NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Region 7615 Erie Boulevard West, Syracuse, NY 13204-2400
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November 30, 2017

Hon. Carolyn Price, Supervisor Town of Windsor 124 Main Street Windsor, NY 13865

Re: West Windsor Sewer District

Dear Supervisor Price:

On November 17, 2017, Department staff inspected the West Windsor Sewer District Sewage Treatment Plant. The plant appeared to be operating well. During the inspection, we noted the following items.

- The operator noted that the equalization tank had been taken down over the summer for cleaning, inspection and repairs. The Department concurs that this is a good preventive maintenance step to take. If possible, the SBRs should be taken down next summer on an individual basis for cleaning, inspection, and any necessary repairs.
- The operator stated that the rollers in one of the drum filters was recently replaced.
- The plant reported an effluent phosphorus violation in August. Otherwise, the submitted reports indicate that the plant has been in compliance with the SPDES permit limits.
- The operator noted that he is using a portable solids meter instead of the meter mounted in the SBR tanks for process control purposes. The meter in the tanks has not been recording solids concentrations correctly.
- The treatment plant effluent appeared clear.

The Department's inspection report form is attached. Please contact this office should there be any questions.

Sincerely,

Sandra Lizlovs, PE Professional Engineer I

cc: D. Sherwood



Facility Contact:

Items

MUNICIPAL/PCI WASTEWATER FACILITY INSPECTION REPORT

Inspection Type: Comprehensive

SPDES Number: NY0262676 Facility Name: WEST WINDSOR WASTEWATER TREATMENT PLANT

County: BROOME DEC Region:7 Date: 11/17/2017 Time: 10:00 AM

Fac. Insp. Rep.: Don Sherwood

DEC ID: 7 0350 00089

Inspector: LIZLOVS, SANDRA M Joint w/EPA: ☐ Sample Taken: ☐

Inspection Purpose: annual inspection Weather Conditions: sunny, cold, windy

Summary Rating: SATISFACTORY Completed Inspection:

Add. Info. Attchd:

Comments (Note units out of operation / **Items** Rating outstanding operation, etc.) GENERAL Buildings/Grounds/HousekeepingSATISFACTORY Flow Metering SATISFACTORY ultrasonic meter on inf parshall calibrated 8/16/2017 Stand-by Power SATISFACTORY Back up generated present. SATISFACTORY plant connected to SCADA system. Alarm Systems Odors/Odor Control SATISFACTORY None noted Influent Impact On Operations SATISFACTORY Preventative Maintenance SATISFACTORY Equipment is maintained. Cleaned EQ tank recently. Other: PRELIMINARY/PRIMARY Influent Pumps SATISFACTORY Bar Screen/Comminutor SATISFACTORY Manual screen present. Screen has been raked. Disposal Of Grit/Screenings SATISFACTORY County Landfill Grit Removal SATISFACTORY Manually cleaned channel present. INOT Settling Tanks APPLICABLE INOT Scum/Sludge Removal APPLICABLE INOT Effluent APPLICABLE Other: Equalization SATISFACTORY Tank cleaned recently. Removed a lot of grit. Air ok. SECONDARY/TERTIARY 1. Sequential Batch Reactor SATISFACTORY Some scum on tank, effluent clear, good aeration 2. Phosphorus Removal SATISFACTORY Using alum, had violation in Aug, otherwise working well. 3. Other-Specify SATISFACTORY Drum filter rollers replaced. 4. Post Aeration SATISFACTORY Good aeration pattern. Plant meeting limits. 6. **EFFLUENT** Disinfection SATISFACTORY One UV bank on. SATISFACTORY Clear. No solids or scum seen. Plant has been meeting Effluent Condition limits Part 1 (Continued)

Rating

Comments (Note units out of operation /

		outstanding operation, etc.)
Receiving Water Condition	NOT INSPECTED	
Other :		
SLUDGE HANDLING/DISPOSA	L	
Digesters	SATISFACTORY	one tank full, one empty. Air ok.
Sludge Pumps	SATISFACTORY	Airlifts appear to work well. Pump to reed beds not on.
Sludge Dewatering	SATISFACTORY	Reed beds - have not yet been emptied.
Sludge Handling/Disposal	NOT RATED	Have not had to dispose of sludge yet.
Other:		
Signature of Inspector:	Lyh	Date: November 30, 2017

