

**LOUISIANA**  
**MUNICIPAL WATER**  
**POLLUTION PREVENTION**  
**MWPP**



*Facility Name:*

Highway 22 Wastewater  
Treatment Facility

*LPDES Permit Number:*

LA0117676

*Agency Interest (AI) Number:*

43293

*Address:*

P. O. Box 628  
Covington, LA 70434

Highway 22 Regional Sewer Treatment  
Location: South side of Hwy 22, 1 mile East  
of Tchefuncte River, Madisonville, LA

*Parish:*

St. Tammany

*(Person Completing Form) Name:*

Eric Swarts

*Title:*

Department of Utilities  
Compliance Coordinator

*Date Completed:*

3/25/2026

# INSTRUCTIONS

1. Complete only the sections of the Environmental Audit which apply to your wastewater treatment system. Leave sections that do not apply blank and enter a "0" for the point value.
2. Parts 1 through 7 contain questions for which points may be generated. These points are intended to communicate to the department and the governing body or owner what actions will be necessary to prevent effluent violations. Place the point totals from parts 1 through 7 on the Point Calculation page.
3. Add up the point totals.
4. Submit the Environmental Audit to the governing body or owner for review and approval.
5. The governing body must pass a resolution which contains the following items:
  - a. The resolution or letter must acknowledge the governing body or owner has reviewed the Environmental Audit.
  - b. This resolution must indicate specific actions, if any, will be taken to maintain compliance and prevent effluent violations. Proposed actions should address the parts where maximum or close to maximum points were generated in the Environmental Audit.
  - c. The resolution should provide any other information the governing body deems appropriate.

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PART 1: INFLUENT FLOW/LOADINGS (all plants)

A. List the average monthly volumetric flows and BOD loadings received at your facility during the last reporting year.

| Column 1<br>Average Monthly<br>Flow (million gallons<br>per day, MGD) |   | Column 2<br>Average Monthly<br>BOD5 Concentration<br>(mg/l) |          | Column 3<br>Average Monthly<br>BOD5 Loading<br>(pounds per day, lb/day) |
|-----------------------------------------------------------------------|---|-------------------------------------------------------------|----------|-------------------------------------------------------------------------|
| 0.23                                                                  | x | 390                                                         | x 8.34 = | 748.10                                                                  |
| 0.22                                                                  | x | 179                                                         | x 8.34 = | 320.96                                                                  |
| 0.21                                                                  | x | 169                                                         | x 8.34 = | 291.76                                                                  |
| 0.20                                                                  | x | 191                                                         | x 8.34 = | 320.18                                                                  |
| 0.21                                                                  | x | 141                                                         | x 8.34 = | 245.77                                                                  |
| 0.20                                                                  | x | 164                                                         | x 8.34 = | 272.18                                                                  |
| 0.20                                                                  | x | 69                                                          | x 8.34 = | 113.94                                                                  |
| 0.22                                                                  | x | 147                                                         | x 8.34 = | 268.49                                                                  |
| 0.20                                                                  | x | 114                                                         | x 8.34 = | 186.35                                                                  |
| 0.20                                                                  | x | 144                                                         | x 8.34 = | 240.19                                                                  |
| 0.18                                                                  | x | 241                                                         | x 8.34 = | 365.81                                                                  |
| 0.21                                                                  | x | 245                                                         | x 8.34 = | 425.01                                                                  |

BOD loading = Average Monthly Flow (in MGD) x Average Monthly BOD concentration (in mg/l) x 8.34

B. List the design flow and design BOD loading for your facility in the blanks below. If you are not aware of these design quantities, refer to your Operation and Maintenance (O&M) Manual or contact your consulting engineer.

|                     |      |          |      |
|---------------------|------|----------|------|
| Design Flow, MGD:   | 0.5  | x 0.90 = | 0.45 |
| Design BOD, lb/day: | 1043 | x 0.90 = | 938  |

