packaging
- ☐ Paint & Ink Manufacturing
- ☐ Pesticides Formulating or Packaging
- ☐ Petroleum Refining
- ☐ Pharmaceuticals Manufacturing or Packaging
- ☐ Photo Lab
- ☐ Plastics Manufacturing
- ☐ Restaurant & Food Service
- ☐ Rubber Manufacturing
- ☐ Septage Hauler
- ☐ Slaughter House
- ☐ Soaps & Detergents Manufacturing
- ☐ Steam Electric Generation
- ☐ Tanning Animal Skins
- ☐ Textile Mills

Are any process changes or expansions planned during the next three years? ☐ Yes ☐ No

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

_____ _____

Inspector Name Printed | Wastewater Treatment Facility

Any questions regarding the form or assistance with inspecting business please contact

Jennifer Robinson
Pretreatment Coordinator
Division of Water Quality
P. O. Box 144870
Salt Lake City, Utah 84114-4870

Phone: (801) 536-4383
Fax: (801) 536-4301
E-Mail:jenrobinson@utah.gov

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Part VII. Pretreatment Information *continued*

Either list all businesses below or provide a list of business licenses issued in the facilities service area.

	Name of Business	Jurisdiction	SIC Codes	Total Average Process Flow (gpd)	Total Average Facility Flow (gpd)	Facility Description (dentist, manufacturing [state product], dairy, assisted living facility, etc.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

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Part VIII. Bisolids Information

Was the Biosolids Annual Report submitted? ■ YES ☐ NO

■ Attach a Biosolids Management Plan with application

Serve Connections? 8,200

Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used and disposed of:

Practice	Dry Metric Tons per 365-day Period
Amount generated at the facility	377
Amount treated at the facility	377
Amount used (i.e., received from offsite) at the facility	
Amount disposed of at the facility	377

Treatment Provided at Your Facility

Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge

- ☐ Preliminary operations (e.g., sludge grindling and degritting)
- ☐ Stablilization
- ☐ Composting
- ☐ Disinfection
- ☐ Heat drying
- ☐ Methane or biogas capture and recovery
- ■ Thickening (concentration)
- ■ Anaerobic digestion
- ☐ Conditioning
- ■ Dewatering (e.g. centrifugation, sludge drying beds, sludge lagoons)
- ☐ Thermal reduction

Sewage Sludge Disposal Method

Land Application of Bulk Sewage Sludge

Is sewage sludge form your facility applied to the land? ☐ YES ■ NO If No, Skip to next section

Total dry metric tons per 365-day period of sewage sludge applied to all land sites:

Surface Disposal

Is sewage sludge from your facility placed on a surface disposal site?

☐ YES ☐ NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: _____

Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

☐ YES ☐ NO If No, complete the below information

Surface disposal site *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____

UPDES Municipal (POTW) Permit Application

Part VIII. Bisolids Information *continued*

Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?
☐ YES ■ NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: _____

Do you own or operate all sewage sludge incinerators in which sewage sludge from facility is fired?
☐ YES ☐ NO If No, complete the below information

Incinerator location *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip

Contact Name _____ Title _____

Phone Number _____ Email Address _____

Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed on a municipal solid waste landfill?
■ YES ☐ NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period: _____

Do you own or operate the municipal solid waste landfill in which sewage sludge is disposed?
■ YES ☐ NO If No, complete the below information

Municipal Solid Waste Landfill *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____

UPDES Municipal (POTW) Permit Application

Part IX. Reuse Information

Is wastewater applied to land?
☐ YES ■ NO If YES, complete the below information.

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	How often
	acres	gpd	☐ Seasonal ☐ Continuous ☐ Intermittent
	acres	gpd	☐ Seasonal ☐ Continuous ☐ Intermittent
	acres	gpd	☐ Seasonal ☐ Continuous ☐ Intermittent

Seasonal land application.

