

FLUSH YOUR WASTEWATER INSPECTION WORRIES



Our Mission: To protect and improve the health and environment of all Kansans.

Flush Your Wastewater Inspection Worries



- ❧ 97th Annual Water & Wastewater Operator School
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- ❧ August 3, 2016

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Introduction

- Your facility's wastewater inspections will be conducted at different intervals.
- An inspector will come from one (1) of the six (6) different district offices to conduct your inspection.
- Each inspector is an individual, but we strive to conduct all inspections consistently throughout the state.

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Classification of Wastewater Facilities

- ❧ A major facility is a facility that treats a million gallons of wastewater a day.
- ❧ A minor 30 facility is a mechanical plant that treats less than a million gallons of wastewater a day.
- ❧ A minor 60 facility is a non-mechanical discharging facility or a non-discharging facility.

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Inspection Intervals

From date of last inspection

- Major facilities are inspected within 12 months.
- Minor mechanical discharging facilities are inspected within 30 months.
- Non-mechanical discharging facilities are inspected within 60 months.

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Inspection Objectives

- ❧ Determine compliance status with permit conditions and other program requirements
- ❧ Verify accuracy of information submitted by permittee
- ❧ Verify the adequacy of sampling and monitoring conducted by the permittee

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Other Purposes of Compliance Inspection Include:

- Other Purposes of Compliance Inspection Include:
 - Gather evidence to support enforcement actions
 - Obtain information that supports the permitting process
 - Assess compliance with orders and consent decrees

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General Information: (usually from file)

- Inspection date
- KDHE representative
- Facility name & address, primary mailing address, owner's address
- Permit number
- Design capacity
- Current Population (if it is applicable)
- Is there a schedule of compliance in the permit or an enforcement order against the permittee for the facility

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☞ Contacts/Responsible Staff/Certified Operator:

☞ Name

☞ Title

☞ Certification Level

☞ Email address

☞ Phone number

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Facility Information:

- Does the facility description match the permit
- Brief description operation and condition of the facility
- Description of any changes, additions, or improvements to the facility
- Any current citizen complaints

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Operation and Maintenance:

- Flow meter
- Flow measurement
- Treatment units operated properly
- All units in service
- Are operation and maintenance manuals available
- Adequate spare parts
- Sludge disposal methods adequate

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☞ Influent/Effluent

☞ Influent:

- ☞ Description of any significant changes in influent quantity or quality
- ☞ Discuss any high strength or problem influents
- ☞ Does the facility accept other types of hauled in wastewater or septage
- ☞ Collection location of influent and effluent samples
- ☞ Effects of discharge on receiving stream

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☞ Influent/Effluent:

☞ Effluent Reuse:

- ☞ Is effluent used for irrigation?
- ☞ If yes, how often & where?
- ☞ Type of irrigation?
- ☞ Is treated effluent used on-site or off-site?
- ☞ If yes, how often and percent of effluent flow?
- ☞ Who uses it?
- ☞ Is the treated wastewater disinfected prior to re-use?

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☞ Sampling:

- ☞ To determine compliance, do plant personnel analyze samples collected or are the samples analyzed by a certified laboratory
- ☞ Do plant personnel utilize adequate sampling collection methods
- ☞ Are the correct types of samples being collected
- ☞ Is the permittee in compliance with the standard conditions of the permit

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Reporting and Record Keeping:

- NPDES permit
- DMRs and lab reports
- Bypass records
- Process control records
- Collection system information
- Industrial contributors
- Operator information
- Any permit violations

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Reporting and Records Keeping:

- Sludge reports (40 CFR 503)
- 40 CFR 503 regulations are overseen by KDHE; however enforcement is done by EPA
- Flow information (high, low, average, and date occurring)
- Lift station records
- Population data
- Any anticipated changes or improvements
- Waste disposal practices

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☞ Lift Station Operation and Maintenance:

- ☞ Number of lift stations
- ☞ Pumps operational
- ☞ Pump running time registers operational
- ☞ Describe lift station inspection, maintenance schedule, alarm and monitoring systems.
- ☞ Forced air ventilation provided
- ☞ Excessive leakage from pumps/piping
- ☞ Operator familiar with confined space entry requirements

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Collection Systems:

- ❧ Gravity flow
- ❧ Significant inflow or infiltration problem
- ❧ Sewer Maintenance and repair activities
- ❧ Operation and condition of collection system

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❧ Bypass History:

❧ A “bypass” means any diversion of waste streams from any portion of the treatment facility or collection system.

