



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

December 7, 2012

The Honorable Shirley Sands
Mayor, City of Newport
South 200 Washington
Newport, WA 99156

RE: Newport Wastewater Treatment Plant, Class 1 Inspection - October 29, 2012;
NPDES Permit No. WA-0022322

Dear Mayor Sands:

I have enclosed a copy of my NPDES Permit inspection report that is based on my visit to the Newport wastewater treatment plant on October 29, 2012. This document summarizes the result of the Class I inspection.

I brought up one issue of concern during the inspection. Currently the Newport treatment plant has no warning system in operation to notify city staff of a power failure or equipment malfunction after normal working hours. There are lights at the treatment plant oxidation ditch and pump house that can notify treatment plant staff on site that there is a problem, but there is no system in place to notify the city after hours that there is a loss of power or equipment malfunction.

Because this situation leaves the city treatment plant vulnerable to a by-pass and a serious violation, Ecology will include a compliance requirement in the new permit to have the city install an alarm system.

Based on the information gathered during our visit and a review of the discharge information submitted to Ecology for the period of January 2010 through September 2012, I have determined that the Newport wastewater treatment plant is in general compliance with the terms and conditions in the NPDES Permit.

Ed and the rest of the treatment plant staff are consistently running the facility so that it operates properly and meets permit requirements. I want to thank Ed for his time and assistance during the inspection. If you have any questions about this inspection, please call me at (509) 329-3567.

Sincerely,

A handwritten signature in blue ink that reads "Pat McGuire".

Patrick McGuire
Facility Permit Manager
Water Quality Program

PMc:dw

Enclosures

cc: Ray King, City Administrator
Ed Rocheck, Operator
Darrel Fleischman, Ecology Technical Assistance



Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

[illegible]

Section B: Facility Data

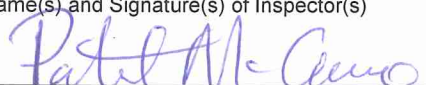
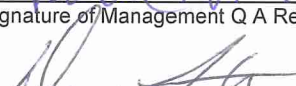
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time/Date Oct 29, 2012, 1:00 P.M.	Permit Effective Date May 1, 2010
Newport Wastewater Treatment Plant 801 North Union Avenue, Newport, WA 99156	Exit Time/Date Oct 29, 2012, 3:00 P.M.	Permit Expiration Date April 30, 2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Ed Rohek, Operator 2 (509) 447-5612 Jim Clark, Operator 2; Jason McAdoo, Operator 1	Other Facility Data Ray King, City Administrator; Bill Jackson, Public Works Supervisor	
Name, Address of Responsible Official/Title/Phone and Fax Number. Shirley Sands, Mayor S. 200 Washington, Newport, WA 99133, (509) 447-5611 Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Oxidation Ditch with Chlorination Disinfection Discharges to Pend Oreille River at river mile 87.7	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> CSO/SSO (Sewer Overflow)
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Self-Monitoring Program	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pretreatment	<input type="checkbox"/> Multimedia
<input type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Other:

For the Period from May 2010 to September 2012:

1. All monthly DMRs have been submitted for this period. I informed the city staff that Ecology will be requiring that all wastewater treatment plants use WebDMR reporting in the near future – it will be a requirement in the upcoming NPDES Permit. No permit violations for 2010 and 2011.
2. There have been no major changes in the primary treatment portion of the facility. Operators are on site 7 days a week. Newport is contemplating changes in the staffing rotation but will notify Ecology when they plan to do this. The city re-surveyed the location of the outfall in 2008, so the operator will send Ecology the plan sheets and updated information.
3. Treatment plant lab is state certified for BOD, total residual chlorine, dissolved oxygen, pH, total suspended solids, total volatile solids, and fecal coliform.
4. The flow meter was calibrated in June 2011. The operator will need to make sure meter is calibrated at the frequency recommended by the manufacturer as required in section S2C of the permit – this is usually at least once per year.
5. Records for the plant are in the office and complete back to the 1950's.
6. The belt press for the biosolids has been on-line since 2005 and is currently used about once every 4 weeks. The City has set up a contract to have the biosolids hauled to Barr-Tech compost facility near Sprague by trailer. They ship about 26 to 28 tons of biosolids per month.
7. There is the potential in the future for a new residential development west of Newport (400 residents) which is part of the City 15-Year Plan. The treatment plant receives about 20 to 25 percent of their wastewater from Old Town, Idaho.
8. The city added 2 new vaults and a new pump at the aerobic digester in 2012
9. All the O&M manuals are in the office and up-to-date for all equipment. Each of the clarifiers is taken down for cleaning and maintenance annually.
10. The city crews flush sections of the collection system twice per year. The sections are done on a rotating schedule. The lift stations are checked and cleaned once per month. Since 2009 Newport has repaired and upgraded four lift stations. They have also repaired or done maintenance on 9 manholes.
11. An area of concern is the fact that there is no alarm system to warn of power outages or equipment failures other than lights on the pump house, oxidation ditch and the lift stations. These lights may not be noticed due to their location during non-work hours. Lack of a remote alarm set up makes the Newport treatment plant extremely vulnerable to a by-pass or upset that could result in violations. The new permit will include a requirement to add an alarm system that will notify city staff of power loss or equipment failures.
12. Newport currently has a grease trap inspection program.
13. As part of the pretreatment requirements in the new permit, section S6, Newport will be required to do a comprehensive industrial/commercial user survey to have an accurate accounting of all businesses that discharge to the collection system. The survey will need to provide a data and contact list that will help the city determine who and what discharges go to the treatment plant system and to locate any discharges that should be under pretreatment permits.
14. In the new permit, (pretreatment requirement in section S6) Newport will be required to submit the existing city sewer/pretreatment ordinance to Ecology for review and update the ordinance if necessary.

Name(s) and Signature(s) of Inspector(s) 	Agency/Office/Phone and Fax Numbers Ecology, ERO, (509) 329-3567	Date 12/5/12
Signature of Management Q A Reviewer 	Ecology, ERO, (509) 329-3504	Date 12/6/12

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable		PERMIT NO. WA0022322
SECTION F - Facility and Permit Background		
ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY <i>(Including City, County and ZIP code)</i>	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE Class I Inspection - November 6, 2009	
City of Newport, S. 200 Washington, Newport, WA 99156	FINDINGS Overall Plant performance: <u>Excellent</u>	
SECTION G - Records and Reports		
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>(Further explanation attached _____)</i>		
(a) ADEQUATE RECORDS MAINTAINED OF:		
(i) SAMPLING DATE, TIME, EXACT LOCATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(ii) ANALYSES DATES, TIMES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(iii) INDIVIDUAL PERFORMING ANALYSIS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(iv) ANALYTICAL METHODS/TECHNIQUES USED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(v) ANALYTICAL RESULTS <i>(e.g., consistent with self-monitoring report data)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) MONITORING RECORDS <i>(e.g., flow, pH, D.O., etc.)</i> MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS <i>(e.g., continuous monitoring instrumentation, calibration and maintenance records).</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A * Records kept for past five years on file	
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) QUALITY ASSURANCE RECORDS KEPT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES <i>(and their compliance status)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
SECTION H - Permit Verification		
INSPECTION OBSERVATIONS VERIFY THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>(Further explanation attached _____)</i>		
DETAILS:		
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) FACILITY IS AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(i) ALL DISCHARGES ARE PERMITTED.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
SECTION I - Operation and Maintenance		
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <i>(Further explanation attached _____)</i>		
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(c) REPORTS ON ALTERNATIVES SOURCE OF POWER SENT TO EPA/STATE - REQUIRED IN PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED. Barr-Tech, Spokane	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) ALL TREATMENT UNITS IN SERVICE.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS. Esvelt & Assoc - Spokane; Sewell & Associates -	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(g) QUALIFIED OPERATING STAFF PROVIDED.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(j) INSTRUCTIONS FILES KEPT FOR O&M OF EACH ITEM OF MAJOR EQUIPMENT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(l) SPCC PLAN AVAILABLE.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. <i>(Dates _____)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(n) ANY BY-PASSING SINCE LAST INSPECTION.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

PERMIT NO.
WA0033233**SECTION J - Compliance Schedules**PERMITTEE IS MEETING COMPLIANCE SCHEDULE. ☐ YES ☐ NO ☒ N/A (Further explanation attached _____)

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.

