

**Wastewater Treatment Facility Evaluation Form
For Wastewater Treatment Plant-Type Facility
For Potential Acquisition By The
Jefferson County Public Sewer District**

Wastewater Treatment Facility Identification

Name of Facility: _____
Location of Facility(From NPDES Permit) Township_____ Range_____ Section_____
Street Address of Facility: _____
City _____ Zip Code _____
Facility Location on a USGS Map: Attach a USGS Map or Xerox Copy of USGS Map
With The Location Of The Wastewater Treatment
Plant To This Evaluation Form

Wastewater Treatment Facility Ownership Information

Name of Owner(s) of Facility: _____
Address of Owner(s): _____
City _____ State _____ Zip Code _____
Phone and Fax Nos. For Owner(s): _____
Status of Ownership of Facility: Is the Facility entirely owned by the Listed Owner(s)?
Yes _____ No _____ If No, Respond To the Next Item
Is there a loan or bond for the wastewater treatment facility? Yes _____ No _____
If Yes, list the amount of the loan or bond: _____
Name and address of loan company or bonding company: _____

Local Support For Transfer Of Ownership Of The Treatment Facility To The Jefferson
County Public Sewer District(JCPSD)

Has there been a vote or agreement by the owner(s) for the JCPSD to acquire the
treatment facility? Yes _____ No _____ If Yes, what were the results of the vote or
agreement? Favorable No. of Votes _____ Negative No. of Votes _____
When was the vote or agreement completed? _____
If the treatment facility is owned by a home owners improvement association,
subdivision home owners, etc., has there been a vote or petition by the association, home
owners or board of trustees for the JCPSD to acquire the treatment facility?
Yes _____ No _____ If Yes, what were the results of the vote or petition?
Favorable No. of Votes _____ Negative No. of Votes _____
When did the vote or petition occur? _____

Professional Representation For Owner(s) Of The Treatment Facility

Name of the Consulting Engineer: _____
Address of the Engineer: _____
Phone No. and Fax No. for the Engineer: _____
Name of the Attorney: _____
Address of the Attorney: _____
Phone No. and Fax No. for the Attorney: _____

Background Information For The Treatment Facility

When was the treatment facility completed and placed into operation? Year _____
Who was the contractor that built the treatment facility?
Name of Contractor _____
Address of Contractor _____
Phone No. of Contractor _____
Name and Address of Original Consulting Engineer for the treatment facility

When was the Missouri Department of Natural Resources(MoDNR) Construction Permit issued for the treatment facility? _____

MoDNR Construction Permit No. _____

If available, attach a copy of the MoDNR Construction Permit to this Evaluation Form.

Are there any Engineering Reports for the treatment facility? Yes _____ No _____

If Yes, please provide a copy of the Engineering Reports to the JCPD.

Are there plans and specifications available for the treatment facility?

Yes _____ No _____

If Yes, please provide a copy of the plans and specifications to the JCPD.

If plans are not available, please provide a detailed sketch(s) of the treatment facility showing the following features: influent sewer size and location, preliminary treatment facilities(screening, grinding, etc.), grit removal, activated sludge process, final clarification, disinfection, and sludge handling processes. For all processes indicate pertinent design criteria include dimensions of units(width, length, water depth, freeboard, tank volumes, detention times, aeration basin loading-lbs BOD/1,000CF, aeration basin detention time-hrs., size and capacity of aeration blowers, final clarifier surface area and surface settling rate-gpd/sf, clarifier detention time, clarifier weir loading rate, chlorine dosage, chlorine contact basin detention time, aerobic digester detention time, sludge application rates and/or sludge disposal procedures, etc.

When was the latest NPDES Permit issued for the treatment facility? _____

What is the number of the latest NPDES Permit? _____

Please attach a copy of the latest NPDES Permit for the treatment facility to this Evaluation Form.

Compliance of Treatment Facility With NPDES Permit

Is the treatment facility currently in compliance with the NPDES Permit?