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- C. How many months did the monthly flow (Column 1) to the wastewater treatment facility (WWTF) exceed 90% of design flow? Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

|        |              |   |   |   |   |   |   |   |   |   |    |    |    |
|--------|--------------|---|---|---|---|---|---|---|---|---|----|----|----|
| months | <div>0</div> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| points | <div>0</div> | 0 | 0 | 0 | 0 | 5 | 5 | 5 | 5 | 5 | 5  | 5  | 5  |

Write 0 or 5 in the C point total box 

0

 C Point Total

- D. How many months did the monthly flow (Column 1) to the WWTF exceed the design flow? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

|        |              |   |   |    |    |    |    |    |    |    |    |    |    |
|--------|--------------|---|---|----|----|----|----|----|----|----|----|----|----|
| months | <div>0</div> | 1 | 2 | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | <div>0</div> | 5 | 5 | 10 | 10 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |

Write 0, 5, 10 or 15 in the D point total box 

0

 D Point Total

- E. How many months did the monthly BOD loading (Column 3) to the WWTF exceed 90% of the design loading? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

|        |              |   |   |   |   |    |    |    |    |    |    |    |    |
|--------|--------------|---|---|---|---|----|----|----|----|----|----|----|----|
| months | <div>0</div> | 1 | 2 | 3 | 4 | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | <div>0</div> | 0 | 5 | 5 | 5 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

Write 0, 5, or 10 in the E point total box 

0

 E Point Total

- F. How many months did the monthly BOD loading (Column 3) to the WWTF exceed the design loading? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

|        |              |    |    |    |    |    |    |    |    |    |    |    |    |
|--------|--------------|----|----|----|----|----|----|----|----|----|----|----|----|
| months | <div>0</div> | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | <div>0</div> | 10 | 20 | 30 | 40 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 |

Write 0, 10, 20, 30, 40 or 50 in the F point total box 

0

 F Point Total

- G. Add together each point total for C through F and place this sum in the box below at the right.

TOTAL POINT VALUE FOR PART 1: 

0

 (max = 80)

Also enter this value or 80, whichever is less, on the point calculation table on page 16.

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PART 2: EFFLUENT QUALITY / PLANT PERFORMANCE

A. List the monthly average effluent BOD and TSS concentrations produced by your facility during the last reporting year.

| Month     | Column 1<br>Average Monthly<br>BOD (mg/l) | Column 2<br>Average Monthly<br>TSS (mg/l) |
|-----------|-------------------------------------------|-------------------------------------------|
| January   | 4                                         | 13                                        |
| February  | 7                                         | 4                                         |
| March     | 2                                         | 12                                        |
| April     | 7                                         | 10                                        |
| May       | 4                                         | 9                                         |
| June      | 3                                         | 14                                        |
| July      | 5                                         | 20                                        |
| August    | 3                                         | 2                                         |
| September | 3                                         | 10                                        |
| October   | 5                                         | 13                                        |
| November  | 2                                         | 1                                         |
| December  | 7                                         | 20                                        |

B. List the monthly average permit limits for your facility in the blanks below.

|           | Permit Limit |          | 90% of<br>Permit Limit |
|-----------|--------------|----------|------------------------|
| BOD, mg/l | 10           | x 0.90 = | 9                      |
| TSS, mg/l | 15           | x 0.90 = | 13.5                   |

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C. Continuous Discharge to Surface Water.

- i. How many months did the effluent BOD (Column 1) exceed 90% of the permit limits? Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

|        |   |   |    |    |    |    |    |    |    |    |    |    |    |
|--------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| months | 0 | 1 | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | 0 | 0 | 10 | 20 | 30 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |

Write 0, 10, 20, 30 or 40 in the i point total box 0 i Point Total

- ii. How many months did the effluent BOD (Column 1) exceed permit limits? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

|        |   |   |   |    |    |    |    |    |    |    |    |    |    |
|--------|---|---|---|----|----|----|----|----|----|----|----|----|----|
| months | 0 | 1 | 2 | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | 0 | 5 | 5 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