SECTION K - Self-Monitoring Program**Part 1 - Flow measurement** (Further explanation attached _____)PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. ☒ YES ☐ NO ☐ N/A
DETAILS:(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. ☒ YES ☐ NO ☐ N/ATYPE OF DEVICE: ☐ WEIR ☒ PARSHALL FLUME ☐ MAGMETER ☐ VENTURI METER ☒ OTHER: (Specify) **Miltronics**(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration) **Once per Year June 2011** ☒ YES ☐ NO ☐ N/A(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A(d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES. ☒ YES ☐ NO ☐ N/A**Part 2 - Sampling** (Further explanation attached _____)PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. ☒ YES ☐ NO ☐ N/A
DETAILS: Automatic Flow-Paced Composite sampler(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. ☒ YES ☐ NO ☐ N/A(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. ☒ YES ☐ NO ☐ N/A(c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. ☒ YES ☐ NO ☐ N/A
IF NO, ☐ GRAB ☐ MANUAL COMPOSITE ☐ AUTOMATIC COMPOSITE FREQUENCY _____(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE ☒ YES ☐ NO ☐ N/A(i) SAMPLES REFRIGERATED DURING COMPOSITING ☒ YES ☐ NO ☐ N/A(ii) PROPER PRESERVATION TECHNIQUES USED ☒ YES ☐ NO ☐ N/A(iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT ☐ YES ☐ NO ☒ N/A(iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3 ☒ YES ☐ NO ☐ N/A(e) MONITORING & ANALYSES PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. ☐ YES ☒ NO ☐ N/A(f) IF (e) IF YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. ☐ YES ☐ NO ☒ N/A**Part 3 - Laboratory** (Further explanation attached _____)PERMITTEE LABORATORY PROCEDURES MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. ☒ YES ☐ NO ☐ N/A
DETAILS:(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.6) ☒ YES ☐ NO ☐ N/A(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. ☐ YES ☐ NO ☒ N/A(c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. ☐ YES ☐ NO ☒ N/A(d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☒ YES ☐ NO ☐ N/A(e) QUALITY CONTROL PROCEDURES USED. ☒ YES ☐ NO ☐ N/A(f) DUPLICATE SAMPLES ARE ANALYZED. % OF TIME ☐ YES ☐ NO ☒ N/A(g) SPIKED SAMPLES ARE USED. % OF TIME - ☒ YES ☐ NO ☐ N/A(h) COMMERCIAL LABORATORY USED. ☒ YES ☐ NO ☐ N/A(i) COMMERCIAL LABORATORY STATE CERTIFIED. ☒ YES ☐ NO ☐ N/A

LAB NAME Anatek Labs, for Fecal coliform and Metals (biosolids)

LAB ADDRESS: E. 504 Sprague, Suite D, Spokane, WA, 99202, (509) 838-3999

LAB NAME ERA Labs Inc., Proficiency Testing for Newport Lab – NIST Accredited, performance evaluation

LAB ADDRESS: 16341 Table Mountain Parkway., Golden, Colorado 80403, 888-372-0122

						PERMIT NO. WA0033233	
SECTION L - Effluent/Receiving Water Observations <i>(Further explanation attached _____)</i>							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	None observed	None observed	None observed	None observed	None observed	Clear	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations <i>(Further explanation attached _____)</i>	
<input type="checkbox"/> GRAB SAMPLES OBTAINED <input type="checkbox"/> COMPOSITE OBTAINED <input type="checkbox"/> FLOW PROPORTIONED SAMPLE <input type="checkbox"/> AUTOMATIC SAMPLER USED <input type="checkbox"/> SAMPLE SPLIT WITH PERMITTEE <input type="checkbox"/> CHAIN OF CUSTODY EMPLOYED <input type="checkbox"/> SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE COMPOSITING FREQUENCY _____ PRESERVATION _____ SAMPLE REFRIGERATED DURING COMPOSITING: <input type="checkbox"/> YES <input type="checkbox"/> NO SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE _____ 	
SECTION N - Analytical Results <i>(Attach report if necessary)</i>	

