



December 8, 2021

Sunrise Farms  
Ken Elder  
2060 White Avenue  
Harris, IA 51345

SUBJECT: Wastewater Treatment Facility Inspection  
NPDES Permit #7200802

Dear Mr. Elder:

Attached is a copy of the report resulting from the wastewater treatment facility inspection on December 6, 2021. Your attention is directed to the summary portion of the report.

If you have any questions, or feel this report does not represent the conditions at your facility, please call me at 712-262-4177.

Sincerely,

A handwritten signature in black ink that reads "Jacob Simonsen". The signature is written in a cursive, flowing style.

Jacob Simonsen, Environmental Specialist  
jacob.simonsen@dnr.iowa.gov  
Field Services and Compliance Bureau

JS:lw

c: -5<sup>th</sup> Floor Records Center, DNR, Wallace Building, Des Moines

enc: Inspection Report

ww21/72su1208-ins.docx

Iowa Department of Natural Resources  
Wastewater Treatment Facility Inspection Form

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FACILITY INFORMATION

Facility:	Name: <u>Sunrise Farms</u>	Plant Grade: <u>n/a</u>
Responsible Operator:	Responsible Authority/Owner: <u>Sunrise Farms</u>	
	Address: <u>2060 White Ave.</u>	Phone: <u>712-735-6010</u>
	City: <u>Harris</u>	State: <u>IA</u> Zip: <u>51245</u>
General Description:	Name: <u>Ken Elder</u> Grade: <u>n/a</u> Certification Number: <u>n/a</u>	
	<b>Sunrise Farms operates an egg laying and breaking operation. Wastewater from this facility is stored in a five-cell waste stabilization lagoon which consists of two aerated cells with synthetic liners and three earthen cells. All wastewater is disposed of by irrigation to the surrounding cropland. The domestic waste from this facility is handled by an on-site septic system.</b>	
Design Capacity:	Average MGD: <u>No data</u>	Maximum MGD: <u>No data</u>
Now Treating:	Pounds BOD/Day: <u>No data</u>	PE (BOD): <u>No data</u>
	Average MGD: <u>No data</u>	Maximum MGD: <u>No data</u>
	Pounds BOD/Day: <u>No data</u>	PE (BOD): <u>No data</u>
Receiving Stream:	Period Reviewed: <u>Land application</u>	Population Served: <u>n/a</u>
	<u>n/a – land application</u>	

INSPECTION INFORMATION

Inspection:	Date and Time of Inspection: <u>12/6/21</u>	Purpose: <u>Routine inspection</u>
Persons Interviewed:	Date of Last Inspection: <u>16/1/17</u>	
	Name: <u>Ken Elder</u>	Title: <u>Manager of Complex Facilities</u>

NPDES PERMIT COMPLIANCE SUMMARY

Self-Monitoring: Effluent Limitations: Samples this Inspection:	Operation Reports Submitted: X Sat. <input type="checkbox"/> Marg.* <input type="checkbox"/> Unsat.*	Required Data on Reports: X Sat. <input type="checkbox"/> Marg.* <input type="checkbox"/> Unsat.*	Testing Adequacy: X Sat. <input type="checkbox"/> Marg.* <input type="checkbox"/> Unsat.*
	Self-Monitoring Results: X Compliance <input type="checkbox"/> Infrequent Non-Compliance* <input type="checkbox"/> Significant Non Compliance*		
	Type: <u>none</u>	Lab Data Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Results: <input type="checkbox"/> Sat. <input type="checkbox"/> Marg.* <input type="checkbox"/> Unsat.*
	Visual Appearance of Effluent: <u>Land application</u>		
Compliance Schedule:	Visual Appearance of Receiving Stream: <u>Land application</u>		
	Compliance w/Schedule: <input type="checkbox"/> Sat. <input type="checkbox"/> Marg.* <input type="checkbox"/> Unsat.* X NA		
	Next Item Due: <u>n/a</u>		
	Date Due: <u>n/a</u>		

\* Additional details in the narrative report

AUTHENTICATION

Inspector:	Name: <u>Jacob Simonsen</u>	Date: <u>12/08/21</u>
Reviewer:	Name: <u>Tom Roos</u>	Date: <u>12/08/21</u>

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**FACILITY EVALUATION**

Were deficiencies noted or significant observations made during the inspection?

Yes = See Comments Section for details

No = No deficiencies or significant observations were noted

Lack of Entry = Item not applicable or not observed.