Write 0, 5, or 10 in the ii point total box 0 ii Point Total

- iii. How many months did the effluent TSS (Column 2) exceed 90% of the permit limits? Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

|        |   |   |    |    |    |    |    |    |    |    |    |    |    |
|--------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| months | 0 | 1 | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | 0 | 0 | 10 | 20 | 30 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |

Write 0, 10, 20, 30 or 40 in the iii point total box 20 iii Point Total

- iv. How many months did the effluent TSS (Column 2) exceed permit limits? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

|        |   |   |   |    |    |    |    |    |    |    |    |    |    |
|--------|---|---|---|----|----|----|----|----|----|----|----|----|----|
| months | 0 | 1 | 2 | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | 0 | 5 | 5 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

Write 0, 5, or 10 in the iv point total box 5 iv Point Total

- v. Add together each point total for i through iv and place this sum in the box below at the right.

TOTAL POINT VALUE FOR PART 2: 25 (max = 100)

Also enter this value or 100, whichever is less, on the point calculation table on page 16.

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D. Other Monitoring and Limitations

- i. At any time in the past year was there an exceedance of a permit limit for other pollutants such as: ammonia-nitrogen, phosphorus, pH, total residual chlorine, or fecal coliform?

✓ Check one box. ☒ Yes ☐ No If Yes, Please describe:

Exceedance of ammonia in January, February, March, and April.  
Exceedance of TSS in July and December.

- ii. At any time in the past year was there a "failure" of a Biomonitoring (Whole Effluent Toxicity) test of the effluent?

✓ Check one box. ☐ Yes ☒ No If Yes, Please describe:

Biomonitoring is not required at this facility.

- iii. At any time in the past year was there an exceedance of a permit limit for a toxic substance?

✓ Check one box. ☐ Yes ☒ No If Yes, Please describe:

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PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY

- A. What year was the wastewater treatment facility constructed or last major expansion/improvements completed?

Expansion in 2005

Current Year - Answer to A = Age in years

2025 - 2005 = 20

Enter Age in Part C below.

- B. ☒ Check the type of treatment facility that is employed.

|                                     |                                                                                                                               | FACTOR: |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------|
| <input checked="" type="checkbox"/> | Mechanical Treatment Plant<br>(trickling filter, activated<br>sludge, etc...)<br>Specify Type: <u>Return activated sludge</u> | 2.5     |
| <input type="checkbox"/>            | Aerated Lagoon                                                                                                                | 2.0     |
| <input type="checkbox"/>            | Stabilization Pond                                                                                                            | 1.5     |
| <input type="checkbox"/>            | Other<br>Specify Type: _____                                                                                                  | 1.0     |

- C. Multiply the factor listed next to the type of facility your community employs by the age of your facility to determine the total point value for Part 3.

TOTAL POINT VALUE FOR PART 3 =

2.5 x 20 = 50 (max = 50)

Factor Age

Also enter this value or 50, whichever is less, on the point calculation table on page 16.

- D. Please attach a schematic of the treatment plant.

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PART 4: OVERFLOWS AND BYPASSES

A.

i.

List the number of times in the last year there was an overflow, bypass or unpermitted discharge of untreated or incompletely treated wastewater due to heavy rain:

0

Check one box.

☒

0 = 0 points

☐

3 = 15 points

☐

1 = 5 points

☐

4 = 30 points

☐

2 = 10 points

☐

5 or more = 50 points

ii.

List the number of bypasses, overflows or unpermitted discharges shown in A (i) that were within the collection system and the number at the treatment plant

Collection System:

0

Treatment Plant:

0

B.

i.

List the number of times in the last year there was an overflow, bypass or unpermitted discharge of untreated or incompletely treated wastewater due to equipment failure, either at the treatment plant or due to pumping problems in the collection system:

2

Check one box.