MUNICIPAL/PCI WASTEWATER FACILITY INSPECTION REPORT

Inspection Type: Comprehensive

SPDES Number: NY0262676 Facility Name: WEST WINDSOR WASTEWATER TREATMENT PLANT

Inspection Date: 11/17/2017 DEC ID: 7 0350 00089

A. Collection System			
(1) 100 % Separate 0 % Combined			
(2) Did sewer overflows occur upstream of the plant in the past year?	Yes	No	○ N/A
(3) Reason for overflow(s):			
(4) Was overflow sewage chlorinated?	O Yes	O No	● N/A
(5) Were there any unpermitted overflows/bypasses?	Yes	No	O N/A
(6) Were appropriate agencies notified promptly, when required, of each overflow?	O Yes	O No	● N/A
(7) Is the capability for bypass designed into the plant?	O Yes	No	O N/A
If so, list units which can be bypassed.			
Describe standard operating procedures.			
(8) Does sewage by-pass the plant?	O Yes	No	
Define conditions under which bypass occurs (e.g., what flow):			
Bypass frequency(times per year)			
Average duration of by-pass (hours)			

(9) Infiltration/Inflow problems, e.g., is sewerage ordinance enforce with respect to illegal stormwater connections? Explain as needed (include reference to corrective action, or lack the			Yes	O No	O N/A
Town has proactively removed inflow sources.	<u> </u>				
(10) Is there a BMP/Wet Weather Operations Plan?			○ Yes	O No	• N/A
(11) Number of pump stations in system 5					
Number inspected this inspection 0					
Comments (consider access, ventilation, lighting, emergency power,	, safety,	etc.):			
B. Industrial Waste					
(1) Are industrial waste loadings causing problems at this facility?	O Yes	No	○ N/A		
Explain as needed (describe nature of problem and extent and adequacy of measures to address the problem):					
ladequacy of mediaties to dudiess the problem).				1	
(2) Is there a sewer use ordinance?	Yes	O No	O N/A	-	
Date: Based on Model:					
Is it being enforced to control industrial waste?	Yes	O No	N/A		
(3) Does this facility accept septage?	O Yes	No	○ N/A		
How much?					
How is it introduced?				1	
C. Laboratory Informa	tion				
(1) Is the permittee using an ELAP certified laboratory?			YesN/A	O No)
Details:			11/7		
(2) Is a commercial laboratory used?			Yes	O No	0
Lab Name: Microbac			N/A		
Lab Address:					

(3) Pertaining to SPDES Self-Monitoring:

(a) Does the permittee have a written sampling plan?	Yes N/A	O No	
(a,2) If yes, are they following their plan?	Yes N/A	O No	
(b) Is testing done for all parameters at the required frequency and punctually reported?	• Yes N/A	O No	
(c) Do sampling techniques meet requirements and intent of the permit?	Yes N/A	O No	
(d) Are EPA-approved procedures used?	Yes N/A	O No	
(e) Is calibration and maintenance of instrumentation and equipment satisfactory?	Yes N/A	O No	
(f) Is quality control used? (Spiked/duplicate samples)	Yes N/A	O No	•
(g) Should sampling frequencies/types be modified?	Yes N/A	No	
If yes, please explain:			
(h) Are lab records satisfactory?	N/A		
(i) Is a minimum of 3 years data kept?	Yes N/A	O No	
(4) Pertaining to Process Control:	,		
(a) Is testing performed for all necessary parameters?	Yes N/A	O No	
(b) Is testing performed at necessary frequencies?	Yes N/A		
(c) Are the procedures technically sound?	Yes N/A		
(d) Is sampling adequate?	Yes N/A	O No	
Activated Sludge Facility: (e) Does the facility operator test for the following:	·		
MLSS?	Yes N/A	O No	
Dissolved Oxygen?	Yes N/A	O No	
Settleability?	Yes N/A	O No	
Microscopic Analysis of Sludge?	Yes N/A	No	
Final Clarifier Sludge Blanket Depth?	Yes N/A	O No	•
Process Control "Target Values"?	Yes N/A	O No	