❧ How many reported

❧ Location

❧ Properly reported

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Incident Definitions

"Incident" means bypasses in the collection system, in-plant diversions, in-plant flow through occurrences, upsets, and spills.

Bypass	The diversion of wastewater from any portion of the collection system
In-Plant Diversion	Routing the wastewater around any treatment unit in the treatment facility through which it would normally flow under the operating conditions at the facility at the time of the re-routing.
In-Plant Flow Through	An incident in which the wastewater continues to be routed through the plant equipment even through full treatment is not being accomplished because of equipment failure for any reason.
Spill	Any discharge of wastewater, sludge or other materials from the treatment facility other than effluent or any incident not more specifically described by other "Incidents" terms.
Upset	An exceptional incident in which there is unintentional and temporary noncompliance or anticipated noncompliance with permit effluent limits because of factors beyond the reasonable control of the permittee.

Causes of Wastewater Bypass – Definitions

Bypass for Repair/Construction	Intentional bypass for maintenance or construction activities
Rainfall	Excessive rainfall, snowmelt, etc.
Construction Related Failure	Unplanned bypass related to damage from construction activities
City Line Failure	Line failure not caused by construction activities
Private Line Failure	Private sewer line failure for any reason
City Line Blockage	Blockage in the city line causing a wastewater discharge
Private Line Blockage	Blockage in the private line causing a discharge from the private line
Equipment Failure	Equipment breakdown
Control System Failure	Control system failed to start equipment or indicate an alarm
Power Related Failure	Loss of power to equipment including control/alarm system
Maintenance Related Bypass	Failure to provide timely or proper maintenance
Vandalism	Intentional equipment damage/adding illicit materials to collection system leading to a bypass
Lagoon High Level	Overtopping the lagoon and/or backing wastewater up into the system due to high water level in the lagoon
Operations Related Bypass	Failure to provide timely and proper operations control - such as respond to alarms, failure to power up equipment, restrict controllable inflows, etc.
Spill	Spillage of waste, usually not directly from the system - such as during loading or hauling/dispersing of wastewater or sludge

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
WASTEWATER INCIDENT REPORT FORM

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection System Bypass In-Plant Diversion Upset In-Plant Flow Through Spill

1. FACILITY NAME: _____ Kansas Permit # _____
2. Within 24 hours of discovery, notify the KDHE Central Office (email – cseeds@kdheks.gov), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: _____ Date: _____ Time: _____

3. Date Incident Discovered: _____ Time: _____
4. Date Incident Ended: _____ Time: _____
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: _____
6. If rainfall induced event, approximate inches of rainfall _____
If multiple locations listed below due to rain event, check here

7. Incident Location: (check all that apply)
 Plant City Collection Line (Line Break / Joint)
 Lift/Pump Station Private Sewer Line
 Peak Flow Basin Basement
 Manhole(s) Other (specify below)

Identify All Incident Locations by Name, Street Address or Manhole Number as appropriate.

8. Cause of Incident:
 Intentional Bypass for Repair/Construction Equipment Failure
 Excessive Rainfall, Snow Melt Control System Failure
 Unplanned Construction Related Break Power Related Failure
 City Line Break (Not Construction Related) Operations Related Failure
 City Line Blockage Maintenance Related Failure
 Private Line Break Vandalism
 Private Line Blockage Other
 Lagoon High Level

Additional explanation of reason for Incident: (use additional page if necessary)

9. Corrective Action, if any: (use additional page if necessary)

Name: _____ Date: _____
Title: _____ Phone: _____

When Completed, E-mail to: cseeds@kdheks.gov
Kansas Department of Health & Environment – Attn: Chris Seeds
Or Mail to: 1000 SW Jackson St., Suite 420, Topeka, KS 66612-1367
Fax 785.296.0086

