

Storm Water Industrial Routine Facility Inspection Report

General Information			
Facility Name	Lexington Wastewater Treatment Facility		
NPDES Tracking No.	NER920000 & ISW-202200873		
Date of Inspection	11/8/2024	Start/End Time	07:30 - 10:30
Inspector's Name(s)	Dana Crane		
Inspector's Title(s)	WWTW SUPERINTENDENT		
Inspector's Contact Information	(308) 324-3902		
Inspector's Qualifications			
Weather Information			
Weather at time of this inspection?			
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Temperature: 53°F			
Have any previously unidentified discharges of pollutants occurred since the last inspection?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, describe:			
Are there any discharges occurring at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe: <i>Minor leaks</i>			

Control Measures

- Number the structural storm water control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

#	General Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes <small>(identify needed maintenance and repairs, or any failed control measures that need replacement)</small>
1	Active Cells – Sediment and Trash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Active Land Application Areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Areas used of storage of waste and exposed to precipitation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Soil Stabilization Areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Leachate Collection and Treatment System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Southeast Outfall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Southwest Outfall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Entrance/exit of site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Used Oil Drop Off	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Areas of Industrial Materials Or Activities Exposed To Storm Water

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Sludge Application Vehicles	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-storm water/ illicit connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA
9	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

'Non-Compliance

Describe any incidents of non-compliance observed and not described above

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all Appendix s were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: [Signature]

Signature: [Signature] Date: [Signature]

NDEE Industrial Storm Water General Permit - Attachment 4 Storm Event Monitoring Report (ISW-SEMR)

This form is not required but is recommended by NDEE for reporting and recordkeeping (see Part 7 of the permit for more information).

Facility Information

Permittee: <u>Lexington WWT</u>	Permit ID: <u>422 92000</u>
Contact Name: <u>Tom Giese</u>	Title: <u>WWT Superintendent</u>
Phone: <u>(308) 324-3902</u>	Email: <u>tgiese@cityoflex.com</u>

ISW-SEMR Preparer

Complete only if form was prepared by someone other than the person signing the certification statement.

Prepared by:	Title:
Organization (if different than permittee):	
Phone:	Email:

Discharge Information

Identify Monitoring Period: <input type="checkbox"/> Quarter 1 (January 1 – March 31) <input type="checkbox"/> Quarter 2 (April 1 – June 30) <input type="checkbox"/> Quarter 3 (July 1 – September 30) <input checked="" type="checkbox"/> Quarter 4 (October 1- December 31)	<input type="checkbox"/> Check here if proposing alternative monitoring period due to semi-arid climate, or freezing conditions: <input type="checkbox"/> Quarter 1: From ___/___ To ___/___ <input type="checkbox"/> Quarter 2: From ___/___ To ___/___ <input type="checkbox"/> Quarter 3: From ___/___ To ___/___ <input type="checkbox"/> Quarter 4: From ___/___ To ___/___
Are you required to monitor for any hardness dependent metals (cadmium, chromium, lead, nickel, silver, zinc, see Part 8 of permit for requirements)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If so, what is the hardness of the receiving water? _____ mg/L

Outfall Information

Reference attachment if additional space is needed to complete the table below.

How many outfalls are identified in the SWPPP? 2

List the identification code (ex. SW-001) for each outfall in the table below.

Do any of the outfalls discharge substantially identical effluents? Yes No

If yes, indicate substantially identical outfalls in the table below.

A. Monitoring Outfall Name	B. Substantially Identical Outfalls (to column A)	C. Discharge?
<u>South West</u>	<u>South West</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Monitoring Information

Nature of discharge: Rainfall Snowmelt

If rainfall event, complete:
 Duration of Rain Event (hours): 7
 Rainfall amount (inches): 1.8"
 Time since previous measurable storm event (days): 9

Outfall Name	Monitoring Type*	Parameter	Quantity or Concentration	Units	Results	Collection Date	Exceedance due to exceptions listed in Part 3.2.6 (list exception)
1	I	pH	Conc	SM	7.3	11/10/2024	NA
1	I	TSS	Conc	mg/L	128	11/10/2024	1
1	I	CO ₂	Conc	mg/L	24	11/10/2024	1

*See Part 6.2 of the permit for monitoring type descriptions: Indicator, Benchmark, Effluent Limitations, Impaired Waters, Other as required by NDEE.

Certification

I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Certifying Official or Authorized Representative, per Title 119, Chapter 13, or SWPPP contact provided on NOI

Name/Title: John Cozart SWPPP Supervisor

Signature: [Signature]

Date: 11/10/2024