(f) Does the facility operator calculate the following process control parar	neters:			
MCRT?		○ Y	es 💿	No
		N/A		_
Sludge Age?		O Yo N/A	es 💿	No
(g) Is the testing applied towards process control adjustments?		● Yo N/A	es 🔍	No
(h) What approach (if any) is used to determine changes in:				
Sludge Age?				
Waste Sludge Flow? constant MLSS				
5. Was laboratory information used to prepare the DMR and Monthly Operating Report properly?		● Yo N/A	es O	No
6. Explanation as needed for any of the above:				
MLSS 1700 and 2200 mg/l. Targeting 2500 for winter operation. Using por as SCADA system meter is broken. 30 min sett 380. Sludge blanket during feet.				
D. Personnel Information				
1. Is staffing and training adequate? (Consider all aspects, including management/supervision, operations, laboratory, maintenance, safety, availability of training, development of staff, etc.)	Yes	○ No	O N/A	
2. Certified Operators:				
Chief Operator:				
Name: Don Sherwood				
Certificate Number: 13101				
Grade: 3A				
Renewal Date: 02/01/2021				
Assistant Operator				
Name:				
Certificate Number:				
Grade: Renewal Date:				
		0	O	
3. Is operational staff certified at the appropriate level(s)?	Yes	O No	○ N/A	
Explain if needed:				
Explain in needed.				
4. Do facility operators have renewal certification and/or training records?	Yes	○ No	○ N/A	
4. Do facility operators have renewal certification and/or training records?5. Plant Classification:	Yes	○ No	○ N/A	
4. Do facility operators have renewal certification and/or training records?	• Yes	O No	○ N/A	

E. Additional Information 1. Is treatment facility properly operated and maintained? Yes No N/A Details: 2. Check Adequate/Inadequate as appropriate: (a) Preventative maintenance schedules exist and are followed? Inadequate Adequate \bigcirc N/A (b) Records are kept of maintenance, repairs and replacement? Adequate Inadequate \bigcirc N/A (c) Spare parts inventory is maintained? Adequate Inadequate O N/A (d) O&M Manual exists and is available? Adequate Inadequate \bigcirc N/A (e) O&M Manual kept up-to-date? Adequate Inadequate O N/A (f) As-built plans and specifications exist and are available? Adequate Inadequate \bigcirc N/A (g) Manufacturers' O&M specifications exist and are available? Adequate Inadequate \bigcirc N/A (h) Other records kept as needed (e.g., flow recorder charts)? Adequate Inadequate \bigcirc N/A (i) Alarm system for power or equipment failures Adequate Inadequate \bigcirc N/A is properly maintained and tested? (j) Standby power system exists and is routinely tested? Adequate Inadequate O N/A 3. Current copy of Part I and Part II of SPDES Permit on premises? • Yes No N/A 4. Has facility been subject of complaints (odors, other)? ○ Yes ○ No ○ N/A If yes, describe: ○ Yes ○ No ● 5. Is sludge disposal satisfactory and are required permits in force? N/A (a) Name and location of sludge disposal site. And/or name and permit number of scavenger: ○ Yes ○ No ● (b) Is there an alternate sludge disposal site or contingency plan? N/A If yes, please describe: Sludge solids are in reed beds. Beds have not been cleaned out yet. 6. Does facility have effective administrative structure and adequate financial Yes No. systems N/A (e.g., Repair Reserve Fund, Uniform Accounting System)? 7. Is progress on compliance schedule(s) (e.g., Upgrading, CSO, Pretreatment) ○ Yes ○ No ● satisfactory? N/A 8. Explanation as needed for any of the above: **Inspector Comments**

Additional information attached?	Yes No	
Sampling was for:		
Conventional Toxic Other		
Grab samples obtained?	○ Yes ● No	
Composite obtained?	Yes No	
Flow proportioned sample?	○ Yes ● No	
Automatic sampler used?	Yes No	
Sample split with permittee?	Yes No	
Chain of custody employed?	Yes No	
Sample obtained from facility sampling device?	○ Yes ● No	
Compositing Frequency: Preservation:		
Sample refrigerated during compositing?	○ Yes ● No	
Sample representative of volume and nature of discharge?	○ Yes ● No	
<i>"</i>		
Signature of Inspector:		Date: Nov. 30, 2017

Plant appears to be operating well. Note that there was a phosphorus violation in August.

Otherwise, plant appears to be in compliance.