REV 20120606

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⌘ <http://www.kdheks.gov/water/tech.html>

⌘ General Forms For Wastewater Permits

⌘ Incident Reporting

⌘ Incident Definitions

⌘ Incident Report Form

⌘ Incident Report Form – Word Format

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- ❧ Backup Power and Emergency Procedures:
 - ❧ Backup power or secondary power sources available for plant and lift station(s)
 - ❧ Frequency of exercise of backup power
 - ❧ Adequate emergency procedures for power failure, equipment breakdown

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Waste Stabilization Lagoon - Description:

- Total number of cells
- Cell ID
- Order/use
- Aeration
- Current operation and hydraulic flow

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❧ Waste Stabilization Lagoons – Operation and Maintenance:

- ❧ Watercolor and wave action
- ❧ Design capacity vs. current loading
- ❧ Multiple draw off points
- ❧ Fence, gate, and warning signs sufficient
- ❧ Excessive erosion/animal burrowing of dikes
- ❧ Sufficient grass cover on dikes

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❧ Waste Stabilization Lagoon – Operation and Maintenance:

- ❧ Grass mowed
- ❧ Excessive vegetative growth on dikes
- ❧ Leakage and seepage through dikes
- ❧ Aquatic weeds/build up of scum
- ❧ Erosion control present on dikes
- ❧ Depth gages maintained
- ❧ Optimum depth of water

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❧ Waste Stabilization Lagoon – Operation and Maintenance:

- ❧ Minimum of three feet of freeboard
- ❧ Influent/effluent structure properly maintained
- ❧ Aeration units properly maintained – if available
- ❧ Evidence of short-circuiting
- ❧ Irrigation being used
- ❧ Sludge Measurements

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❧ Waste Stabilization Lagoon Inspection Reports

❧ 2 Types:

- ❧ Overflowing Stabilization Lagoon
- ❧ Non-Overflowing Stabilization Lagoon

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Bureau of Environmental Field Services
 Southeast District Office
 1500 W 7th Street
 Chamute, KS 66720



Phone: 620-431-2390
 Fax: 620-431-1211
 sado@kdhhs.gov
 www.kdhhs.gov/befs

Susan Mosier, MD, Interim Secretary

Sam Brownback, Governor

Overflowing Stabilization Lagoon Kansas Water Pollution Control Inspection Report

I. General Information

KDHE Representative:|

KWPC Permit No.

Inspection Date:

Previous Inspection Date:

Is there a schedule of compliance in the current permit?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is there an enforcement order against the permittee for this facility?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Facility Name:

Facility Address:

Primary Mailing Address:

Owner's Mailing Address:

Design Capacity:

Current Population:

II. Contacts / Responsible Staff / Certified Operators

Name	Present	Title	Certification Level	Email Address	Telephone No.

	Yes	No	N/A	Comments
a. Does the level of staff certification comply with K.A.R. 28-16-36?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. Facility Information

	Yes	No	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	

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a. Is the facility description in the permit accurate?			
b. Briefly describe the operation and condition of the facility.			
c. Describe any significant changes, additions or improvements to the facility since the last inspection.			
d. Any current citizen complaints?			
e. Are operation and maintenance manuals available?			
IV. Influent / Effluent			
a. Influent			
	Yes	No	Comments
i. Has there been or are there any anticipated significant changes in the influent quality and / or quantity?			
ii. Discuss any high strength or problem influents to the treatment system			
iii. Does this facility accept other types of hauled in wastewater or septage from residential, industrial, commercial or other? Describe.			
iv. Are there any major customers that provide wastewater to this facility? If yes, who, type of wastewater, estimated quantity?			
b. Effluent Reuse			
	Yes	No	Comments
i. Is treated effluent used for irrigation?			
a) Reason for use of irrigation, i.e., high level control, fulfill contract, etc.			
b) If yes, how often?			
c) Is the irrigation water disinfected prior to use?			
d) Type of irrigation used:			
i) Public places such as Golf Course.			
ii) Cemeteries, Ball Fields, Parks.			
iii) Other Public Places. Describe.			
vi) Field crop irrigation.			
a) Is the crop harvested? (including pasturing of animals)			
e) Other non-public places. Describe.			
f) Facility grounds including dikes.			
g) Type of irrigation used:			
i) Stationary spray nozzles.			
ii) Gated pipe.			
iii) Walking guns or similar.			
iv) Pump & dump thru hose/pipe.			
h) Are there any other concerns or special considerations with the irrigation process?			
ii. Is treated effluent used on-site or off-site other than for irrigation?			
a) If yes, how often? Percent of effluent?			