Indicate months of seasonal land application

☐ January	☐ April	☐ July	☐ October
☐ February	☐ May	☐ August	☐ November
☐ March	☐ June	☐ September	☐ December

Where is the Reuse water distributed

- ☐ Residential irrigation
- ☐ Urban uses
  - ○ Non-residential landscape irrigation
  - ○ Golf course irrigation
  - ○ Toilet flushing
  - ○ Fire protection
- ☐ Irrigation of food crops (direct contact with edible part) – spray irrigation
- ☐ Irrigation of food crops *(Non direct contact with edible part) – no spray irrigation*
- ☐ Irrigation
  - ○ Sod farms
  - ○ Silviculture
  - ○ Limited access highway rights of way
  - ○ Other areas where human access is restrict or unlikely to occur
- ☐ Irrigation of animal feed crops other than pasture for milking animals
- ☐ Impoundment of wastewater where direct human contact is not allowed or is unlikely to occur
- ■ Cooling water
- ☐ Soil compaction or duct control in construction areas
- ☐ Other

☐ **Attached an updated Reuse Project Plan**

An updated Reuse Project Plan is required during every permit renewal.

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Part X. Antidegradation Review

The objective of antidegradation rules and policies is to protect existing high quality waters and set forth a process for determining where and how much degradation is allowable for socially and/or economically important reasons. In accordance with Utah Administrative Code (UAC R317-2-3), an antidegradation review (ADR) is a permit requirement for any project that will increase the level of pollutants in waters of the state. The rule outlines requirements for both Level I and Level II ADRs, as well as public comment procedures. This review form is intended to assist the applicant and Division of Water Quality (DWQ) staff in complying with the rule but is not a substitute for the complete rule in R317-2-3.5. Additional details can be found in the *Utah Antidegradation Implementation Guidance* and relevant sections of the guidance are cited in this review form.

ADRs should be among the first steps of an application for a UPDES permit because the review helps establish treatment expectations. The level of effort and amount of information required for the ADR depends on the nature of the project and the characteristics of the receiving water. To avoid unnecessary delays in permit issuance, DWQ recommends that the process be initiated at least one year prior to the date a final approved permit is required.

DWQ will determine if the project will impair beneficial uses (Level I ADR) using information provided by the applicant and whether a Level II ADR is required. The applicant is responsible for conducting the Level II ADR. For the permit to be approved, the Level II ADR must document that all feasible measures have been undertaken to minimize pollution for socially, environmentally or economically beneficial projects resulting in an increase in pollution to waters of the state.

For permit requiring a Level II ADR, this antidegradation form must be completed and approved by DWQ before any UPDEs permit can be issued. Typically, the ADR form is completed in an iterative manner in consultation with DWQ. The applicant should first complete the statement of social, environmental and economic importance (SEEI) in Section C and determine the parameters of concern (POC) in Section D. Once the POCs' are agreed upon by DWQ, the alternatives analysis and selection of preferred alternative Section E can be conducted based on minimizing degradation resulting from discharge of the POCs. Once the applicant and DWQ agree upon the preferred alternative, the review is considered complete, and the form is submitted to DWQ.

What are the designated uses of the receiving water (R317-2-6)?

- ☐ Domestic Water Supply
- ■ Recreation
- ■ Aquatic Life
- ■ Agricultural Water Supply
- ☐ Great Salt Lake

Antidegradation Category 1, 2 or 3 of receiving water (R317-2-3.2, -3.3, and -3.4): 3

UPDES Municipal (POTW) Permit Application

Part X. Antidegradation Review *continued*

Effluent flow reviewed: *typically, this should be the maximum daily discharge at the design capacity of the facility. Exceptions should be noted.*

The upgrade design is based on projections for the year 2045, which are for 4.03 MGD annual average flow, 5.02 MGD max month flow, and 6.03 MGD max daily flow.

What is the application for? (Check all that apply)

- ☐ A UPDES permit for a new facility, project, or outfall.
- ■ A UPDES permit renewal with an expansion of modification of an existing wastewater treatment works.
- ☐ A UPDES permit renewal requiring limits for a pollutant not covered by the previous permit and/or an increase to existing permit limits.
- ☐ A UPDES permit renewal with no charges in facility operations.

