

Division of Environment
Northwest District Office
2301 E. 13th Street
Hays, Kansas 67601-2651



Phone: 785-261-6100
Fax: 785-625-4005
KDHE.NWDOADMIN@KS.GOV
www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

April 20, 2022

PAWNEE ROCK, CITY OF
c/o City Clerk
508 Centre St
PAWNEE ROCK, KS 67657

RE: Kansas Water Pollution Control
Permit No. M-UA32-NO02

Dear Mayor and City Council:

Thank you for your participation in the routine compliance inspection of your facility conducted on April 13, 2022. These inspections and our overall review of data and documentation provided by your facility help us determine overall compliance with the permit listed above. Please read the attached inspection report carefully. It documents the items discussed onsite during the inspection, and provides additional guidance.

At the time of the inspection your facility was **In Compliance** with your permit.

Reminders

- KDHE recommends operators periodically review the facility's KWPC permit to remain familiar with all permit conditions.
- The KWPC permit requires you to report any wastewater bypass incidents, including collection system overflows, bypasses, spills, or any time wastewater not receiving full treatment is discharged to KDHE within 24 hours with a written report required within 5 days. An Incident Report Form is available at <https://www.kdhe.ks.gov/1056/Technical-Services> under Wastewater Permit Application Forms & Related Information, then Incident Reporting.
- Please continue to encourage your operations and collection system personnel to attend operator training courses and seminars that are held at various locations throughout the state. The updated training calendar is located at <https://www.kdhe.ks.gov/638/Water-Wastewater-Operator-Certification> under Water/Wastewater Operator Training Information.

If you have any questions, comments, or concerns about this letter or any operation or maintenance issues in the future, please contact me at 785-261-6114 or Darrell.Shippy@ks.gov.

Sincerely,

A handwritten signature in black ink that reads "Darrell Shippy". The signature is written in a cursive style with a long horizontal flourish at the bottom.

Northwest District Office
Bureau of Environmental Field Services

PAWNEE ROCK, CITY OF : ERMG-1CZS-P5Z

WW - Wastewater Lagoon Inspection Form

Inspector: Darrell Shippy

Start Date: 04/20/2022 Completed Date: 04/20/2022

General Information																									
1. Facility Name:	PAWNEE ROCK, CITY OF																								
2. Facility Address:	UNKNOWN, PAWNEE ROCK, KS 67657																								
3. Primary Mailing Address:	508 Centre St, PAWNEE ROCK, KS 67657																								
4. Design Capacity:	24,200 gpd																								
5. Current Population:	310																								
6. KDHE Representative:	Darrell Shippy																								
7. KWPC Permit No.	KSJ000631																								
8. Inspection Date:	04/13/2022																								
9. Previous Inspection Date:	07/07/2022																								
10. Is there a schedule of compliance in the permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																								
11. Is there an enforcement order against the permittee for this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																								
12. Were samples collected, and/or split with the facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																								
Contacts Information																									
1. Contacts / Responsible Staff / Certified Operators information																									
<table border="1"> <thead> <tr> <th>Name</th> <th>Present</th> <th>Title</th> <th>Certification Level</th> <th>Email Address</th> <th>Telephone No.</th> </tr> </thead> <tbody> <tr> <td>Charles Suchy</td> <td>X</td> <td>Contract Operator</td> <td>Class 4</td> <td>pawneerock@gbta.net</td> <td>620-282-0629</td> </tr> <tr> <td>Terry Mead</td> <td>X</td> <td>Mayor</td> <td>None</td> <td></td> <td>620-982-7068</td> </tr> <tr> <td>John Thomas</td> <td>X</td> <td>Operator</td> <td>OIT</td> <td></td> <td></td> </tr> </tbody> </table>	Name	Present	Title	Certification Level	Email Address	Telephone No.	Charles Suchy	X	Contract Operator	Class 4	pawneerock@gbta.net	620-282-0629	Terry Mead	X	Mayor	None		620-982-7068	John Thomas	X	Operator	OIT			
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John Thomas	X	Operator	OIT																						
2. Does the level of staff certification comply with K.A.R. 28-16-36?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																								
Facility Information																									
1. Briefly describe the operation and condition of the facility. The facility consists of a three cell waste stabilization pond system located on the northeast side of town. Primary cell 1 (west cell) and secondary cell (middle cell) both contained 5-6' of dark green water with good wave action. The final cell was dry. Facility was well mowed and maintained.																									
2. Is the facility description in the permit accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																								
3. Describe any significant changes, additions, or improvements to the facility since the last inspection. None known																									

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Facility Information

4. Is facility proposing any modifications? Yes No NA

Considering tying the lift station into the new telemetry system.