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b) Who uses it?			
c) Is the treated wastewater disinfected prior to re-use?			
iii. If effluent flows to a stream, describe any negative effects on the receiving stream.			
iv. Are there any other concerns or special considerations with the re-use process?			

c. Provide a line drawing showing the disinfection equipment, piping, valves and flow meters used to determine the amount and direction of re-use water and discharge to surface waters of the State. Identify the location where the permittee actually samples the influent and effluent for permit compliance monitoring. Include multiple points of applicable. Be specific

	Comments
d. Does the facility split flow between re-use and discharge to waters of the state or is it all one direction or the other?	

V. Sampling

	Yes	No	Comments
a. Are samples collected in appropriate location(s) adequate – using the proper sampling procedures?			
b. Who collects and analyzes? What is the name of the laboratory used?			
c. Are the correct types of samples being collected by the facility?			
d. Was a sample collected by the inspector for analysis during the inspection?			
e. Has the permittee been in compliance with the KWPC Permit effluent limitations since the last inspection? (Note failures here or attach summary page of all failures.)			

503 Sludge Program

a. **All lagoons**
 KDHE, for the current time, retains control of the 503 sludge program for domestic wastewater treatment lagoons. KDHE, using provisions previously agreed upon with EPA, has produced a reduced 503 sludge reporting form for 503 sludge removal from lagoons. The forms are located on the KDHE-BOW-Technical Services website and are labeled specifically for lagoons.

These forms are to be sent to the central office when the desludging project is complete. The central office will review the

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reports.

VI. Reporting and Recordkeeping

	Yes	No	N/A	Comments
a. Is a copy of the KWPC Permit available on site or at a nearby office? Describe location?				
b. Have all Discharge Monitoring Reports been submitted to KDHE on time?				
c. Are Discharge Monitoring Reports available on site or at a nearby office? Describe location?				
d. Are the Discharge Monitoring Reports maintained by permittee for three (3) years?				
e. Are records of laboratory instrumentation maintenance maintained by permittee for at least three (3) years?				
f. Are records of laboratory instrumentation calibration maintained by permittee for three (3) years?				
g. Are laboratory records maintained by permittee for three (3) years?				
h. Are all appropriate records and data maintained and available on site or at a nearby office? Describe location?				
i. Are there other permit violations since the previous inspection, i.e., failure to meet the schedule of compliance? If so, what type?				

VII. Incident History

a. Since the last inspection how many bypasses have been reported at the following locations?

Treatment Facilities:	Lift Stations:	Collection System:	Private Service Lines:
-----------------------	----------------	--------------------	------------------------

	Yes	No	N/A	Comments
b. Are incidents reported according to permit requirements?				

VIII. Backup Power and Emergency Procedures

	Yes	No	N/A	Comments
a. Are backup power supplies or secondary power sources available for the treatment facility?				
b. Are backup power supplies or secondary power sources available for the lift stations?				
c. Describe the frequency of exercise and maintenance of backup power sources.				
d. Are maintenance records for backup power supplies available?				

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e. Are there emergency procedures in the event of a power failure, equipment break down, etc...?

IX. Lagoon Operation and Maintenance

a. What is the total number of cells:

Available	<input type="text"/>	In Use	<input type="text"/>
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Cell I.D.	Order / Use (First, Second, Final etc...)	Discharge To Outfall		If Aeration		Sludge Measurement		Last Year Desludged	
		Yes	No	# of Units	H.P.	Year	Excessive		
							Yes		No

Description	Comments
b. Describe aeration use in terms of hrs./days and seasons of use.	

c. Draw diagram of lagoon system showing influent, effluent and interconnecting lines.

