

Mechanical Plant Compliance Inspection

System Name: WHITE CITY WASTEWATER WORKS(COLLECTION SYSTEM ONLY) Remote Inspection ID: 1198132
Approval No: 00003566-00-00 **Population:** 3900
Date: 20-JUN-2023 09:00
Announced: Yes **Person Interviewed:** SCHMIDT, GARY

General Section

Wastewater Treatment Type: MECHANICAL **System Classification:** NONE WWT TWO WWC
Sewage Categorization: MUNICIPAL **Discharge Easement:** No
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

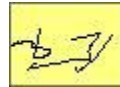
Complaints: N/A

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			Pumping stations must have mechanically forced air ventilation WWSW 8(1)	
			Reporting	
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)