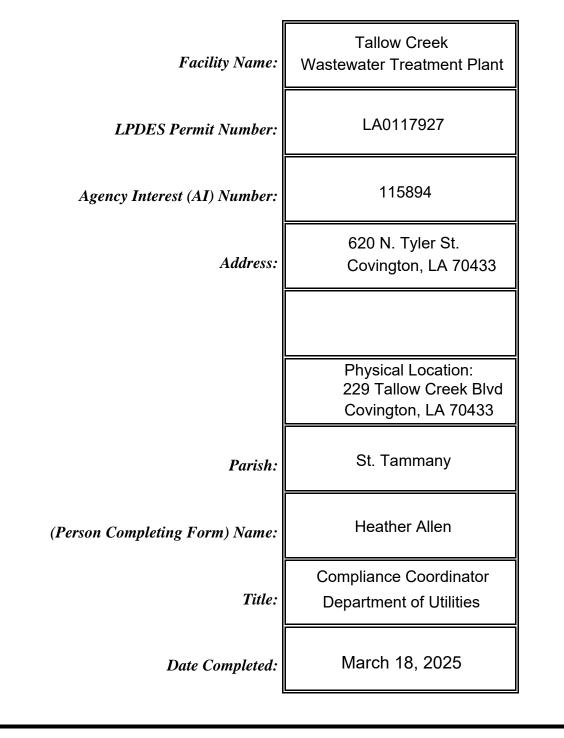


LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP





INSTRUCTIONS

0

- 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 <u>specific</u> 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.

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 Average Monthly Flow (million gallons per day, MGD) | | Column 2 Average Monthly BOD5 Concentration (mg/l) | | Column 3 Average Monthly BOD5 Loading (pounds per day, lb/day) |
|--|---|---|-----------------|---|
| 0.0781 | X | 296 | x 8.34 = | 192.8 |
| 0.0622 | Х | 425 | x 8.34 = | 220.5 |
| 0.0659 | X | 421 | x 8.34 = | 233.1 |
| 0.069 | X | 222 | x 8.34 = | 127.8 |
| 0.052 | X | 117 | x 8.34 = | 50.7 |
| 0.049 | X | 261 | x 8.34 = | 106.7 |
| 0.074 | X | 186 | x 8.34 = | 114.8 |
| 0.071 | X | 90 | x 8.34 = | 53.3 |
| 0.079 | Х | 158 | x 8.34 = | 104.1 |
| 0.061 | Х | 176 | x 8.34 = | 89.5 |
| 0.068 | Х | 218 | x 8.34 = | 123.6 |
| 0.072 | X | 220 | x 8.34 = | 132.1 |

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: | 0.155 | x 0.90 = | 0.1395 |
|---------------------|-------|-----------------|--------|
| Design BOD, lb/day: | 323 | x 0.90 = | 290.7 |

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 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------|---|---|---|---|-------|--------|----------|---------|---------|-----|----|--------|----------|
| points | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| | | | | | Write | 0 or 5 | in the (| C point | total t | box | 0 | C Poin | ıt 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 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------|---|---|---|-------|----------|---------|--------|--------|----------|-----|----|--------|----------|
| points | 0 | 5 | 5 | 10 | 10 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| | | | | Write | 0, 5, 10 |) or 15 | in the | D poir | nt total | box | 0 | D Poir | nt 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 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------|---|---|---|---|---------|---------|----------|--------|----------|-----|----|--------|----------|
| points | 0 | 0 | 5 | 5 | 5 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | | | | W | rite 0, | 5,or 10 |) in the | E poir | nt total | box | 0 | E Poir | nt 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 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------|---|----|----|----|----|----|----|----|----|----|----|----|----|
| points | 0 | 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

F Point Total

(max = 80)

0

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

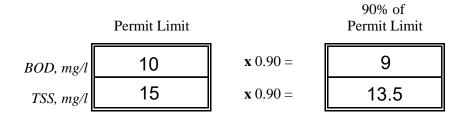
Also enter this value or 80, whichever is less, on the point calculation table on page 16.

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 Average Monthly BOD (mg/l) | Column 2 Average Monthly TSS (mg/l) |
|-----------|---|---|
| January | 4.0 | 9.0 |
| February | 3.5 | 7.5 |
| March | 2.2 | 7.0 |
| April | 2.5 | 11.5 |
| May | 18.5 | 8.5 |
| June | 3.0 | 4.5 |
| July | 4.0 | 2.5 |
| August | 4.5 | 2.0 |
| September | 2.5 | 3.5 |
| October | 2.5 | 3.5 |
| November | 2.0 | 6.0 |
| December | 2.5 | 5.5 |

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



- 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 | \bigcirc | 10 | 20 | 30 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| | | | Wri | te 0, 1 | 0, 20, 3 | 30 or 4 | 0 in th | e i poir | nt total | box | 0 | i Poin | t 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 |
| | | | | Wr | rite 0, ś | 5, or 10 |) in the | ii poir | nt total | box | 5 | ii Poir | nt 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 | | | | | | | | | | | | |
|----------|---|----|----|----|----|----|----|----|----|----|----|----|
| 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

iii Point Total

0

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 | \bigcirc | 5 | 5 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