Description	Comments
f. Describe the watercolor and wave action.	

	Yes	No	N/A	Comments
g. Are there multiple draw off points?				
h. Are the multiple draw off points properly used?				

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	Adequate	Inadequate	N/A	Comments
i. Are the fence, gate(s) and warning signs sufficient and maintained?				
j. Is erosion of dike(s) controlled?				
k. Is animal burrowing on dike(s) controlled?				
l. Is there sufficient grass cover on dikes?				
m. Is grass mowed?				
n. Is plant / tree growth controlled within the fence of the facility?				
o. Is seepage through the lagoon dikes controlled?				
p. Are aquatic weeds / build up of scum controlled?				
q. Is the insect population minimal and controlled?				
r. Are depth gauges maintained?				
s. Is there a minimum of three (3) feet of water depth?				
t. Is the influent structure properly distributing influent?				
u. Is there a minimum of three (3) feet of freeboard in the lagoon(s)?				
v. Is the effluent structure properly maintained?				
	Yes	No	N/A	Comments
w. Is there evidence of short-circuiting?				
x. Are there nuisance odor conditions?				
X. Lift Stations Operation and Maintenance				
Total number of lift stations			Number of lift stations inspected	
	Comments			
a. Describe lift station inspection and maintenance schedule(s).				
b. Describe alarm and monitoring systems.				
c. Type of lift stations.				
	Yes	No	N/A	Comments
d. Are all pumps operational?				
e. Are pump running time registers operational?				

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f. Are maintenance and pumping volume records maintained?				
g. Is forced-air ventilation provided?				
h. Is there excessive leakage from pumps or piping?				
i. Is there excessive grease build-up in the wet well?				
j. What chemical or methods are used to control grease buildup in the wet well?				
k. Are operators familiar with confined space entry requirements?				
l. Do any lift stations have a history of incidents or other mechanical problems?				
m. Does the facility have appropriate security measures in place?				

XI. Collection System

		Comments		
a.	Describe the operation and condition of the collection system			
		Yes	No	Comments
b.	Is there a significant inflow or infiltration problem? <i>If yes, describe what steps are being taken to control / correct the problem?</i>			
c.	Describe the sewer maintenance and repair activities since the last inspection, i.e. including the use of outside contractors.			

XII. Supplemental Conditions, Schedule of Compliance & Enforcement

		Yes	No	N/A	Comments
a.	Is there a schedule of compliance in the permit?				
b.	Are they in compliance with the schedule?				
c.	Is there a current enforcement action on this facility?				
d.	Are they in compliance with the enforcement activity?				

XIII. Comments and Recommendations

		Yes	No	Comments
a.	Are follow up actions needed?			
b.	Issues and Deficiencies that must be addressed.			
c.	Recommendations that should be addressed.			

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d. Comments

Report Prepared and Submitted By:

Title:

Date:

Signature: _____

Approved By:

Title: |

Date:

Signature: _____

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Bureau of Environmental Field Services
 XXXXXX District Office
 Street Address
 City, KS Zip Code



Phone: XXX-XXX-XXXX
 Fax: XXX-XXX-XXXX
 XXXXXX@kdhhs.gov
 www.kdhhs.gov/bfs

Robert Moser, MD, Secretary

Sam Brownback, Governor

Non-Overflowing Waste Stabilization Lagoon Kansas Water Pollution Control Inspection Report

I. General Information

KDHE Representative:

KWPC Permit No.

Inspection Date:

Previous Inspection Date:

Is there a schedule of compliance in the current permit?

+	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there an enforcement order against the permittee for this facility?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Facility Name:

Facility Address:

Primary Mailing Address:

Owner's Mailing Address:

Design Capacity:

Current Population:

II. Contacts / Responsible Staff / Certified Operators

Name	Present	Title	Certification Level	Email Address	Telephone No.

	Yes	No	N/A	Comments
a. Does the level of staff certification comply with K.A.R. 28-16-36?				

III. Facility Information

	Yes	No	Comments
a. Is the facility description in the permit accurate?			

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b. Briefly describe the operation and condition of the facility.		
c. Describe any significant changes, additions or improvements to the facility since the last inspection.		
d. Any current citizen complaints?		
e. Are operation and maintenance manuals available?		