Section B. Is a Level II ADR required?

This section of the form is intended to help applicants determine if a Level II ADR is required for specific permitted activities. In addition, the Executive Secretary may require a Level II ADR for an activity with the potential for major impact on the quality of waters of the state (R317-2-3.5a.1).

B1. The UPDES permit is new or is being renewed and the proposed effluent concentration and loading limits are higher than the concentration and loading limits in the previous permit and any previous antidegradation review(s).

- ■ YES – (Proceed to B3 of the Form)
- ☐ NO – No Level II ADR is required and there is no need to proceed further with the review questions. Continue to the Certification Statement and Signature page.

B2. Will any pollutants use assimilative capacity of the receiving water, i.e. do the pollutant concentrations in the effluent exceed those in the receiving waters at critical conditions? For most pollutants, effluent concentrations that are higher than the ambient concentrations require an antidegradation review? For a few pollutants such as dissolved oxygen, and antidegradation review is required if the effluent concentrations are less than the ambient concentrations in the receiving water. (Section 3.3.3 of Implementation Guidance)

- ☐ YES – (Proceed to B4 of the Form)
- ☐ NO – No Level II ADR is required and there is no need to proceed further with the review questions. Continue to the Certification Statement and Signature page.

UPDES Municipal (POTW) Permit Application

Part X. Antidegradation Review *continued*

B3. Are water quality impacts of the proposed project temporary and limited (Section 3.3.4 of Implementation Guidance)? Proposed projects that will have temporary and limited effects on water quality can be exempted form a Lev le II ADR.

☐ YES – Identify the reason used to justify this determination if B4.1 and proceed to Section G. No Level II ADR is required.

■ NO – A Level II ADR is required (Proceed to Section C)

B3.1 Complete this question only if the applicant is requesting a Level II review exclusion for temporary and limited projects (See R317-2-3.5(b)(3) and R317-2-3.5(b)(4)). For projects requesting a temporary and limited exclusion please indicate the factor(s) used to justify this determination (check all that apply and provide details as appropriate) (Section 3.3.4 of Implementation Guidance):

☐ Water quality impacts will be temporary and related exclusively to sediment or turbidity and fish spawning will not be impaired.

Factors to be considered in determining whether water quality impacts will be temporary and limited:

a) The length of time during which water quality will be lowered:	
b) The perfect change in ambient concentrations of pollutants:	
c) Pollutants affected:	
d) Likelihood for long-term water quality benefits:	
e) Potential for any residual long-term influences on existing uses:	
f) Impairment of fish spawning, survival and development of aquatic fauna excluding fish removal efforts:	
Additional justification, as needed:	

UPDES Municipal (POTW) Permit Application

Part X. Antidegradation Review *continued*

Level II ADR

Section C, D, E, and F of the form constitute the Level II ADR Review. The applicant must provide as much detail as necessary for DWQ to perform the antidegradation review. Questions are provided for the convenience of applicants; however, for more complex permits it may be more effective to provide the required information in a separate report. Applicants that prefer a separate report should record the report name here and proceed to Section G of the form.

Option Report Name:

Section C. Is the degradation from the project socially and economically necessary to accommodate important social or economic development in the area in which the waters are located? *The applicant must provide as much detail as necessary for DWQ to concur that the project is socially and economically necessary when answering the questions in the section. More information is available in Section 6.2 of the Implementation Guidance.*

C1. Describe the social and economic benefits that would be realized through the proposed project, including the number and nature of jobs created and anticipated tax revenues.

The benefits include providing additional treatment capacity to serve the projected future population of the city. Population growth will allow for additional commercial and industrial jobs and associated tax revenues.

C2. Describe any environmental benefits to be realized through implementation of the proposed project.

The upgraded system will provide a higher level of treatment, including increased removal of nutrients (nitrogen and phosphorus).

C3. Describe any social and economic losses that may result from the project, including impacts to recreation or commercial development.

No losses have been identified.

C4. Summarize any supporting information from the affected communities on preserving assimilative capacity to support future growth and development.

