



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
WATER COMPLIANCE INSPECTION REPORT

substitute for OMB
No. 2040-0057
and EPA form 3560-3
(Rev. 9-94)
(last file update 12-95)

FACILITY NAME: CASHMERE POTW

FACILITY NUMBER: _____

SECTION 1: INSPECTION INFORMATION

START DATE: 05/31/2018

PRIMARY INSPECTOR DAN FERGUSON

INSPECTION TYPE (CHECK ONE):

- COMPLIANCE INSPECTION W/O SAMPLING ☒
COMPLIANCE INSPECTION W/ SAMPLING ☐
COVERAGE INSPECTION ☐
COMPLIANCE FOLLOW-UP INSPECTION ☐
TECHNICAL ASSISTANCE VIST ☐
OPERATION & MAINTENANCE INSPECTION ☐

PERMIT # WA0023183

COMPLAINT # _____

LAB PROJECT # _____

ENFORCEMENT DOCKET # _____

Y/N: Yes

Scheduled 05/29/2018

ANNOUNCED YES

PART OF A GROUP NO

REASON FOR INSPECTION
(CHECK ONE)

- ROUTINE ☒
COMPLAINT ☐
DRIVE BY ☐
ENFORCEMENT ☐
QA ☐
BIO-MONITORING ☐
OTHER (SPECIFY) ☐

PARTICIPANTS

DAN FERGUSON
RANDY LOW
BRUCE GERMAIN

AGENCY

ECY
CASHMERE
CASHMERE

FAC. REP
(Y/N)

NO
YES
YES

PHONE #

509-457-7108
509-782-3513
509-782-3513

SECTION 2: FACILITY INFORMATION

FACILITY: CASHMERE POTW
NAME: RIVERFRONT DRIVE
ADDRESS: CASHMERE, WA 98815

DATE TIME

ENTRY 1 05/31 13:50

EXIT 1 05/31 15:30

ENTRY 2 _____

EXIT 2 _____

ENTRY 3 _____

EXIT 3 _____

ENTRY TYPE
(CHECK ONE)

- DENY ☐
DELAY ☐
WARRANT ☐
REGULAR ☒

SECTION 3: AREAS EVALUATED DURING INSPECTION

N = NOT EVALUATED, S = SATISFACTORY
M = MARGINAL, U = UNSATISFACTORY

INSPECT BENCH SHEETS S

INSPECT PERMIT S

RECORDS/REPORTS S

FLOW MEASUREMENTS S

LABORATORY S

EFFLUENT/RECEIVING WATER S

PRE-TREATMENT N

COMPLIANCE SCHEDULES N

SELF MONITORING PROGRAM N

OPERATION & MAINTENANCE S

SLUDGE DISPOSAL S

FACILITY SITE REVIEW S

LAB ACCREDITATION N

OTHER (SPECIFY) N

SECTION 3: SUMMARY OF FINDINGS / COMMENTS (ATTACH ADDITION PAGES IF NEEDED)

THE ADVANCED BIOLOGICAL TREATMENT (MODIFIED BARDENPHO) WASTEWATER TREATMENT PLANT WAS BUILT IN 2014. IT REQUIRED ADVANCED BIOLOGICAL TREATMENT IN ORDER TO PAO'S (PHOSPHATE ACCUMULATING ORGANISMS) WHICH UPTAKE PHOSPHOROUS. CURRENTLY THERE'S A PHOSPHOROUS WLA ALLOCATION ON THE WENATCHEE RIVER REQUIRING PERMIT LIMITS FOR POTWS ALONG THAT RIVER TO TREAT AND REMOVE PHOSPHOROUS FROM THEIR WASTEWATER PRIOR TO DISCHARGE. WE (WASHINGTON STATE) HAVE VERY FEW ADVANCED BIOLOGICAL TREATMENT PLANTS CAPABLE OF TREATING FOR PHOSPHOROUS IN THIS MANNER AND THE CASHMERE PLANT IS A GOOD EXAMPLE OF ONE.

THE PLANT WAS IN EXCELLENT SHAPE. ALL BENCH SHEETS, RECORDS, AND DOCUMENTS WERE IN PROPER ORDER. REGULAR MAINTENANCE IS BEING PERFORMED AND MODIFIED AS THE STAFF GET USED TO THE NEW PLANT. MINOR HICKUPS HAVE OCCURRED SUCH AS THE DAFT OR UV BANK NOT WORKING OPTIMALLY, BUT AFTER CONTACTING THE SUPPLIERS, STAFF WERE ABLE TO TROUBLESHOOT THE PROBLEMS AND HAVE HAD LITTLE ISSUES SINCE. THE POTW CONTINUES TO GET AWARDS FOR THEIR HISTORY OF NO VIOLATIONS.

I SAW NOTHING OF CONCERN WHILE ONSITE AND I BELIEVE THE PLANT WILL CONTINUE TO BE RUN FOR THE NEAR FUTURE VERY WELL (BOTH RANDY AND BRUCE PLAN TO RETIRE IN 2021).


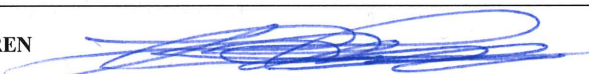
SECTION 4: FOLLOW-UP (CHECK ALL THAT APPLY)

TYPE	DETAIL	RESP. PERSON	SCHEDULE	DONE
<input type="checkbox"/> CONDUCT CLASS II	_____	_____	_____	_____
<input type="checkbox"/> LAB ACCRED MANUAL	_____	_____	_____	_____
<input type="checkbox"/> RE-INSPECT	_____	_____	_____	_____
<input type="checkbox"/> RE-OPEN PERMIT	_____	_____	_____	_____
<input type="checkbox"/> SEND APPLICATION	_____	_____	_____	_____
<input type="checkbox"/> TECH ASSIST-REGULAR	_____	_____	_____	_____
<input type="checkbox"/> TECH ASSIST-OUTREACH	_____	_____	_____	_____
<input type="checkbox"/> MOD PERMIT AT RENEWAL	_____	_____	_____	_____
<input type="checkbox"/> FACILITY ACTION	_____	_____	_____	_____
<input type="checkbox"/> ENFORCEMENT (WARN LET	_____	_____	_____	_____
NOV, ORDER, PENALTY)	_____	_____	_____	_____
<input type="checkbox"/> OTHER (SPECIFY)	_____	_____	_____	_____

SECTION 5: ACTIVITIES (CHECK ALL THAT APPLY)

DESCRIPTION	DATE COMPLETED	TRACKING NUMBER
<input type="checkbox"/> DATA RECEIVED FROM LAB	_____	_____
<input type="checkbox"/> DRAFT INSPECTION REPORT COMPLETED	_____	_____
<input type="checkbox"/> FINAL INSPECTION REPORT COMPLETED	_____	_____
<input type="checkbox"/> FINAL INSPECTION RPT RCD FROM EILS	_____	_____
<input type="checkbox"/> FORM 3506 SENT TO EPA	_____	_____
<input type="checkbox"/> INSPECTION REPORT REVIEWED	_____	_____
<input type="checkbox"/> SAMPLES TO LAB	_____	_____
<input type="checkbox"/> OTHER	_____	_____

SECTION 6: SIGNATURES

NAME (PRINT)	SIGNATURE	DATE	AGENCY/PH#
INSPECTOR 1 DAN FERGUSON		06/01/18	509-457-7108
INSPECTOR 2			
REVIEWER ERIK VAN DOREN		6/11/18	509-457-7119