



**City of Dixon
Sewer System Management Plan Annual Audit Report**

Name of agency	City of Dixon
Date of audit	July 19, 2017
Name of auditor	Janet Koster and Pernell Colter
System Overview	
LF of gravity sewer mains	73 miles
LF of lower lateral	0
LF of force mains	0
Total LF of all sewer lines	73 miles
Number of pump stations	2
Population served	19,298
Current average monthly single family residential sewer rate	\$48.62

I. GOALS

1. Are the goals stated in the SSMP still appropriate and accurate? **YES** ~~**NO**~~
(circle one)
2. If you answered NO to question 1, describe content and schedule for updates.

II. ORGANIZATION

REFERENCE MATERIAL

- **Organization chart**
- **Phone list**

3. Is the SSMP up-to-date with agency organization and staffing contact information? **YES** ~~**NO**~~

4. If you answered NO to question 3, describe content and schedule for updates.

III. OVERFLOW EMERGENCY RESPONSE PLAN

REFERENCE MATERIAL

- **Data submitted to CIWQS**
- **Service call data**

Table 1. Annual SSO Statistics

	2015	2016
Number of dry weather SSOs	0	0
Number of wet weather SSOs	0	0
Total number of SSOs	0	0
Number of SSOs per 100 miles of sewer per year	0	0
Number of SSOs < 100 gallons	0	0
Number of SSOs 100 to 999 gallons	0	0
Number of SSOs 1,000 to 9,999 gallons	0	0
Number of SSOs >10,000 gallons	0	0
Total volume of SSOs	0	0
Total volume recovered	0	0
Net volume of SSOs (total minus recovered)	0	0
Total volume conveyed to wastewater treatment plant	0	0
Percent volume conveyed (100 x (Total volume conveyed – Volume of SSOs) / Total volume conveyed)	0	0
SSOs caused by:	0	0
Roots	0	0
Grease	0	0
Debris	0	0
Pipe failure	0	0
Pump station failure	0	0
Capacity-limited pipe segment (no debris)	0	0
Other	0	0
Number of locations with more than one SSO in the past year	0	0
Average response time – during business hours	n/a	n/a
Average response time - after business hours	n/a	n/a

5. Does the SSMP contain an up-to-date version of your agency's Overflow Emergency Response Plan? **YES** / ~~**NO**~~

6. Considering the information in Table 1, is the Overflow Emergency Response Plan effective in handling SSOs? **YES /~~NO~~**
7. If you answered NO to questions 5 and/or 6, describe content and schedule for necessary revisions and implementation.

IV. FATS, OILS, AND GREASE (FOG) CONTROL PLAN

REFERENCE MATERIAL

- **List or map of FOG sources in service area**
- **List or map of hotspots**
- **Cleaning schedules**
- **Restaurant inspection reports or summaries**
- **Data submitted to CIWQS**
- **Service call data**

Table 2. FOG Control Statistics

	2015	2016
Number of SSOs caused by FOG	0	0
Planned cleaning (LF)	150,000	150,000
Unplanned cleaning (LF)	0	0
Ratio of planned to unplanned cleaning (LF)	n/a	n/a
Number of FOG inspections completed	*	*

8. Does the SSMP contain up-to-date information about your agency's FOG control program? **YES /~~NO~~**
9. Considering the information in Table 2, is the current FOG program effective in documenting and controlling FOG sources? **YES /~~NO~~**
- *FOG inspection program started in earnest in 2017. Staff will inspect all facilities 2-4 times per year based on inspection findings.

10. If you answered NO to questions 8 and/or 9, describe content and schedule for necessary changes.

V. LEGAL AUTHORITY

REFERENCE MATERIAL

- **Ordinances**
- **Enforcement actions**

11. Does the SSMP contain up-to-date information about your agency's legal authority? **YES / ~~NO~~**

12. Does your agency have sufficient legal authority to control sewer use and maintenance? **~~YES~~ / NO**

13. If you answered NO to questions 11 and/or 12, describe content and schedule for necessary changes.

The City Attorney's Office has drafted an ordinance to address "gaps" in #12.

Staff anticipates submitting to City Council in August for consideration.

VI. MEASURES AND ACTIVITIES

a. COLLECTION SYSTEM MAPS

REFERENCE MATERIAL

- **Summary of information included in mapping system**

14. Does the SSMP contain up-to-date information about your agency's maps? **YES / ~~NO~~**

15. Are your agency's collection system maps complete, up-to-date, and sufficiently detailed? **YES / ~~NO~~**

16. If you answered NO to questions 14 and/or 15, describe content and schedule for necessary changes.

b. RESOURCES AND BUDGET

REFERENCE MATERIAL

- **Current Capital Improvement Plan (CIP)**
- **Current operating budget**

17. Does the SSMP contain up-to-date information about your agency's resources and budget? **YES ~~NO~~**

18. Are your agency's resources and budget sufficient to support effective sewer system management? **YES ~~NO~~**

19. Do your agency's planning efforts support long-term goals? **YES ~~NO~~**

20. If you answered NO to questions 17, 18, and/or 19, describe content and schedule for necessary changes.

c. PRIORITIZED PREVENTIVE MAINTENANCE

REFERENCE MATERIAL

- **Cleaning schedules**
- **List or map of hotspots**
- **Work orders**
- **Service call data**
- **Customer feedback**