The project is designed to serve the population projected through 2045.

UPDES Municipal (POTW) Permit Application

Part X. Antidegradation Review *continued*

C5. Please describe any structures or equipment associated with the project that will be placed within or adjacent to the receiving water.

None.

C6. Will the discharge potentially impact a drinking water source, e.g., Class 1C waters? Depending upon the locations of the discharge and its proximity to downstream drinking water diversions, additional treatment or more stringent effluent limits or additional monitoring, beyond that which may otherwise be required to meet minimum technology standards or in stream water quality standards, may be required by the Director in order to adequately protect public health and the environment (R317-2-3.5 d.).

☐ YES
■ NO

Section D. Identify and rank (from increasing to decreasing potential threat to designated uses) the parameters of concern. *Parameters of concern are parameters in the effluent at concentrations greater than ambient concentrations in the receiving water. The applicant is responsible for identifying parameter concentrations in the effluent and DWQ will provide parameter concentrations for the receiving water. More information is available in Section 3.3.3 of the Implementation Guidance.*

Parameters of Concern:

Rank	Pollutant	Ambient Concentration	Effluent Concentration
1. BOD			<15 mg/L
2. TSS			<15 mg/L
3. Ammonia			<2 mg/L
4. Dissolved Oxygen			>5 mg/L
5. Phosphorus			<1 mg/L

UTAH DEPARTMENT of ENVIRONMENTAL QUALITY
WATER QUALITY

Division of Water Quality (DWQ)
UPDES Program

UPDES Municipal (POTW) Permit Application

Part X. Antidegradation Review *continued*

Pollutants Evaluated that are not Considered Parameters of Concern:

Pollutant	Ambient Concentration	Effluent Concentration	Justification
1. TRC			Switching to UV disinfection
2.			
3.			
4.			
5.			

Section E. Alternative Analysis Requirements of Level II Antidegradation Review. *Level II ADRs require the applicant to determine whether there are feasible less-degrading alternatives to the proposed project. More information is available in Section 5.5 and 5.6 of the Implementation Guidance.*

E1. The UPDES permit is being renewed without any changes to flow or concentrations. Alternative treatment and discharge options including changes to operations and maintenance were considered and compared to the current processes. NO economically feasible treatment or discharge alternatives were identified that were not previously considered for any previous antigradation review(s).

☐ YES – (Proceed to Section F)

■ NO or Does Not Apply (Proceed to E2)

E2. Attach as an appendix to this form a report that describes that following factors for all alternative treatment options (see 1) a technical descriptions of the treatment process, including construction costs and continued operation and maintenance expenses, 2) the mass and concentration of discharge constituents, and 3) a description of the reliability of the system, including the frequency where recurring operation and maintenance may lead to temporary increases in discharged pollutants. Most of this information is typically available from a Facility Plan, if available.

Report Name: Payson City WWTP Capital Facilities Plan, and CFP Amendment

E3. Describe the proposed method and cost of the baseline treatment alternative. The baseline treatment alternative is the minimum treatment required to meet water quality based effluent limits (WQBEL) as determined by the preliminary or final wasteload analysis (WLC) and any secondary or categorical effluent limits.

See reports

UPDES Municipal (POTW) Permit Application

Part X. Antidegradation Review *continued*

E4. Were any of the following alternatives feasible and affordable?

Alternative	Feasible	Reason Not Feasible/Affordable
Pollutant Trading	☐ YES ■ NO	Not applicable
Water Recycling/Reuse	■ YES ☐ NO	
Land Application	☐ YES ■ NO	All water is used for cooling tower
Connection to Other Facilities	☐ YES ■ NO	Not practical
Upgrade to Existing Facility	■ YES ☐ NO	
Total Containment	☐ YES ■ NO	Not practical
Improved O&M of Existing Systems	■ YES ☐ NO	
Seasonal or Controlled Discharge	☐ YES ■ NO	Not applicable
New Construction	■ YES ☐ NO	
No Discharge	☐ YES ■ NO	Not pratical

E5. From the applicant's perspective, what is the preferred treatment option?