IV. Influent / Effluent

a. Influent

	Yes	No	Comments
i. Has there been or are there any anticipated significant changes in the influent quality and / or quantity?			
ii. Discuss any high strength or problem influents to the treatment system			
iii. Does this facility accept other types of hauled in wastewater or septage from residential, industrial, commercial or other? Describe.			
iv. Are there any major customers that provide wastewater to this facility? If yes, who, type of wastewater, estimated quantity?			

b. Effluent Reuse

	Yes	No	Comments
i. Is treated effluent used for irrigation?			
Reason for use of irrigation, i.e., high level control, fulfill contract, etc.			
a) If yes, how often?			
b) Is the irrigation water disinfected prior to use?			
c) Type of irrigation used:			
i) Public places such as Golf Course.			
ii) Cemeteries, Ball Fields, Parks.			
iii) Other Public Places. Describe.			
vi) Field crop irrigation.			
a) Is the crop harvested? (including pasturing of animals)			
d) Other non-public places. Describe.			
e) Facility grounds including dikes.			
f) Type of irrigation used:			
i) Stationary spray nozzles.			
ii) Gated pipe.			
iii) Walking guns or similar.			
iv) Pump & dump thru hose/pipe.			
g) Are there any concerns or special considerations with the irrigation process?			
ii. Is treated effluent used on-site or off-site other than for irrigation?			
a) If yes, describe. Percent of effluent			

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flow?				
503 Sludge Program				
<p>a. All lagoons KDHE, for the current time, retains control of the 503 sludge program for domestic wastewater treatment lagoons. KDHE, using provisions previously agreed upon with EPA, has produced a reduced 503 sludge reporting form for 503 sludge removal from lagoons. The forms are located on the KDHE-BOW-Technical Services website and are labeled specifically for lagoons.</p> <p>These forms are to be sent to the central office when the desludging project is complete. The central office will review the reports.</p>				
V. Reporting and Recordkeeping				
	Yes	No	N/A	Comments
a. Is a copy of the KWPC Permit available on site or at a nearby office? Describe location?				
b. Are all appropriate records and data maintained by permittee and available?				
c. Are there other permit violations since the previous inspection, i.e. failure to meet the schedule of compliance? What type?				
VI. Incident Reporting History				
a. Since the last inspection how many incidents (bypasses) have been reported at the following locations:				
Treatment Facilities:		Lift Stations:		Collection System:
				Private Service Lines:
	Yes	No	N/A	Comments
b. Are incidents reported according to permit requirements?				
VII. Backup Power and Emergency Procedures				
	Yes	No	N/A	Comments
a. Are backup power supplies or secondary power sources available for the treatment facility?				
b. Are backup power supplies or secondary power sources available for the lift stations?				
c. Describe the frequency of exercise and maintenance of backup power sources.				
d. Are maintenance records for backup power supplies available?				
e. Are there emergency procedures in the event of a power failure, equipment break down, etc...?				
VIII. Lagoon Operation and Maintenance				
a. What is the total number of cells:				

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i. Is animal burrowing on dike(s) controlled?				
j. Is there sufficient grass cover on dikes?				
k. Is grass mowed?				
l. Is plant / tree growth controlled within the fence of the facility?				
m. Is seepage through the lagoon dikes controlled?				
n. Are aquatic weeds / build up of scum controlled?				
o. Is the insect population minimal and controlled?				
p. Are depth gauges maintained?				
q. Is there a minimum of three (3) feet of water depth?				
r. Is the influent structure properly distributing influent?				
s. Is there a minimum of three (3) feet of freeboard in the lagoon(s)?				

IX. Lift Stations Operation and Maintenance

Total number of lift stations		Number of lift stations inspected	
-------------------------------	--	-----------------------------------	--

	Comments
a. Describe lift station inspection and maintenance schedule(s).	
b. Describe alarm and monitoring systems.	
c. Type of lift stations.	