☐

0 = 0 points

☐

3 = 15 points

☐

1 = 5 points

☐

4 = 30 points

☒

2 = 10 points

☐

5 or more = 50 points

ii.

List the number of bypasses, overflows or unpermitted discharges shown in B (i) that were within the collection system and the number at the treatment plant

Collection System:

1

Treatment Plant:

1

C.

Specify whether the bypasses came from the city/village/town sewer system or from contract or tributary communities/sanitary districts, etc...

SSO from Department of Utilities collection system.

D.

Add the point values checked for A and B and place the total in the box below.

TOTAL POINT VALUE FOR PART 4:

10

(max = 100)

Also enter this value or 100, whichever is less, on the point calculation table on page 16.

E.

List the person responsible (name and title) for reporting overflows, bypasses or unpermitted discharges to State and Federal authorities:

Christopher Tissue, Director - Department of Utilites

Describe the procedure for gathering, compiling and reporting:

SSO response and reporting per Dept. of Utilities Sewer Treatment and Collection Systems SOP.

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PART 5: SLUDGE STORAGE AND DISPOSAL SITES

A. Sludge Storage

How many months of sludge storage capacity does your facility have available, either on-site or off-site?

Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

|               |    |    |               |     |    |
|---------------|----|----|---------------|-----|----|
| <i>months</i> | <2 | 2  | <div>3</div>  | 4-5 | >6 |
| <i>points</i> | 50 | 30 | <div>20</div> | 10  | 0  |

Write 0, 10, 20, 30 or 40 in the A point total box 

20

 A Point Total

B. For how many months does your facility have access to (and approval for) sufficient land disposal sites to provide proper land disposal?

Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

|               |    |      |                  |       |     |
|---------------|----|------|------------------|-------|-----|
| <i>months</i> | <2 | 6-11 | <div>12-23</div> | 24-35 | >36 |
| <i>points</i> | 50 | 30   | <div>20</div>    | 10    | 0   |

Write 0, 10, 20, 30 or 40 in the B point total box 

20

 B Point Total

C. Add together the A and B point values and place the sum in the box below at the right:

TOTAL POINT VALUE FOR PART 5: 

40

 (max = 100)

Also enter this value or 100, whichever is less, on the point calculation table on page 16.

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PART 6: NEW DEVELOPMENT

- A. Please provide the following information for the total of all sewer line extensions which were installed during the last year.
- Design Population: 

N/A
- Design Flow: 

N/A

 MGD
- Design BOD: 

N/A

 mg/l
- B. Has an industry (or other development) moved into the community or expanded production in the past year, such that either flow or pollutant loadings to the sewerage system were significantly increased (5% or greater)?
- ✓ Check one box. 

☐ Yes = 15 points

☒ No = 0 points
- If Yes, Please describe:*
- 
- 
- 
- List any new pollutants:
- N/A
- 
- C. Is there any development (industrial, commercial or residential) anticipated in the next 2-3 years, such that either flow or pollutant loadings to the sewerage system could significantly increase?
- ✓ Check one box. 

☐ Yes = 15 points

☒ No = 0 points
- If Yes, Please describe:*
- 
- 
- 
- List any new pollutants you anticipate:
- N/A
- 
- D. Add together the point value checked in B and C and place the sum in the box below.

TOTAL POINT VALUE FOR PART 6: 

0

 (max = 30)

Also enter this value or 30, whichever is less, on the point calculation table on page 16.

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PART 7: OPERATOR CERTIFICATION AND EDUCATION

- A. What was the name of the operator-in-charge for the reporting year?  
Name: Glenn Daughdrill
- B. What is his or her certification number:  
Cert.#: 1158
- C. What level of certification is the operator-in-charge required to have to operate the wastewater treatment facility?  
Level Required: II
- D. What is the level of certification of the operator-in-charge?  
Level Certified: IV
- E. Was the operator-in-charge of the report year certified at least at the grade level required in order to operate this plant?  
√ Check one box. ☒ Yes = 0 points ☐ No = 50 points  
Write 0 or 50 in the E point total box 