BNR oxidation ditch as presented in the CFP Amendment.

UPDES Municipal (POTW) Permit Application

Part X. Antidegradation Review *continued*

E6. Is the preferred option also the least polluting feasible alternative?

☒ YES ☐ NO

If No, what were less degrading feasible alternative(s)?

If No, provide a summary of the justification for not selecting the least polluting feasible alternative and if appropriate, provide a more detailed justification as an attachment.

Section F. Optional Information

F1. Does the applicant want to conduct optional public review(s) in addition to the mandatory public review? Level II ADRs are public noticed for a thirty day comment period. More information is available in Section 3.7.1 of the Implementation Guidance.

☐ YES ☒ NO

F2. Does the project include an optional mitigation plan to compensate for the proposed water quality degradation?

☐ YES ☒ NO

Report Name: _____

UTAH DEPARTMENT of ENVIRONMENTAL QUALITY
WATER QUALITY

Division of Water Quality (DWQ)
UPDES Program

UPDES Municipal (POTW) Permit Application

Part XI. Certification Statement and Signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with system designed to assure that quailed 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 of knowing violations.

DAVID C. TUCKETT	David C Tuckett	Bayson City Manager	8/31/2022
PRINT Signatory Authority	**Signature**	**Title**	**Date**

The Division of Water Quality may request addition information.

Important: The UPDES Permit Application will not be considered complete unless you answer every question. If an item does not apply to you, enter "Not Applicable" to show that you considered the question.

The UPDES Permit Application, must be signed as follows:

1) For a corporation, a responsible corporate officer shall sign the NOT, a responsible corporate officer means:
   a. A President, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
   b. The manager of one or more manufacturing, production, or operating facilities, if
      i. The manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations:
      ii. The manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and
      iii. Authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2) For a partnership of sole proprietorship, the general partner or the proprietor, respectively; or
3) For a municipality, state or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of any agency means;
   a. The chief executive officer of the agency; or
   b. A senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

Where to File the UPDES Permit Application form:

Please submit the original form with a signature in ink to the below address. Remember to retrain a copy for your records.

UPDES sent by mail:

Division of Water Quality
195 North 1950 West
PO Box 144870
Salt Lake City, UT 84114-4870

OFFICE USE ONLY

Date received: ___/___/___ **Received by:** _____ **Document No:** _____

via: ☐ Email ☐ Fax ☐ Webportal ☐ Mail ☐ Hand Delivery


Unnamed Drainage Ditch
Leading to Beer Creek
Central Utah Veterans Home
Outfall 001
Outfall 001R
Payson WWTP
Facility Boundary
Beer Creek
McDonald's
Olson's Garden Shoppe
3315 ft
1985
Payson WWTP Area Map
Google Earth
Imagery Date: 8/28/2021 lat 40.060693° lon -111.732802° elev 4565 ft eye alt 18977 ft

Payson City Corporation WWTP

Biosolids Disposal & Site Inspection Log

2021

By Signing this log you certify the following:

Dump site was chosen at the Payson City Landfill for the disposal of our bio-solids, in accordance with Payson City Biosolids UPDES Permit UTL-020427, Part III, section B-1 & 2. The dumping site will not interfere with regular dumpers and will not be accessible to the general public.

Certification

I certify under penalty of law, that the vector atrraction requirements in Part III.B.1, have been met, This determination has been made under my direction and supervision in accordance with the system designed to assure that qualifed personnel preperly gathered and evaluated the information used to determine that the vector attraction reduction requirements have been met. I am asware that there are significant penalties for false certification including the possibility of imprisonment.