Item	Yes	No	Item	Yes	No
<b>1. Collection System</b>			<b>9. Sludge Handling and Disposal</b>		
a. Operation and Maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>
c. Dry Weather Capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>
d. Infiltration/Inflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
e. Bypass(es)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Final Disposal, Solids	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Lift Station(s) (Collection System)</b>			f. Final Disposal, Liquids	<input type="checkbox"/>	<input type="checkbox"/>
a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<b>10. Lagoon Structures</b>		
b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	a. Maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Reliability/Emergency Operation	<input type="checkbox"/>	<input type="checkbox"/>	c. Capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3. Industrial Waste Pre-Treatment</b>			d. Cell Configuration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Significant Industrial Users	<input type="checkbox"/>	<input type="checkbox"/>	e. Storage/Drawdown Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Waste Toxicity/ Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<b>11. Flow Measurement</b>		
c. Strength Reduction	<input type="checkbox"/>	<input type="checkbox"/>	a. Operation and Maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Effect on Treatment Plant	<input type="checkbox"/>	<input type="checkbox"/>	b. Capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4. Preliminary Treatment</b>			c. Continuity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	d. Location, Method/ Effectiveness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<b>12. Pumping</b>		
c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>	a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
d. Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Primary Treatment</b>			c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>
a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	d. Reliability/ Emergency Operation	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<b>13. Miscellaneous</b>		
c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>	a. Location	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Sludge/Scum Removal	<input type="checkbox"/>	<input type="checkbox"/>	b. Odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	c. Emergency Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6. Secondary Treatment</b>			d. Bypass(es)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	e. Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	f. Buildings & Grounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>	g. Lab Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Recirculation	<input type="checkbox"/>	<input type="checkbox"/>	h. Other	<input type="checkbox"/>	<input type="checkbox"/>
e. Freezing	<input type="checkbox"/>	<input type="checkbox"/>	<b>14. Staffing, Operator Certification</b>		
f. Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	a. Operator, Direct Responsibility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7. Final Settling</b>			b. Shift Operator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	c. General Staffing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<b>15. Supplementary</b>		
c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>	a. Permit Availability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	b. Operation Reports Availability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8. Supplementary Treatment</b>			c. Equipment Records Maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Operation and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	d. Previously Noted Deficiencies	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	e. Improvements	<input type="checkbox"/>	<input type="checkbox"/>
c. Capacity	<input type="checkbox"/>	<input type="checkbox"/>	f. Domestic/Industrial Growth	<input type="checkbox"/>	<input type="checkbox"/>
d. Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	g. Recommendations	<input type="checkbox"/>	<input type="checkbox"/>
			h. Required Actions	<input type="checkbox"/>	<input type="checkbox"/>

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NPDES Permit #: 7200802

Inspection Date: 12/6/21

**INTRODUCTION**

A compliance inspection was conducted at Sunrise Farms on December 6, 2021. The inspection involved a review of the facility records, discussions with the operators identified above, and a walk through of the facility. The purpose of the inspection was to determine the compliance status of the facility.

**NPDES PERMIT COMPLIANCE SUMMARY**

There have been no effluent violations because this facility land applies waste water. The annual report must be submitted by **January 15 each year**.

**FACILITY EVALUATION**

FLOW CALCULATION:

Influent flow to the lagoon is calculated by subtracting the cooling tower and domestic waste from the facility's total water usage.

The total volume that is land applied is calculated by multiplying the rated capacity of the pump by the time the pump is in operation. Calculations are done for each irrigator. The system is serviced yearly to ensure accurate calculations and function of the system.

LAGOON STRUCTURES:

During the previous inspection two surface aerators were not functioning. During this inspection all aerators were functioning properly and efficiently.

The lagoons were clear and the dikes appeared to be well maintained with an adequate amount of riprap on the inner berms of the lagoons to prevent erosion and burrowing animals. No aquatic or terrestrial vegetation was noted during the inspection. All gates and valves are exercised in the spring, summer, and fall to ensure proper function.

Overall, the facility appears to be well maintained.

**SUMMARY**

The facility was issued a new land application permit 3/1/20 and this permit expires 2/28/25. The permit requires that an annual report be submitted by January 15 to Field Office 3. Three locations are listed for the land application of wastewater in this permit:

Area B: ~247 acres in section 27

Area C: ~125 acres in section 33

Area D: ~146 acres in section 33

**REQUIREMENTS**

1. Conduct all monitoring required by the permit per the monitoring and reporting requirements of the permit and Subrule 567 IAC 64.3(1).