0

 E Point Total
- F. Has the operator-in-charge maintained recertification requirements during the reporting year?  
√ Check one box. ☒ Yes ☐ No
- G. How many hours of continuing education has the operator-in-charge completed over the last two calendar years?  
√ Check one box. ☒ > 12 hours = 0 points ☐ < 12 hours = 50 points  
Write 0 or 50 in the G point total box 

0

 G Point Total
- H. Is there a written policy regarding continuing education an training for wastewater treatment plant employees?  
√ Check one box. ☒ Yes ☐ No  
Explain: Budget allocated and training schedule set at the beginning of each year.
- I. What percentage of the continuing education expenses of the operator-in-charge were paid for:  
By the permittee? 100% By the operator? 0%
- J. Add together the E and G point values and place the sum in the box below at the right.

TOTAL POINT VALUE FOR PART 7: 

0

 (max = 100)

Also enter this value or 100, whichever is less, on the point calculation table on page 16.

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PART 8: FINANCIAL STATUS

- A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses?
- √ Check one box. ☒ Yes ☐ No *If No, How are O&M costs financed?*

- B. What financial resources do you have available to pay for your wastewater improvements and reconstruction needs?

Revenue generated from the sale of water and sewer services.

PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

- i. Describe what sewer system maintenance work has been done in the last year.

General maintenance including point repairs of the collection system as needed.

- ii. Describe what lift station work has been done in the last year.

General maintenance and replacing pumps as needed.

- iii. What collection system improvements does the community have under construction for the next 5 years?

Rehabilitation and replacement of the Bon Temps sewer collection system and lift station are currently under engineering design.

B. If you have ponds please answer the following questions:

N/A

- |       |                                                                                 |                          |     |                          |    |
|-------|---------------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| i.    | Do you have duckweed buildup in the ponds?                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| ii.   | Do you mow the dikes regularly (at least monthly), to the waters edge?          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| iii.  | Do you have bushes or trees growing on the dikes or in the ponds?               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| iv.   | Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| v.    | Do you exercise all of your valves?                                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| vi.   | Are your control manholes in good structural shape?                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| vii.  | Do you maintain at least 3 feet of freeboard in all of your ponds?              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| viii. | Do you visit your pond system at least weekly?                                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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C. Treatment Plants

i. Have the influent and effluent flow meters been calibrated in the last year?

☒ Yes ☐ No (✓ Check one box.)

N/A

Influent flow meter calibration date(s)

1/29/2025

Effluent flow meter calibration date(s)

ii. What problems, if any, have been experienced over the last year that have threatened treatment?

None

iii. Is your community presently involved in formal planning for treatment facility upgrade?

✓ Check one box. ☐ Yes ☒ No If Yes, Please describe:

Engineering design of the rehabilitation of the treatment facility is underway.

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D. Preventive Maintenance

- i. Does your plant have a written plan for preventive maintenance on major equipment items?
- √ Check one box. ☒ Yes ☐ No *If Yes, Please describe:*
- As per manufacturer directives in O&M manual and Dept. of Utilities SOP.
- ii. Does this preventive maintenance program depict frequency of intervals, types of lubrication and other preventive maintenance tasks necessary for each piece of equipment?
- ☒ Yes ☐ No
- iii. Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assured properly?
- ☒ Yes ☐ No

E. Sewer Use Ordinance

- i. Does your community have a sewer use ordinance that limits or prohibits the discharge of excessive conventional pollutants (BOD, TSS or pH) or toxic substances to the sewer system from industries, commercial users and residences?
- √ Check one box. ☒ Yes ☐ No *If Yes, Please describe:*
- St. Tammany Parish Ordinance Sec. 40-301 - Wastewater standards prior to entering collection systems of parish is the sewer use ordinance that limits the conventional pollutants that can be discharged into the Parish wastewater collection systems by industrial and light industrial customers.
- ii. Has it been necessary to enforce?
- √ Check one box. ☐ Yes ☒ No *If Yes, Please describe:*
- 
- iii. Any additional comments about your treatment plant or collection system? (Attach additional sheets if necessary.)
- The main rake arm in the aeration chamber is not operating. Repairing/Replacing this rake arm is included in the rehabilitation of the treatment facility.