Indicate		Date	Time	# of LOADS	Paint Filter Test Performed	Paint Filter Test Result	Location of Paint Filter Test	Date of Paint Filter Test	Paint Filter Test Result	Disposal Site Isolated?	Net Weight of disposal in tons	Operator Initial
Disposal	Inspection											
		1-4-21	12:52	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.23	RG
		1-4-21	2:02	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.18	RG
		1-4-21	2:59	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.44	RG
		1-5-21	9:46	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.82	RG
		1-7-21	1:50	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.76	RG
		1-7-21	2:47	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.82	RG
		1-11-21	8:53	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.98	RG
		1-11-21	10:11	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	8.54	RG
		1-11-21	1:39	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.59	RG
		1-11-21	3:01	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.0	RG
		1-13-21	3:43	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.01	RG
		1-14-21	10:01	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.37	RG
		1-14-21	1:45	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	8.67	RG
		1-14-21	2:39	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	8.99	RG
		1-20-21	10:40	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.59	RG
		1-20-21	2:57	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.28	RG
		1-21-21	1:51	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.23	RG
		1-21-21	3:18		☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.21	RG
		1-26-21	2:38	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.14	CF
		2-3-21	8:48	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	8.98	CF
		2-3-21	9:32	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.09	CF
		2-3-21	1:31	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.21	CF

*** REMEMBER to get weight ticket from the landfill. It is very important for it to have the correct date and waste type on the ticket. Afterwards, give tickets to Sarah for state report.

Payson City Corporation WWTP

Biosolids Disposal & Site Inspection Log

2021

By Signing this log you certify the following:

Dump site was chosen at the Payson City Landfill for the disposal of our bio-solids, in accordance with Payson City Biosolids UPDES Permit UTL-020427, Part III, section B-1 & 2. The dumping site will not interfere with regular dumpers and will not be accessible to the general public.

Certification

I certify under penalty of law, that the vector atrraction requirements in Part III.B.1, have been met, This determination has been made under my direction and supervision in accordance with the system designed to assure that qualifed personnel preperly gathered and evaluated the information used to determine that the vector attraction reduction requirements have been met. I am asware that there are significant penalties for false certification including the possibility of imprisonment.

Indicate		Date	Time	# of LOADS	Paint Filter Test Performed	Paint Filter Test Result	Location of Paint Filter Test	Date of Paint Filter Test	Paint Filter Test Result	Disposal Site Isolated?	Net Weight of disposal in tons	Operator Initial
Disposal	Inspection											
		2-3-21	2:26	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.39	CF
		2-11-21	8:43	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.19	CF
		2-11-21	9:43	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.29	CF
		2-16-21	9:56	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	8.99	CF
		2-16-21	11:15	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.1	CF
		2-16-21	1:13	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.48	CF
		2-16-21	1:57	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.91	CF
		2-17-21	2:33	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	8.31	KB
		3-8-21	9:59	1	☐Yes ☐No		☐ Screw Press ☑ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.52	KB
		3-24-21	8:29	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.01	CF
		3-25-21	8:26	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.02	CF
		3-30-21	2:54	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.31	CF
		4-5-21	11:58	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.14	KB
		4-5-2021	3:43	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	7.96	KB
		4-6-21	9:08	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	8.97	KB
		4-6-21	9:49	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.68	KB
		4-7-21	8:45	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	9.96	CF
		4-7-21	3:16	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	10.02	CF
		4-20-21	3:26	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	19920 9.96	BD
		4-22-21	8:51	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	16800 8.4	BD
		4-22-21	1:45	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	23460 9.7	BD
		4-27-21	1:19	1	☐Yes ☐No		☑ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☑Yes ☐No	18880 9.44	BD

*** REMEMBER to get weight ticket from the landfill. It is very important for it to have the correct date and waste type on the ticket. Afterwards, give tickets to Sarah for state report.

Payson City Corporation WWTP

Biosolids Disposal & Site Inspection Log

2021

By Signing this log you certify the following:

Dump site was chosen at the Payson City Landfill for the disposal of our bio-solids, in accordance with Payson City Biosolids UPDES Permit UTL-020427, Part III, section B-1 & 2. The dumping site will not interfere with regular dumpers and will not be accessible to the general public.

