



Lagoon Compliance Inspection

System Name:	<u>ELKRIDGE GOLF & CONFERENCE CENTRE WASTEWATER WORKS</u>	Remote Inspection ID:	1180114
Approval No:	<u>00051136-02-01</u>	Population:	<u>500</u>
Date:	<u>13-MAY-2021 10:00</u>		
Announced:	<u>Yes</u>	Person Interviewed:	<u>KOWBEL, TERRI</u>

General Section

Wastewater Treatment Type:	<u>LAGOON</u>	System Classification:	<u>ONE</u> WWT <u>ONE</u> WWC
Sewage Categorization:	<u>MUNICIPAL</u>	Discharge Easement:	<u>No</u>
Collection Type:	<u>MODIFIED</u>		
Comments:	<p>PLEASE ENSURE TO REMOVE TREE SAPLINGS ALONG THE INNER BERMS OF THE CELLS TO ENSURE THAT THEY DO NOT FORM DEEP ROOTS THAT CAN DAMAGE THE BERMS. INSTALLATION OF RUBBLE RIP RAP IS RECOMMENDED FOR ANY BERMS SUBJECT TO EROSION. EPO ALSO RECOMMENDS THAT THE INLET STRUCTURE BE RE-CONSTRUCTED BASED ON DESIGN DRAWINGS TO ENSURE THAT SOLIDS/MOUNDING DOES NOT IMPACT THE OUTLET. CURRENTLY, THE INLET PIPE APPEARS TO HAVE BEEN BROKE AT THE END. FOR ADDITIONAL MAINTENANCE ITEMS, PLEASE REFER TO THE 2-CELL LAGOON OPERATION AND MAINTENANCE DOCUMENT SASK H2O (EPO PROVIDED COPY WITH THIS REPORT)</p>		

Contacts

Name	Position	Phone / Fax	Email
KOWBEL, TERRI	CERTIFIED OPERATOR	Cell: (306) 202-9008	N/A
NELSON, RUSSELL	UNCERTIFIED OPERATOR	Cell: (306) 961-0637	RUSSELLNELSON43@GMAIL.COM
DESJARLAIS, KERRY	ENVIRONMENTAL PROJECT OFFICER	Business: (306) 953-2296 Cell: (306) 961-8400 Fax: (306) 953-3939	KERRY.DESJARLAIS@WSASK.CA
AUSTIN, CLINT	PRESIDENT	Cell: (403) 992-5645	N/A
LEVESQUE, DANNY	UNCERTIFIED OPERATOR	Cell: (306) 961-9329	N/A

Complaints:

N/A

Operator Certification Section

Operator Name	Certification Levels		Expiry Date	Operator is a Supervisor
	Wastewater Collection	Wastewater Treatment		
KOWBEL, TERRI	ONE	ONE	15-JUN-2022	Yes
NELSON, RUSSELL	NONE	NONE	N/A	No

Discharge Area

Discharge Type:	<u>INTERMITTENT</u>
Disinfection:	No
Effluent Treatment:	<u>FACULTATIVE LAGOON</u>
Discharge Area:	<u>DITCH</u> <u>MARSH</u>
Land Use in Receiving Area:	<u>RECREATIONAL, NATURAL</u>
Nearest Residence:	<u><500M</u>
Latitude:	N/A
Longitude:	N/A
Discharge Area Comments:	

Sludge Handling

Final Sludge Disposal:	<u>N/A</u>
Final Sludge Handling:	<u>N/A</u>
Comments:	

Pumping StationsTotal Pumping Stations: 0

Pumping Station #	Number of			Mechanical Ventilation	Type of Exhaust	By-Pass			Potable Water Outlet	Adequate Backflow Protection	Backup Power
	Pumps	Wet Wells	Dry Wells			Works	Date	Reported			
1	2	1	0	Y	EXHAUST	N	N/A	N	N	N	N
2	2	1	0	Y	EXHAUST	N	N/A	N	N	N	N