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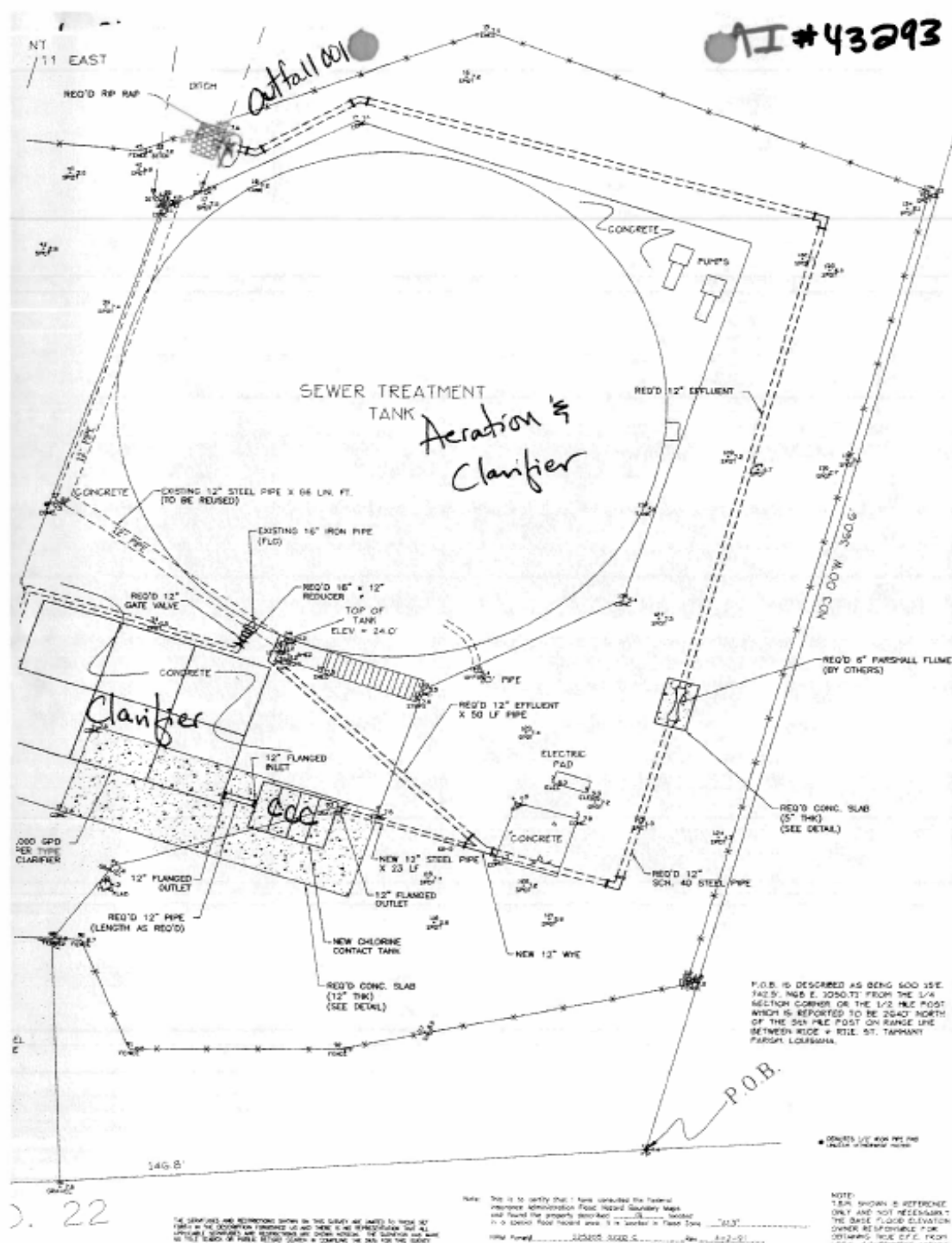
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POINT CALCULATION TABLE