Certification

I certify under penalty of law, that the vector atrraction requirements in Part III.B.1, have been met, This determination has been made under my direction and supervision in accordance with the system designed to assure that qualifed personnel preperly gathered and evaluated the information used to determine that the vector attraction reduction requirements have been met. I am asware that there are significant penalties for false certification including the possibility of imprisonment.

Indicate		Date	Time	# of LOADS	Paint Filter Test Performed	Paint Filter Test Result	Location of Paint Filter Test	Date of Paint Filter Test	Paint Filter Test Result	Disposal Site Isolated?	Net Weight of disposal in tons	Operator Initial
Disposal	Inspection											
		4-27-21	2:52	1	☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	~~2~~ 10.8	BD
		4-29-21	10:43		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.69	BD
		5-3-21	3:08		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.01	BD
		5-4-21	2:00		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.65	BD
		5-4-21	2:58		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.13	BD
		5-17-21	1:46		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.34	BD
		5-17-21	3:45		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.64	BD
		5-27-21	10:12		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.03	RG
		5-27-21	11:02		☐Yes ☐No		☒ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.50	RG
		5-27-21	1:51		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.10	RG
		6-28-21	3:36		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.19	RG
		6-29-21	9:58		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	7.37	RG
		6-29-21	12:08		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.01	RG
		6-29-21	1:03		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.40	RG
		6-29-21	2:36		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.45	RG
		6-29-21	3:36		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.62	RG
		6-30-21	9:43		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	5.46	RG
		6-30-21	10:42		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	5.82	RG
		6-30-21	1:19		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.98	RG
		7-14-21	9:18		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.37	RG
		7-14-21	10:24		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.61	RG
		7-14-21	2:18		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.91	RG

*** REMEMBER to get weight ticket from the landfill. It is very important for it to have the correct date and waste type on the ticket. Afterwards, give tickets to Sarah for state report.

Payson City Corporation WWTP

Biosolids Disposal & Site Inspection Log

2021

By Signing this log you certify the following:

Dump site was chosen at the Payson City Landfill for the disposal of our bio-solids, in accordance with Payson City Biosolids UPDES Permit UTL-020427, Part III, section B-1 & 2. The dumping site will not interfere with regular dumpers and will not be accessible to the general public.

Certification

I certify under penalty of law, that the vector atrraction requirements in Part III.B.1, have been met, This determination has been made under my direction and supervision in accordance with the system designed to assure that qualifed personnel preperly gathered and evaluated the information used to determine that the vector attraction reduction requirements have been met. I am asware that there are significant penalties for false certification including the possibility of imprisonment.

Indicate		Date	Time	# of LOADS	Paint Filter Test Performed	Paint Filter Test Result	Location of Paint Filter Test	Date of Paint Filter Test	Paint Filter Test Result	Disposal Site Isolated?	Net Weight of disposal in tons	Operator Initial
Disposal	Inspection											
		8-3-21	9:48	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.32	RG
		8-3-21	10:31	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.63	RG
		8-3-21	1:25	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.20	RG
		8-3-21	2:37	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.50	RG
		8-11-21	8:33	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.31	RG
		8-11-21	9:22	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.60	RG
		8-11-21	10:11	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.30	RG
		8-11-21	12:58	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.89	RG
		8-11-21	1:52	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.66	RG
		9-1-21	2:06	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.86	RG
		9-1-21	3:01	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.67	RG
		9-15-21	1:32	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.19	RG
		9-15-21	2:32	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.25	RG
		9-20-21	10:09	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.95	RG
		9-22-21	10:09	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.14	RG
		9-22-21	11:06	1	☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.38	RG
		9-22-21	12:41	1	☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.46	RG
		9-22-21	2:20	1	☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	11.05	RG
		11-10-21	1:15	1	☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.74	RG
		11-11-21	12:56	1	☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.54	RG
		11-11-21	2:03	1	☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.34	RG
		11-11-21	3:17	1	☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.23	RG

*** REMEMBER to get weight ticket from the landfill. It is very important for it to have the correct date and waste type on the ticket. Afterwards, give tickets to Sarah for state report.