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

0 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: 5 (max = 100)

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

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

| \checkmark Check one box. | Yes Yes | No No | If Yes, Please describe: | |
|-----------------------------|-------------|--------------|--------------------------|--|
| There were two feca | l exceedand | ces in Marcł | n 2024 and October 2024. | |
| | | | | |

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

| $\sqrt{\text{Check one box.}}$ | Yes | No No | If Yes, Please describe: |
|--------------------------------|------------------|--------------|--------------------------|
| Bio-monitoring is not | t required at th | is facility. | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| $\sqrt{\text{Check one box.}}$ | Yes | No No | If Yes, Please describe: | |
|--------------------------------|-----|-------|--------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY

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

| Ĩ | - | 2004 | | | | |
|--------------|---|-------------|---|--------------|--|--|
| Current Year | - | Answer to A | = | Age in years | | |
| 2024 | | 2004 | | 20 | | |

Enter Age in Part C below.

B. $\sqrt{}$ Check the type of treatment facility that is employed.

| | | | FACTOR: |
|----------|---|-------------------------|---------|
| <u> </u> | Mechanical Treatm (trickling filter, act | | 2.5 |
| | sludge, etc) Specify Type: | Return activated sludge | |
| | Aerated Lagoon | | 2.0 |
| | Stabilization Pond | | 1.5 |
| | Other 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 =

$$\frac{2.5}{Factor} \quad x \quad \frac{20}{Age} = \quad 50 \quad (max = 50)$$

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.

PART 4: OVERFLOWS AND BYPASSES

- А.
- 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:
 - $\begin{array}{c|c} 0 & \checkmark \text{ Check one box.} & \boxed{} 0 = 0 \text{ points} & \boxed{} 3 = 15 \text{ points} \\ \hline{} 1 = 5 \text{ points} & \boxed{} 4 = 30 \text{ points} \\ \hline{} 2 = 10 \text{ points} & \boxed{} 5 \text{ or more} = 50 \text{ points} \end{array}$
- **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:

| 0 | \vee Check one box. | $\bigvee 0 = 0$ 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: 0 Treatment Plant: 0

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

All 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:

(max = 100)

0

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:

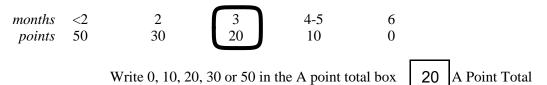
SSO response and reporting per Dept. of Utilities Sewer Treatment and Collection Systems SOP.

PART 5: SEWAGE SLUDGE STORAGE, USE, AND DISPOSAL

A. Sewage Sludge Storage

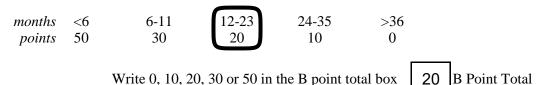
How many months of sewage sludge storage capacity does your facility have available, either on-site or off-site?

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



B. For how many months does your facility have approval to use or dispose of sewage sludge at a properly permitted landfill, land application site, or sewage sludge incinerator?

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



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.

| Permit #: | LA0117927 |
|-----------|-----------|
|-----------|-----------|

F

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: N/A | | |
|---------|--------------|---|--------|---|
| Desigr | n Flow: | N/A | MGD |) |
| Design | BOD: | N/A | mg/l | |
| in the | past year, s | | | the community or expanded production adings to the sewerage system were |
| √ Che | ck one box | $\mathbf{X}. \qquad \qquad \mathbf{Y}es = 15$ | points | No $= 0$ points |
| If Yes, | Please des | cribe: | | |
| | | | | |
| | | | | |
| | | | | |
| List ar | y new poll | utants: | | |
| N/A | | | | |
| | | | | |
| 2-3 ye | | at either flow or polluta | | residential) anticipated in the next s to the sewerage system could |
| √ Che | ck one box | $\mathbf{X}. \qquad \qquad \mathbf{Y}es = 15$ | points | No $= 0$ points |
| If Yes, | Please des | cribe: | | |
| J, | | | | |
| | | | | |
| | | | | |
| List ar | v new poll | utants you anticipate: | | |
| N/A | ly new poin | atalité you alleepate. | | |
| 11/7 | | | | |
| | | | | |
| | ~~41~~ 41 | n aimt malma, also also i in T | | d place the sum in the box below. |

(max = 30)

