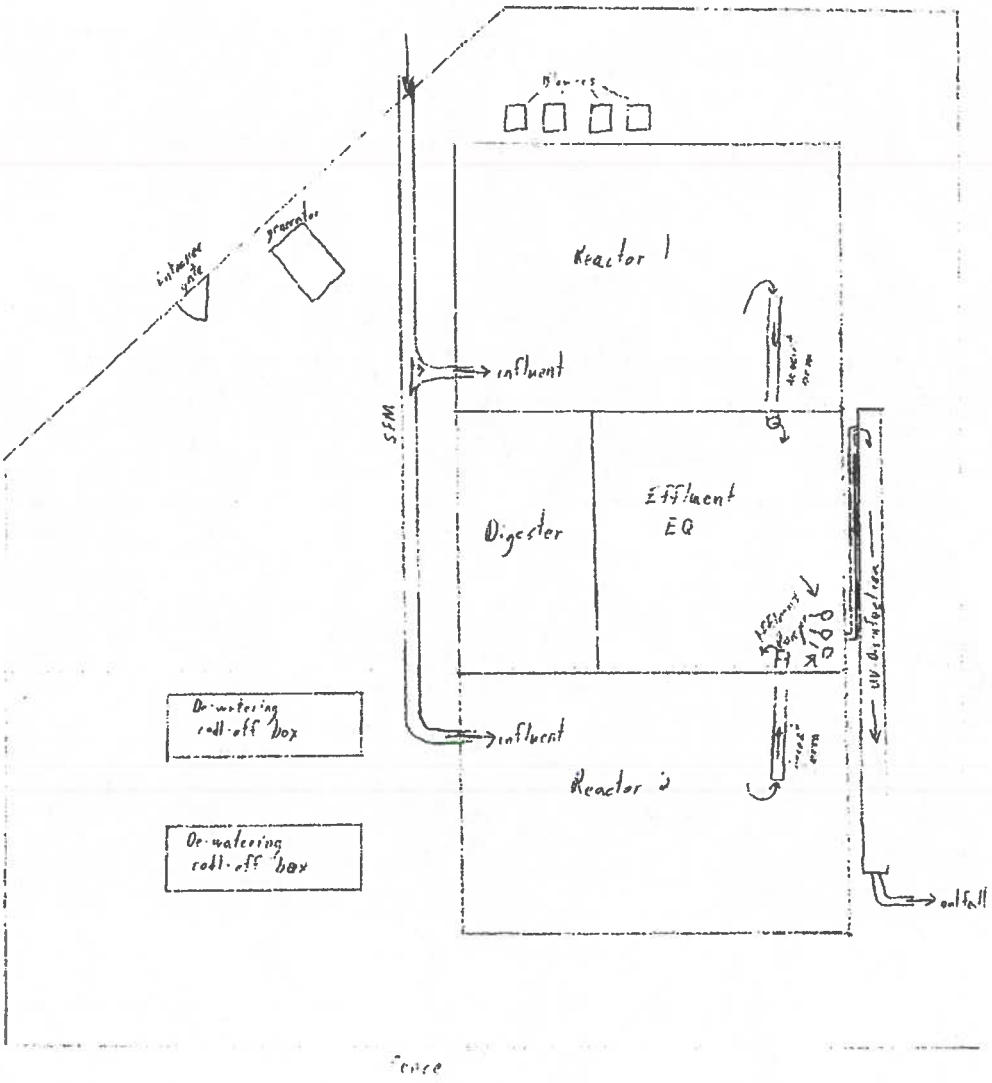

Northlake Behavioral

Sequencing Batch Reactor

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP

Facility Name:	Northlake Behavioral Wastewater Treatment Plant
LPDES Permit Number:	LA0127070
Agency Interest (AI) Number:	9371
Address:	620 N. Tyler St. Covington, LA 70433
	Physical Location: 23515 HWY 190 Mandeville, LA 70470
Parish:	St. Tammany
(Person Completing Form) Name:	Heather Allen
Title:	Compliance Coordinator Department of Utilities
Date Completed:	March 18, 2025

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 <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.

Permit #: LA0127070

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)
0.0872	**x**	229	**x** 8.34 =	166.5
0.0434	**x**	175	**x** 8.34 =	63.3
0.0944	**x**	98	**x** 8.34 =	77.2
0.060	**x**	590	**x** 8.34 =	295.2
0.054	**x**	88	**x** 8.34 =	39.6
0.058	**x**	91	**x** 8.34 =	44.01
0.054	**x**	253	**x** 8.34 =	113.9
0.030	**x**	218	**x** 8.34 =	54.5
0.089	**x**	101	**x** 8.34 =	74.9
0.035	**x**	78	**x** 8.34 =	22.8
0.053	**x**	333	**x** 8.34 =	147.2
0.075	**x**	166	**x** 8.34 =	103.8

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:	0.280	**x** 0.90 =	0.252
Design BOD, lb/day:	632	**x** 0.90 =	569

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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	(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 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	(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 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	(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

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	(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 [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** Average Monthly BOD (mg/l)	**Column 2** Average Monthly TSS (mg/l)
January	2.0	18.0
February	2.0	6.0
March	2.0	14.0
April	2.0	9.0
May	32.0	2.0
June	2.0	4.0
July	2.0	4.0
August	4.0	4.0
September	3.0	2.0
October	2.0	2.0
November	2.0	4.0
December	2.0	3.0

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

	Permit Limit		90% of 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 | 5 | 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 | 10 | 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: | 20 | (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 and 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:*

There were fecal and TSS exceedances.

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:*

Bio-monitoring 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?

2000

Current Year	-	*Answer to A*	=	*Age in years*
2024		2000		24

Enter Age in Part C below.

B. √ Check the type of treatment facility that is employed.

		FACTOR:
✓	Mechanical Treatment Plant (trickling filter, activated sludge, etc…) Specify Type: Sequencing Batch Reactor	2.5
	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 =

2.5 (*Factor*) x 24 (*Age*) = 50 (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.

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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
- ☐ 1 = 5 points
- ☐ 2 = 10 points
- ☐ 3 = 15 points
- ☐ 4 = 30 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:

1 √ Check one box.

- ☐ 0 = 0 points
- ☑ 1 = 5 points
- ