

## **Mechanical Plant Compliance Inspection**

WHITE CITY WASTEWATER **System** 

WORKS(COLLECTION SYSTEM Name:

ONLY)

ID:

Remote

1198132 Inspection

Approval No:

00003566-00-00

Population: 3900

**Discharge Easement:** 

Date:

20-JUN-2023 09:00

Announced: Yes

Person

Interviewed: SCHMIDT, GARY

<u>No</u>

**General Section** 

Wastewater Treatment Type: <u>MECHANICAL</u> **System Classification:** NONE WWT TWO WWC

**Sewage Categorization: MUNICIPAL** 

**Collection Type: GRAVITY** 

**Comments:** 

**Contacts** 

Name	Position	Phone / Fax	Email		
SCHMIDT, GARY	OTHER - MANAGER OF PUBLIC WORKS	Cell: (306) 552-3848	GSCHMIDT@WHITECITY.CA		
MATTS, NOLAN	OPERATOR IN CHARGE	Cell: (306) 533-1936	NOLAN.MATTS@SASKWATER.COM		
HINDLE, JEFF	CERTIFIED OPERATOR	Cell: (306) 527-6128	N/A		
STEVENSON, BRUCE	OPERATOR	Cell: (306) 527-0210	N/A		
LANDRY, RYAN	FOREMAN	Cell: (306) 533-4341	N/A		
CHALLAND, JOSH	OPERATOR	Cell: (306) 527-8510	N/A		
NAMETH, BEN	UNCERTIFIED OPERATOR	Business: (306) 781-2355	N/A		
MORGAN, ANDREW	UNCERTIFIED OPERATOR	Business: (306) 781-2355	N/A		
AUDETTE, RODNEY	ADMINISTRATOR	Cell: (306) 631-3421	RAUDETTE@WHITECITY.CA		
SHA, REGINA	OTHER - HEALTH REGION	Phone: (306) 766-7755	ENVIRONMENTALHEALTH@RQHEALTH.CA		
TURNER, DON	ENVIRONMENT OFFICER	Cell: (306) 539-4188	DON.TURNER@WSASK.CA		
Complaints: N/A		•			

## **Operator Certification Section**

	Certification Levels			Onemater is a	
Operator Name	Wastewater Collection	Wastewater Treatment	Expiry Date	Operator is a Supervisor	
MATTS, NOLAN	TWO	TWO	15-FEB-2024	Yes	
HINDLE, JEFF TWO		TWO	15-SEP-2024	No	
STEVENSON, BRUCE	ONE	ONE	15-APR-2025	No	

## **Discharge Area**

Discharge Type: <u>INTERMITTENT</u>

**Disinfection:** No

**Effluent Treatment:** OTHER

Discharge Area: <u>IRRIGATION</u>

Land Use in Receiving Area:

**AGRICULTURAL** 

**Nearest Residence:** 

<u>NA</u>

Latitude: N/A Longitude: N/A

**Discharge Area Comments:** 

CONNECTED TO WCRM158 WASTEWATER FACILITY.

**Pumping Stations** 

Total Pumping Stations:  $\frac{5}{}$ 

Pumping Station #	Number of		Markania	TD C	By-Pass			Potable	Adequate	D 1	
	Pumps	Wet Wells	Dry Wells	Mechanical Ventilation	Type of Exhaust	Works	Date	Reported	Water Outlet	Backflow Protection	Backup Power
5	2	1	0	Y	FORCED DRAFT	N	N/A	N	N	N	Y
4	2	1	0	Y	FORCED DRAFT	N	N/A	N	N	N	Y
3	2	1	0	Y	FORCED DRAFT	N	N/A	N	N	N	Y
6	2	1	0	Y	FORCED DRAFT	N	N/A	N	N	N	Y
2	2	1	0	Y	FORCED DRAFT	N	N/A	N	N	N	Y

## Regulatory Section C=Compliant NC=Non-Compliant N/A=Not Applicable

C	NC	NA	General	Comments		
X			Approved system EMPA2010 24(1)			
X			Certified operator WWSW 62	CURRENTLY USING SASKWATER AS OVERSEEING CERTIFIED OPERATOR.		
			Sewage Pumping Stations			
X	X		Pumping stations must have mechanically forced air ventilation WWSW 8(1)			
			Reporting			
X	X		Immediate reporting of upset/bypass condition WWSW 13(2)	PLUGGED SEWER LINE IN JANUARY 2023. NO BYPASS OR LEAK TO THE ENVIRONMENT. PLEASE ENSURE TO KEEP WSA INFORMED OF THESE ISSUES.		
			Records			
X			Maintenance work & failure of treatment components WWSW 15(a)(i)	MAINTENANCE LOGS ARE DOCUMENT ELECTRONICALLY		
X			Types, dosages and total amounts of chemicals or other substances added WWSW 15(a)(ii)	TOWN FOREMAN HAS AN ACTIZYME ADDITION MAP FOR EACH YEAR.		
X			Site inspections as required by permit EMPA2010 29(1)			
X			Records maintained in appropriate manner: (chronological/factual/initialled/done by permittee) EMPA2010 29(1)			
X			Monthly or annual review of records by permittee EMPA2010 29(1)			

(Operator/Supervisor Signature)

Agree with statements

(EPO Signature)