	Yes	No	N/A	Comments
d. Are all pumps operational?				
e. Are pump running time registers operational?				
f. Are maintenance and pumping volume records maintained?				
g. Is forced-air ventilation provided?				
h. Is there excessive leakage from pumps or piping?				
i. Is there excessive grease build-up in the wet well?				
j. What chemical or methods are used to control grease buildup in the wet well?				
k. Are operators familiar with confined space entry requirements?				
l. Do any lift stations have a history of incidents or other mechanical problems?				
m. Does the facility have appropriate security measures in place?				

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X. Collection System					
			Comments		
a.	Describe the operation and condition of the collection system.				
		Yes	No	Comments	
b.	Is there a significant inflow or infiltration problem? <i>If yes, describe what steps are being taken to control / correct the problem?</i>				
c.	Describe the sewer maintenance and repair activities since the last inspection, i.e. including the use of outside contractors.				
XI. Supplemental Conditions, Schedule of Compliance & Enforcement					
		Yes	No	N/A	Comments
a.	Is there a schedule of compliance in the permit?				
b.	Are they in compliance with the schedule?				
c.	Is there a current enforcement action on this facility?				
d.	Are they in compliance with the enforcement activity?				
XII. Comments and Recommendations					
		Yes	No		
a.	Are follow up actions needed?				
b.	Issues and Deficiencies that must be addressed.				
<input type="text"/>					
c.	Recommendations that should be addressed.				
<input type="text"/>					
d.	Comments				
<input type="text"/>					
Report Prepared and Submitted By:					
Title:					
Date:					
Signature: _____					
Approved By:					
Title:					

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Date:

Signature: _____

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Flush Your Wastewater Inspection Worries



Items to remember:

- Do Not Falsify Records
- If given a response date to reply, make sure you have sent a reply
- Always remember to keep in touch with district offices when problems occur
- Always report bypasses

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Flush Your Wastewater Inspection Worries



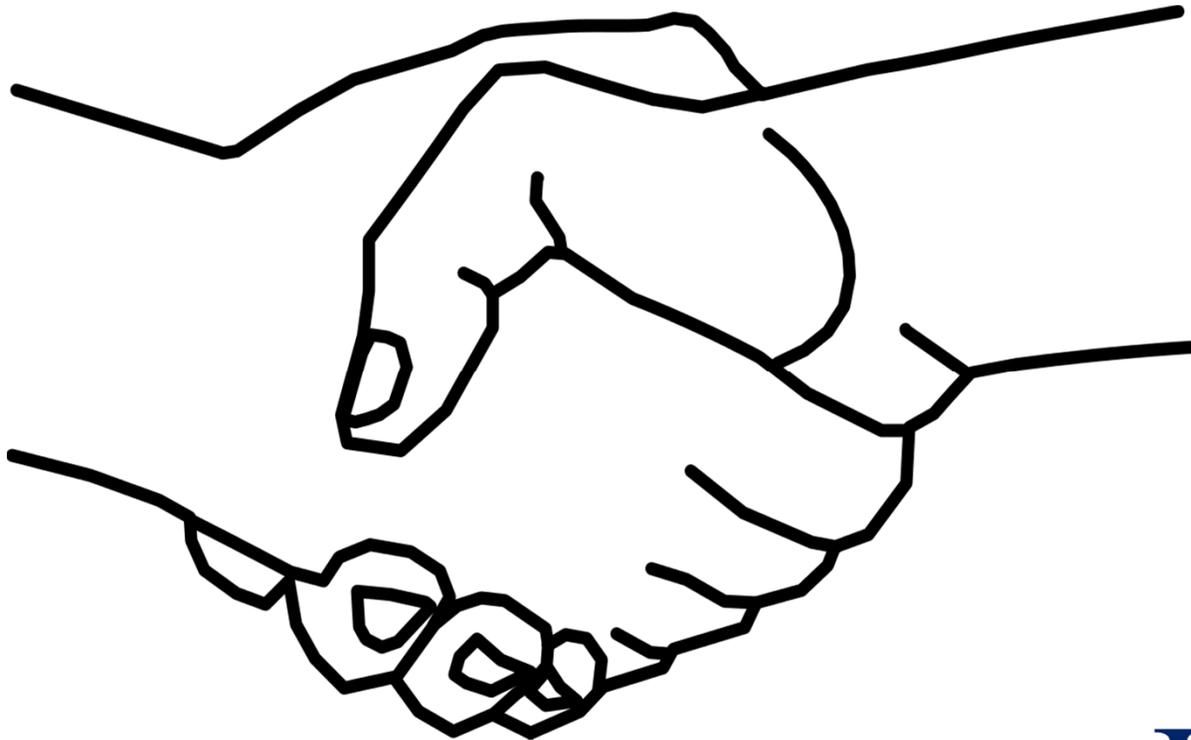
Conclusion:

- Regardless of the type of facility that is being operated, the end results should be the same
- Keep the area well maintained, equipment operational, and the effluent relatively clear
- Our position is to assure the security of the waters of the state
- KDHE is trying to work with you not against you.

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Flush Your Wastewater Inspection Worries



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Northeast District (NED)

800 West 24th Street
Lawrence, KS 66046-4417
(785) 842-2600

Julie Coleman – District Environmental Administrator
Helen Holm – District Water Engineer
Brian D’Alfonso – Environmental Scientist
Vacant – Environmental Scientist

North Central District (NCD)

2501 Market Place, Suite D
Salina, KS 67401-7699
(785) 827-9639

Jennifer Nichols – District Environmental Administrator
Marsha Carpenter – Environmental Scientist
Traci Miles – Environmental Scientist

Northwest District (NWD)

2301 East 13th Street
Hays, KS 67601-2651
(785) 625-5663

Dan Wells – District Environmental Administrator
Dan Braun – Environmental Scientist

Southwest District (SWD)

302 West McArtor Road
Dodge City, KS 67801-6098
(620) 225-0596

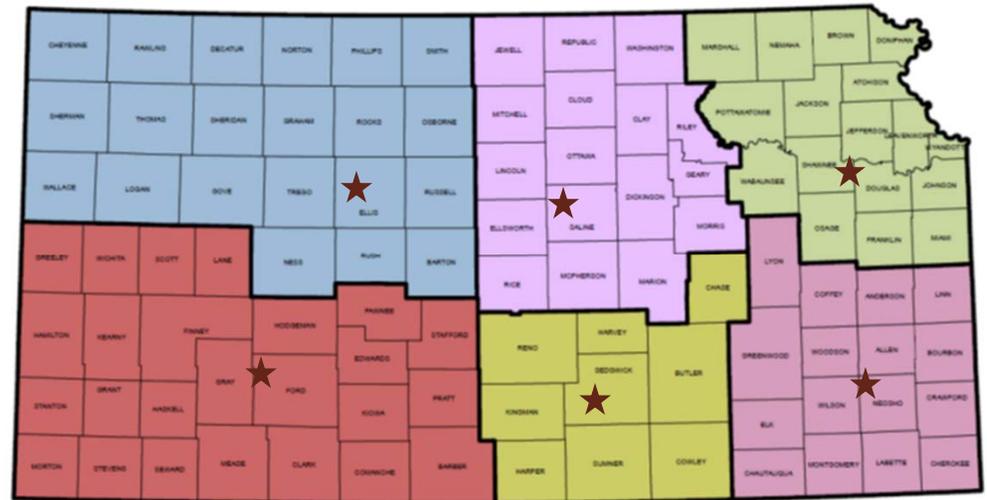
Erich Glave – District Environmental Administrator
Allen Nichols – District Water Engineer
Denise Simon – Environmental Scientist

South Central District (SCD)

800 West 24th Street
Wichita, KS 66046-4417
(316) 337-6020

Allison Herring – District Environmental Administrator
Vacant – District Water Engineer
Sabrina Cantrell – Environmental Scientist
Daryn Martin – Environmental Scientist

**STATE OF KANSAS
DEPARTMENT OF HEALTH AND ENVIRONMENT
DISTRICT OFFICES**



Southeast District (SED)

1500 West 7th Street
Chanute, KS 66072-9701
(620) 431-2390

Victoria O’Brien – District Environmental Administrator
Jason Solomon – Environmental Program Administrator
Greg Taylor – Environmental Scientist
Kitty Rhynerson – Environmental Scientist

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