0

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

PART 7: OPERATOR CERTIFICATION AND EDUCATION

| A. | What was the name of the operator-in-charge for the reporting year? | | | | | | | | |
|-----------|---|-------------------------|-----------------|-----------------|----------------------|--|--|--|--|
| | | Name: | (| Glenn Dau | ughdrill | | | | |
| B. | What is his or her certific | | | 1158 | | | | | |
| C. | What level of certificatio wastewater treatment fac | | harge require | ed to have to o | operate the | | | | |
| | wastewater treatment fac | Level Required: | | П | | | | | |
| D. | What is the level of certification of the operator-in-charge? | | | | | | | | |
| | | Level Certified: | | IV | | | | | |
| E. | Was the operator-in-char required in order to operation | | certified at le | east at the gra | ade level | | | | |
| | $\sqrt{\text{Check one box.}}$ | \bigvee Yes = 0 point | ts | No = | 50 points | | | | |
| | Write | 0 or 50 in the E poin | t total box | 0 E Poir | nt Total | | | | |
| F. | Has the operator-in-chargy year? | ge maintained recertif | ïcation requi | rements durin | ng the reporting | | | | |
| | \vee Check one box. | Ves Yes | | No No | | | | | |
| G. | How many hours of conti last two calendar years? | inuing education has | the operator- | in-charge cor | npleted over the | | | | |
| | \vee Check one box. | > 12 hours = | 0 points | □ < 12 h | nours $= 50$ points | | | | |
| | Write | 0 or 50 in the G poin | t total box | 0 G Poir | nt Total | | | | |
| H. | Is there a written policy r treatment plant employee | 0 0 0 | education an | training for v | vastewater | | | | |
| | $\sqrt{\text{Check one box.}}$ | Yes | | No No | | | | | |
| | Explain: Budget allo | cated and training scl | nedule set at | beginning of | each year. | | | | |
| | | | | | | | | | |
| I. | What percentage of the c paid for: | ontinuing education e | expenses of the | he operator-ir | n-charge were | | | | |
| | By the permittee? | 100% | By the oper | rator? | 0% | | | | |
| J. | Add together the E and C | point values and pla | ce the sum ir | n the box belo | ow at the right. | | | | |
| | | TOTAL POINT V | ALUE FOR | R PART 7: | 0 (max = 100) | | | | |

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

| Permit #: | LA0117927 |
|-----------|-----------|
|-----------|-----------|

PART 8: FINANCIAL STATUS

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses?

| \checkmark Check one box. | \checkmark | Yes | | No | If No, | How are | <i>О&М са</i> | osts financed? |
|-----------------------------|--------------|-----|--|----|--------|---------|-------------------|----------------|
|-----------------------------|--------------|-----|--|----|--------|---------|-------------------|----------------|

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

| Revenue | generated | from t | he sale | of water | and | sewer | services |
|---------|-----------|--------|----------|----------|-----|---------|------------|
| Revenue | yenerateu | nomi | ine sale | UI Water | anu | 36 1161 | 301 11003. |

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 collections system as needed.

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

General maintenance, pumps replaced as needed. Typically burned up due to clogging.

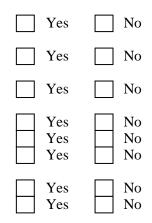
iii. What collection system improvements does the community have under construction for the next 5 years?

None at this time.

- **B.** If you have ponds please answer the following questions:
- **i.** Do you have duckweed buildup in the ponds?
- **ii.** Do you mow the dikes regularly (at least monthly), to the waters edge?
- **iii.** Do you have bushes or trees growing on the dikes or in the ponds?
- **iv.** Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds?
- v. Do you exercise all of your valves?
- vi. Are your control manholes in good structural shape?
- vii. Do you maintain at least 3 feet of freeboard in all of your ponds?
- viii. Do you visit your pond system at least weekly?

 $\sqrt{\text{Check one box.}}$

N/A



- C. Treatment Plants
- i. Have the influent and effluent flow meters been calibrated in the last year?

| Yes Yes | No No | ($\sqrt{1}$ Check one box.) | |
|--|-------|------------------------------|-----------------|
| | N/A | | 1/ |
| <i>Influent flow meter calibration date(s)</i> | | | Effluent flow m |

1/31/2024 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?

| \checkmark Check one box. | Yes | No No | If Yes, Please describe: |
|-----------------------------|-----|-------|--------------------------|
| | | | |

D. Preventive Maintenance

i. Does your plant have a written plan for preventive maintenance on major equipment items?

| | \checkmark Check one box. \checkmark Yes \square No If Yes, Please describe: | | | | |
|------|--|--|--|--|--|
| | As per manufacturer directives in O&M manual, and Department of Utilities SOP. | | | | |
| ii. | lubrication and other preventive maintenance tasks necessary for each piece of equipment? | | | | |
| iii. | Yes No 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? | | | | |
| | \checkmark Check one box. \checkmark Yes \square 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? | | | | |
| | \checkmark Check one box. \square Yes \checkmark No If Yes, Please describe: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ;;; | Any additional comments about your treatment plant or collection system? (Attach | | | | |

iii. Any additional comments about your treatment plant or collection system? (Attach additional sheets if necessary.)

N/A

POINT CALCULATION TABLE

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

TOTAL POINTS:

|--|

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