

# Lagoon Compliance Inspection

System Name: FORT QU'APPELLE WASTEWATER WORKS Remote Inspection ID: 1139740  
 Approval No: 00003182-01-00  
 Date: 08-AUG-2018 13:00  
 Announced: No

**Pumping Stations** Total Pumping Stations: 4


Pumping Station #	Number of			Permanent Ventilation	Type of Exhaust	By-Pass Works	By-passes		Potable water outlet		Backup Power
	Pumps	Wet Wells	Dry Wells				Date	Reported	Present	Backflow Protection	
1	2	1	0	Y	FORCED DRAFT	N	N/A	N	Y	N	Y
2	2	1	0	Y	FORCED DRAFT	N	N/A	N	Y	Y	Y
3	2	1	0	Y	FORCED DRAFT	N	N/A	N	Y	N	Y
4	2	1	1	Y	FORCED DRAFT	N	N/A	N	Y	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	
	X		Pumping stations must have mechanically forced air ventilation WWSW 8(1)	VENTILATION ON LIFT STATION 3 WAS RECENTLY FIXED HOWEVER WAS NOT WORKING ON INSPECTION. MUST HAVE IT FIXED BY AUGUST 31, 2018.
X			All water outlets that may come into contact with a waste must be equipped with a backflow device WWSW 8(2)	MUST HAVE APPROPRIATE BACKFLOW PREVENTORS (DOUBLE CHECK VALVE OR REDUCED PRESSURE PRINCIPLE) ON WATER LINES
			<b>Reporting</b>	
X			Immediate reporting of upset/bypass condition WWSW 13(2)	
			<b>Records</b>	
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)	IF CHEMICAL IS USED THE LOCATION, VOLUME AND TYPE MUST BE NOTED IN LOGS.
X		Maintained in appropriate manner see permit	
X		General comments	
		<b>Testing</b>	

**Comments**




**Agree with statements**

**(Operator/Supervisor Signature)**



**(EPO Signature)**