



Lagoon Compliance Inspection

System Name: BUENA VISTA WASTEWATER WORKS

Remote Inspection ID: 1218134

Approval No: 00058932-00-00

Population: 646

Date: 14-JUN-2024 14:13

Announced: Yes

Person Interviewed: NEUDECK, JOEL

General Section

Wastewater Treatment Type: LAGOON **System Classification:** NONE WWT ONE WWC

Sewage Categorization: MUNICIPAL **Discharge Easement:** No

Collection Type: SEPTIC HAULERS

Contacts

Name	Position	Phone	Email
NEUDECK, JOEL	FOREMAN	(306) 535-8339	N/A
REGINA, SHA	OTHER - HEALTH REGION	(306) 766-7755	ENVIRONMENTALHEALTH@RQHEALTH.CA
HINDLE, JEFF	ENVIRONMENTAL PROJECT OFFICER	(306) 527-6128	JEFF.HINDLE@WSASK.CA
POLLOCK, MELISSA	ADMINISTRATOR	(306) 729-4385	CAO@BUENAVISTA.CA
WARAWA, DAMON	UNCERTIFIED OPERATOR	(306) 861-7025	WATER@BUENAVISTA.CA

Operator Certification Section

Operator Name	Certification Levels		Expiry Date	Operator is a Supervisor
	Wastewater Collection	Wastewater Treatment		
NEUDECK, JOEL	ONE	NONE	15-MAR-2025	No

Discharge Area

Discharge Type: NO DISCHARGE

Disinfection: No

Effluent Treatment: AERATED LAGOON

Discharge Area:

Land Use in Receiving Area:

Nearest Residence:

Latitude:N/A **Longitude:**N/A

Discharge Area Comments:

Sludge Handling

Final Sludge Disposal: N/A

Final Sludge Handling: N/A

Pumping Stations

Total Pumping Stations: 1

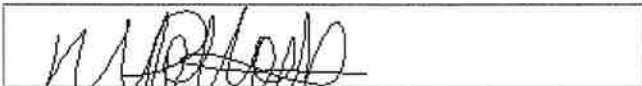
Pumping Station #	Number of			Mechanical Ventilation	Type of Exhaust	By-Pass			Potable Water Outlet	Adequate Backflow Protection	Backup Power
	Pumps	Wet Wells	Dry Wells			Works	Date	Reported			
1	1	2	0	N	N/A	N	N/A	N	N	N	N

Regulatory Section

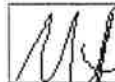
C=Compliant NC=Non-Compliant N/A=Not Applicable

C	NC	NA	General	Comments
X			Approved system EMPA2010 24(1)	
X			Certified operator WWSW 62	
			Sewage Pumping Stations	
X			Pumping stations must have mechanically forced air ventilation WWSW 8(1)	PORTABLE VENTILATION IS ONLY AVAILABLE THROUGH CONTRACTORS DOING MAINTENANCE. THE PUMP IS 4 KWH AND 5.4 HP, SO PORTABLE VENTILATION IS ACCEPTABLE. PLEASE ENSURE THAT ALL CONFINED SPACE ENTRY FOLLOWS OH&S REGULATIONS.
			All water outlets that may come into contact with a waste must be equipped with a backflow device WWSW 8(2)	
			Reporting	
X			Immediate reporting of upset/bypass condition WWSW 13(2)	
			Records	
X			Maintenance work & failure of treatment components WWSW 15(a)(i)	
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)	

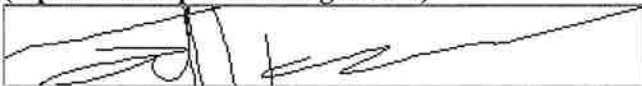
X		Monthly or annual review of records by permittee EMPA2010 29(1)	
		Testing	
X		Sampling done as required (see permit) EMPA2010 29(1)	SAMPLE SUBMISSION FROM THE NORTH AND EAST MONITORING WELLS WERE DONE AUGUST 16, 2023. PLEASE TAKE A SAMPLE FROM BOTH MONITORING WELLS ONCE PER YEAR (JUNE-AUGUST PERIOD)
X		Accredited lab used for analysis EMPA2010 29(1)	



(Operator/Supervisor Signature)



Agree with statements



(EPO Signature)