LagoonsTotal Storage Cells: 1Total Treatment Cells: 2

Cell Number	Cell Type	Freeboard Estimate (m)	Odour	Liquid Color	Dyke Condition	Seepage
1	TREATMENT	2	SLIGHT	GREEN	FAIR	NONE EVIDENT
2	TREATMENT	2	NONE	GREEN	GOOD	NONE EVIDENT
3	STORAGE	1	NONE	CLEAR	GOOD	POSSIBLE BASED ON ENG CALCS

Lagoon Discharge

Cell Number	Date Started	Date Finished	Starting Freeboard (m)	Ending Freeboard (m)	Volume Discharged (m ³)
3	01-MAY-2021 10:00	11-MAY-2021 10:00	0	2	N/A
3	19-OCT-2020 10:00	20-MAY-2021 10:00	1.5	2	N/A

Regulatory Section

C=Compliant NC=Non-Compliant N/A=Not Applicable

C	NC	NA	General	Comments
X			Approved system EMPA2010 24(1)	CURRENT PTO WILL EXPIRE MARCH 31, 2025
X			Certified operator WWSW 62	A NEW OPERATOR IS BEING TRAINED
			Sewage Pumping Stations	
X			Pumping stations must have mechanically forced air ventilation WWSW 8(1)	
			Lagoons	
X			Lagoon cells inspected on frequency as specified in permit EMPA2010 29(1)	OPERATORS ARE DILIGENT IN VISUALLY INSPECTING THE LAGOON ON A FREQUENT BASIS.
X			Inter cell transfer valve closed prior to discharge EMPA2010 29(1)	
X			Lagoon discharged after spring runoff and before November 1st EMPA2010 29(1)	
X			Notification of downstream affected landowners prior to discharge EMPA2010 29(1)	
			Facultative Lagoon	
X			Two basins in series WWSW 12	
	X		Lagoon design standards WWSW 12 & Table 2	THE DECEMBER 23, 2015 LAGOON CAPACITY ASSESSMENT STATES THAT THE PRIMARY CELLS WOULD BECOME BIOLOGICALLY OVERLOADED BASED ON FUTURE PLANNED GROWTH WITHIN THE RESORT. THE REPORT ALSO STATES THAT THE STORAGE CAPACITY OF THE SECOND CELL IS 50% OF THE CAPACITY REQUIRED FOR 180 DAYS (220 DAYS IS REQUIRED FOR UPGRADED FACILITIES) OF STORAGE. THE PERMITTEE HAS CONTRACTED A CONSULTING ENGINEER TO PROVIDE A PRE-DESIGN REPORT OUTLINING UPGRADES OPTIONS AND ARE IN DISCUSSION WITH THE WSA

				REGARDING POSSIBLE BUFFER ZONE REDUCTIONS.
			Reporting	
X			Immediate reporting of upset/bypass condition WWSW 13 (2)	
			Records	
X			Maintenance work & failure of treatment components WWSW 15(a)(i)	
X			Types, dosages and total amounts of chemicals or other substances added WWSW 15(a)(ii)	THE OPERATORS ADD ENZYMES TO THE COLLECTION SYSTEM AND RECORD THIS INFORMATION IN THE LOG BOOK.
X			Dates of discharge of treated effluent and volumes of discharge WWSW 15(a)(iii)	
X			Locations from which samples are taken WWSW 15(a)(iv)	
X			Results of any tests WWSW 15(a)(v)	
X			Site inspection as required by permit EMPA2010 29(1)	
X			Records maintained in appropriate manner: (chronological/factual/initialed/done by permittee) EMPA2010 29(1)	
X			Monthly or annual review of records by permittee EMPA2010 29(1)	PLEASE ENSURE THAT THE BOARD REVIEWS THE SEWAGE WORKS RECORDS ON AT LEAST AN ANNUAL BASIS AS PER PTO.
			Testing	
X			Sampling done as required (see permit) EMPA2010 29(1)	
X			Accredited lab used for analysis EMPA2010 29(1)	

feli signed

(Operator/Supervisor Signature)

P

Agree with statements

H. Beckman

(EPO Signature)