Table 3. Annual Blockage Statistics and Preventive Maintenance Activities

	2015	2016
Blockages in the past year	0	0
Blockages due to:	0	0
Roots	0	0
Grease	0	0
Debris	0	0
Other	0	0
Average response time	n/a	n/a
Ratio of planned cleaning to unplanned cleaning (LF)	n/a	n/a
Number of customer complaints in the last year	0	0
Number of positive customer responses	0	0

21. Does the SSMP contain up-to-date information about your agency's preventive maintenance activities? **YES / ~~NO~~**
22. Considering the information in Tables 1 – 3, are your agency's preventive maintenance activities sufficient and effective in reducing and preventing SSOs and blockages? **YES / ~~NO~~**
23. If you answered NO to questions 22 and/or 23, describe content and schedule for necessary improvements.

d. SCHEDULED INSPECTIONS AND CONDITION ASSESSMENT

REFERENCE MATERIAL

- **Inspection reports**
- **Infiltration and Inflow (I/I) monitoring studies and reports**
- **Pipe and manhole condition data**

24. Does the SSMP contain up-to-date information about your agency's inspections and condition assessment? **YES / ~~NO~~**
25. Are your agency's scheduled inspections and condition assessment system effective in locating, identifying, and addressing deficiencies? **YES / ~~NO~~**

26. If you answered NO to questions 24 and/or 25, describe content and schedule for necessary changes.

e. CONTINGENCY EQUIPMENT AND REPLACEMENT INVENTORIES

REFERENCE MATERIAL

- **Funds spent on equipment and materials**
- **Equipment and parts inventory**

27. Does the SSMP contain up-to-date information about equipment and replacement inventories? **YES / ~~NO~~**

28. Are contingency equipment and replacement parts sufficient to respond to emergencies and properly conduct regular maintenance? **YES / ~~NO~~**

29. If you answered NO to questions 27 and/or 28, describe content and schedule for necessary arrangements.

f. TRAINING

REFERENCE MATERIAL

- **Employee training records**

30. Does the SSMP contain up-to-date information about your agency's training expectations and programs? **YES / ~~NO~~**

31. Do supervisors believe that their staff is sufficiently trained? **YES / ~~NO~~**

32. Are staff satisfied with the training opportunities and support offered to them? **YES / ~~NO~~**

33. If you answered NO to questions 30, 31, and/or 32, describe content and schedule for necessary improvements.

g. OUTREACH TO PLUMBERS AND BUILDING CONTRACTORS

REFERENCE MATERIAL

- **Fliers/mailings**
- **Mailing lists**

34. Does the SSMP contain up-to-date information about your agency's outreach to plumbers and building contractors? **YES / ~~NO~~**

35. Has your agency conducted or participated in any outreach activities to plumbers and building contractors? **YES / ~~NO~~**

36. If you answered NO to questions 34 and/or 35, describe content and schedule for future activities.

VII. DESIGN AND CONSTRUCTION STANDARDS

REFERENCE MATERIAL

- **Design and construction standards**
- **Ordinances**

37. Does the SSMP contain up-to-date information about your agency's design and construction standards? **YES / ~~NO~~**

38. Are design and construction standards, as well as standards for inspection and testing of new and rehabilitated facilities sufficiently comprehensive and up-to-date? **YES / ~~NO~~**

39. If you answered NO to questions 38 and/or 39, describe content and schedule for necessary revisions.

VIII. CAPACITY MANAGEMENT

REFERENCE MATERIAL

- **Capacity assessment reports**
- **CIP**
- **SSO data**

Table 4. SSOs Caused by Hydraulic Limitations

	2012	2013	2014	2015	2016
Number of SSOs caused by capacity limitations	0	0	0	0	0

40. Does the SSMP contain up-to-date information about your agency’s capacity assessment? **YES / ~~NO~~**

41. Has your agency completed a capacity assessment and identified and addressed any hydraulic deficiencies in the system? **~~YES~~ / NO**

42. If you answered NO to questions 41 and/or 42, describe content and schedule for necessary activities.

Modeling for potential capacity deficiencies to be completed by Engineering Division in 2018.

IX. MONITORING, MEASUREMENT, AND PROGRAM MODIFICATIONS

43. Does the SSMP contain up-to-date information about your agency’s data collection and organization? **YES / ~~NO~~**

44. Is your agency’s data collection and organization sufficient to evaluate the effectiveness of your SSMP? **YES / ~~NO~~**

45. If you answered NO to questions 44 and/or 45, describe content and schedule for necessary improvements.

X. SSMP AUDITS

46. Will this SSMP Audit be submitted with the Annual Report to the Regional Water Board by March 15? * **YES / NO**

*Will be loaded on CIWQs.

XI. COMMUNICATION PROGRAM

REFERENCE MATERIAL

- **Mailings and mailing lists**
- **Website**
- **Other communication records such as newspaper ads, site postings, or other outreach**
- **Customer feedback**

47. Does the SSMP contain up-to-date information about your agency's public outreach activities? **YES / ~~NO~~**

48. Does the SSMP contain up-to-date information about your agency's communications with satellite and tributary agencies? N/A **YES / NO**

49. Has your agency effectively communicated with the public and other agencies about the SSMP, and addressed feedback? **YES / ~~NO~~**

50. If you answered NO to questions 47, 48, and/or 49, describe content and schedule for necessary improvements.