Yes _____ No _____

If no, please briefly explain the reasons for non-compliance such as overloading, design deficiencies, etc. _____

Has the treatment facility been cited for non-compliance with the NPDES Permit by the MoDNR? Yes _____ No _____

If yes, when and how often has the treatment facility been cited for non-compliance by the MoDNR. No. of citations _____ Dates of citations _____

Have any improvements been made to the treatment facility in order for the treatment facility to achieve compliance with the NPDES Permit? Yes _____ No _____

If improvements have been made, please describe the improvements. _____

Wastewater Flows and Loadings for the Treatment Facility

Number of Homes that Contribute Wastewater To The Treatment Facility _____

Number of Mobile Homes that Contribute Wastewater To The Treatment Facility _____

Number of Apartments that Contribute Wastewater To The Treatment Facility _____

Number of Businesses or Commercial Establishments that Contribute Wastewater To The Treatment Facility _____

Total Estimated Population or Population Equivalent(P.E.) that Contribute Wastewater To The Treatment Facility _____

Average Influent Biochemical Oxygen Demand(BOD) _____

Average Influent Total Suspended Solids(TSS) _____

Note: Please attach wastewater sampling data from the previous year and/or most recent sampling data.

Average Effluent Biochemical Oxygen Demand(BOD) _____

Average Effluent Total Suspended Solids _____

Note: Please attach wastewater sampling data from the previous year and/or most recent sampling data.

Operational Experience With The Treatment Facility

Please rate the condition of the treatment facility in one of the following four categories:

Excellent _____ Good _____ Fair _____ Poor _____

What maintenance has been performed for the treatment facility over the past three year period, please describe the maintenance: _____

Describe any operational or maintenance problems associated with the treatment facility such as odors emitted from the facility, vandalism at the facility, etc.: _____

Wastewater Collection And/Or Pumping Systems Associated With The Treatment Facility

Give a description of the wastewater collection system and/or pumping system associated with the treatment facility: _____

Age of Collection System-Years _____

Type of Sewer Pipe Vitrified Clay _____ PVC _____ Others _____

Approximate Lengths of Collection System 6-inch(LF) _____ 8-inch(LF) _____

10-inch(LF) _____ 12-inch(LF) _____

Approximate Number of Manholes in the Collection System _____

Describe any problems associated with the wastewater collection system such as sewer backups into basements, surcharging of the system, etc.: _____

Number of Pumping Stations _____

Names or Identifications for the Pumping Stations _____

Number and Capacity of Pumps(Flow-gpm vs. Head-ft.) for each of the Pumping Stations

Describe any problems associated with the pumping stations or force mains such as insufficient capacity, lack of standby power, etc. _____

Description of Sludge Processing and Disposal for the Treatment Facility

Give a description of the sludge processing and disposal practices for the treatment facility: _____

Quantity of Sludge Disposed of Per Year: Gallons _____ Dry Tons _____

If sludge is land applied, please give the name, address, phone number and license number of the contract hauler: _____

Give the location of where the sludge is land applied and the approximate distance from the treatment facility: _____

What are the sludge disposal costs per year for the treatment facility? _____

Financial Aspects And Information For The Wastewater Collection System And Treatment Facility

Number of Residential Customers _____

Number of Business Or Commercial Customers _____

Current Sewer Connection Charge _____

Current Residential Monthly Sewer User Charge _____

Current Commercial Monthly Sewer User Charge _____

List All Operating and Maintenance Expenses Associated with the Collection and Treatment System for the Past Three Year Period Such As Operating Personnel Salaries, Testing Services, Electrical Expenses, Sludge Disposal Costs, Maintenance, etc. Attach Copies Of The Operating And Maintenance Expenses To This Evaluation Form.

Did the Wastewater Collection and Treatment System Operate At A Profit Or Loss In The Past Three Years? Profit _____ Loss _____

List the Amounts Of The Profits Or Losses _____

Explain the Reasons For The Profits Or Losses _____