Payson City Corporation WWTP

Biosolids Disposal & Site Inspection Log

2021

By Signing this log you certify the following:

Dump site was chosen at the Payson City Landfill for the disposal of our bio-solids, in accordance with Payson City Biosolids UPDES Permit UTL-020427, Part III, section B-1 & 2. The dumping site will not interfere with regular dumpers and will not be accessible to the general public.

Certification

I certify under penalty of law, that the vector atrraction requirements in Part III.B.1, have been met, This determination has been made under my direction and supervision in accordance with the system designed to assure that qualifed personnel preperly gathered and evaluated the information used to determine that the vector attraction reduction requirements have been met. I am asware that there are significant penalties for false certification including the possibility of imprisonment.

Indicate		Date	Time	# of LOADS	Paint Filter Test Performed	Paint Filter Test Result	Location of Paint Filter Test	Date of Paint Filter Test	Paint Filter Test Result	Disposal Site Isolated?	Net Weight of disposal in tons	Operator Initial
Disposal	Inspection											
		11-15-21	2:06		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.78	RG
		11-15-21	2.57		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.89	RG
		11-16-21	9:10		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.29	RG
		11-16-21	10:35		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.35	RG
		11-16-21	12:31		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.65	RG
		11-16-21	1:24		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.66	RG
		11-16-21	2:11		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.92	RG
		11-16-21	3:12		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.00	RG
		11-18-21	9:58		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	11.5	MW
		11-18-21	10:34		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.96	MW
		11-18-21	9:12		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.12	MW
		11-23-21	10:52		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.89	RG
		11-29-21	11:43		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.21	RG
		11-30-21	10:19		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.27	RG
		11-30-21	1:33		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.02	RG
		11-30-21	2:34		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	10.91	RG
		12-13-21	1:11		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.25	RG
		12-13-21	2:01		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	9.16	RG
		12-23-21	12:25		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	8.38	RG
		12-27-21	10:25		☐Yes ☐No		☐ Screw Press ☒ Drying Bed		☐ Pass ☐ Fail	☒Yes ☐No	7.14	RG
					☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☐Yes ☐No		
					☐Yes ☐No		☐ Screw Press ☐ Drying Bed		☐ Pass ☐ Fail	☐Yes ☐No		

*** REMEMBER to get weight ticket from the landfill. It is very important for it to have the correct date and waste type on the ticket. Afterwards, give tickets to Sarah for state report.

Payson Renewal Application Replaced Page 2

UTAH DEPARTMENT of ENVIRONMENTAL QUALITY
WATER QUALITY

Division of Water Quality (DWQ)
UPDES Program

UPDES Municipal (POTW) Permit Application

Part II. Facility Information

Population served?	24,000

Design and Actual Flow Rates

Provide design and actual flow rates in designated spaces.

Design Flow Rate	
3.0	mgd

Annual Average Flow Rates (Actual)					
Five Years Ago		**Four Years Ago**		**Three Years Ago**	
1.68	mgd	1.66	mgd	1.72	mgd
Two Years Ago		**Last Year**		**Current Year**	
1.67	mgd	1.72	mgd	1.76	mgd

Maximum Daily Flow Rates (Actual)					
Five Years Ago		**Four Years Ago**		**Three Years Ago**	
2.81	mgd	2.26	mgd	3.09	mgd
Two Years Ago		**Last Year**		**Current Year**	
1.98	mgd	2.34	mgd	2.20	mgd

Describe the treatment for each outfall

	Outfall No. 001	**Outfall No.** 001R	**Outfall No.** _____
Highest Level of Treatment (check all that apply per outfall)	☐ Primary ☐ Equivalent to secondary ☐ Secondary ■ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ■ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____
Design Removal Rates by Outfall			
BOD_5	85 %	85 %	%
TSS	85 %	85 %	%
Phosphorus	■ Not applicable %	■ Not applicable %	☐ Not applicable %
Nitrogen	■ Not applicable %	■ Not applicable %	☐ Not applicable %
Other (specify)	■ Not applicable %	■ Not applicable %	☐ Not applicable %