|                                                         | Actual Values | Maximum    |
|---------------------------------------------------------|---------------|------------|
| Part 1: <i>Influent Flow/Loadings</i>                   | <div>0</div>  | 80 points  |
| Part 2: <i>Effluent Quality /<br/>Plant Performance</i> | <div>25</div> | 100 points |
| Part 3: <i>Age of WWTF</i>                              | <div>50</div> | 50 points  |
| Part 4: <i>Overflows and Bypasses</i>                   | <div>10</div> | 100 points |
| Part 5: <i>Ultimate Disposition of Sludge</i>           | <div>40</div> | 100 points |
| Part 6: <i>New Development</i>                          | <div>0</div>  | 30 points  |
| Part 7: <i>Operator Certification<br/>Training</i>      | <div>0</div>  | 100 points |

TOTAL POINTS: 

125



22

THE DRAWINGS AND SPECIFICATIONS SHOWN ON THIS SHEET ARE MADE TO MEET THE REQUIREMENTS OF THE SEWERAGE AND WATER BOARD OF THE CITY OF NEW ORLEANS, LOUISIANA. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS FROM THE APPROPRIATE AGENCIES.

NOTE: This is to certify that I have consulted the Federal Emergency Administration Flood Hazard Boundary Maps and found the property described \_\_\_\_\_ located in a Special Flood Hazard Area. I am located in Flood Zone \_\_\_\_\_.

NOTE: TANK SHOWN IS REFERENCE ONLY AND NOT NECESSARY. THE BASE FLOOD ELEVATION SHOWN IS BASED ON THE DATA OBTAINED FROM THE FLOOD LOGIC GOVERNMENT AGENCY.

|                                                                                                                                                                   |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| PROJECT: 40504-PL-SITE (RWS)                                                                                                                                      |                          |
| DATE: 11/11/01                                                                                                                                                    | BY: [Signature]          |
| REVISIONS:                                                                                                                                                        |                          |
| NO.                                                                                                                                                               | DESCRIPTION              |
| 1                                                                                                                                                                 | ISSUED FOR PERMIT        |
| STAMP:                                                                                                                                                            |                          |
| <b>Kyle Associates, Inc.</b><br>Planning<br>Civil Engineering<br>Landscape Architecture<br>1000 Veterans Drive, Suite 100<br>Metairie, LA 70002<br>(504) 885-1234 |                          |
| DESIGNED BY: [Signature]                                                                                                                                          | CHECKED BY: [Signature]  |
| SCALE (GENERAL): 1" = 100'                                                                                                                                        | SCALE (DETAIL): 1" = 20' |
| <b>LA HIGHWAY 22</b><br><b>SEWER TREATMENT PLANT EXPANSION</b><br>SOUTHEASTERN LOUISIANA WATER & SEWER CO., L.L.C.                                                |                          |
| SHEET NO. <b>1</b>                                                                                                                                                |                          |

# ATTACHMENT 3

## SAMPLE MWPP RESOLUTION

Resolved that the village/town/city of \_\_\_\_\_ informs the  
Louisiana Department of Environmental Quality that the following actions were taken by  
\_\_\_\_\_ (governing body).

1. Resolved the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution.
2. Set forth the following actions necessary to maintain permit requirements contained in the Louisiana Pollution Discharge Elimination System (LPDES) permit, number LA\_\_\_\_\_ .

(Please be specific in listing the actions that will be taken to address the problems identified in the audit report.)

a.

b.

c.

d.

etc..

Passed by a majority/unanimous (circle one) vote of the \_\_\_\_\_  
on \_\_\_\_\_ (date).

\_\_\_\_\_  
\_\_\_\_\_

CLERK