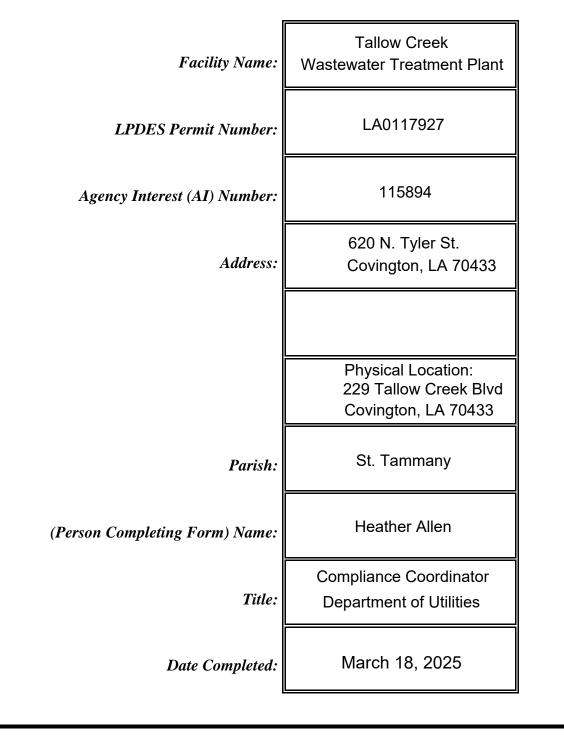


LOUISIANA

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

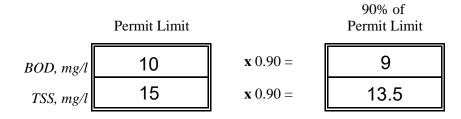
Also enter this value or 80, whichever is less, on the point calculation table on page 16.

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:

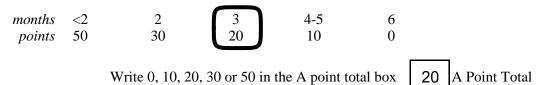
SSO response and reporting per Dept. of Utilities Sewer Treatment and Collection Systems SOP.

PART 5: SEWAGE SLUDGE STORAGE, USE, AND DISPOSAL

A. Sewage Sludge Storage

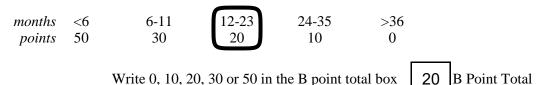
How many months of sewage sludge storage capacity does your facility have available, either on-site or off-site?

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.

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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.

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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.

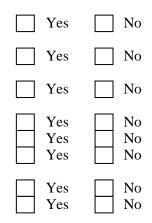
iii. What collection system improvements does the community have under construction for the next 5 years?

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