5. Have there been any citizen complaints since the last inspection? Yes No NA

6. Is this a non-discharge facility? Yes No NA

Influent/ Effluent

1. Any significant changes in the influent? Yes No NA

2. Any high strength or problem influents to the treatment system? Yes No NA

3. Does this facility accept other types of hauled in wastewater? Yes No NA

4. Has the facility had any upsets or surge loading in recent past (1-2 years)? Yes No NA

5. Is treated effluent used for irrigation? Yes No NA

9. Is treated effluent used other than for irrigation? Yes No NA

10. Indicate user and location(s) of reuse:

11. Is the treated wastewater disinfected prior to re-use? Yes No NA

12. If effluent flows to a stream, describe any negative effects on the receiving stream.

Sampling

1. Are samples collected in an appropriate location(s) using the proper sampling procedures to meet permit requirements? Yes No NA

2. Is the laboratory used, KDHE-certified for the permit required parameters? Yes No NA

3. Who collects Samples:

4. Lab Name:

Reporting and Recordkeeping

1. Is a copy of the KWPC Permit available onsite or at a nearby office? Yes No NA

1a. Location:
City Hall

2. Have all Discharge Monitoring Reports been submitted to KDHE? Yes No NA

3. Is facility using eDMR Yes No NA

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Reporting and Recordkeeping

4. Are Discharge Monitoring Reports available on site for three (3) years, or at a nearby office? Yes No NA

4a. Location of DMRs:

5. Are analytical results and appropriate records maintained by permittee for three (3) years? Yes No NA

5a. Location:

6. Has the facility exceeded permit discharge limits since the previous inspection? Yes No NA

7. Are there other permit violations since the previous inspection? Yes No NA

503 Sludge Program

KDHE, using provisions previously agreed upon with EPA, has produced a reduced 503 sludge reporting form for 503 sludge removal from lagoons.

Incident Reporting History

1. Are incidents reported according to permit requirements? Yes No NA

2. Since the last inspection how many incidents (bypasses) have been reported at the following locations:

Location	Incidents Count
Treatment Facilities	0
Lift Stations	0
Collection System	0
Private Service Lines	0

Backup Power and Emergency Procedures

1. Are backup power sources available for the treatment facility? Yes No NA

1a. Are backup power sources available for the lift stations? Yes No NA

2. Describe the frequency of exercise and maintenance of backup power sources. Weekly

3. Are maintenance records for backup power supplies available? Yes No NA

4. Are there emergency procedures in the event of a power failure, equipment break down, etc...? Yes No NA

Lagoon Operation and Maintenance

1. Total number of cells available: 2

two plus a holding pond

2. Total number of cells in use: 2

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Lagoon Operation and Maintenance

3. Lagoon Details:

Cell I.D.	Order / Use (First, Second, Final etc...)	Discharge To Outfall	Number of Aeration Units	Sludge Measurement (Year)	Sludge Measurement (Excessive)	Last Year Desludged
Cell 1	Primary					
Cell 2	Secondary					
Holding Pond						



Photo Taken: 4/13/2022 10:12:59 AM
Primary Cell 1, looking northwest



Photo Taken: 4/13/2022 10:13:33 AM
Secondary Cell 2, Looking northeast

4. Describe the watercolor and wave action: Dark Green with good wave action
5. Are there multiple draw-off points? Yes No NA
6. Are the fence, gate(s), and warning signs sufficient and maintained? Yes No NA

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Lagoon Operation and Maintenance

7. Is erosion of dike(s) controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Rock rip-rap on the first two cells	
8. Is animal burrowing on dike(s) controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9. Is there sufficient grass cover on dikes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
10. Is grass mowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Is plant / tree growth controlled within the fence of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12. Is seepage through the lagoon dikes controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
13. Are aquatic weeds / buildup of scum controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
14. Is the insect population minimal and controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
15. Are depth gauges maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
16. Is there a minimum of three (3) feet of water depth?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
17. Is the influent structure properly distributing influent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
18. Is there a minimum of three (3) feet of freeboard in the lagoon(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
19. Is the effluent structure properly maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
20. Is there evidence of short-circuiting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21. Are there nuisance odor conditions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

Lift Stations Operation and Maintenance


1. Total number of lift stations:	1
2. Number of lift stations inspected:	1
3. Describe lift station inspection and maintenance schedule(s):	Checked daily
4. Describe alarm and monitoring systems:	Red light, audible alarm, telemetry
5. Are all pumps operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6. Are maintenance and pumping volume records maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. Is forced-air ventilation needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

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Lift Stations Operation and Maintenance	
8. Is there excessive leakage from pumps or piping?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
9. Is there excessive grease build-up in the wet well?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
10. What methods are used to control grease buildup in the wet well?	N/A
11. Do any lift stations have a history of incidents or other mechanical problems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
12. Does the facility have appropriate security measures in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Collection System	
1. Describe the operation and condition of the collection system. Include the sewer maintenance and repair activities since the last inspection, i.e. including the use of outside contractors: Reported as being in satisfactory condition. The city of Great Bend assisted the city with the cleaning of the lift station last year.	
2. Is there a significant inflow or infiltration problem?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Compliance and Recommendations	
1. Is the facility in full compliance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. Are there Operation & Maintenance (O&M) issues that must be addressed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
3. Are there recommended actions to mitigate future operational or compliance issues?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
4. Comments	
Review	
1. Report Prepared and Submitted By:	Darrell Shippy
1a. Date	04/20/2022
1b. Signature	
1c. Title	Environmental Compliance and Regulatory Specialist
2. Approved By:	

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Review
2a. Date
2b. Signature
2c. Title

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Violation List

No Violations Found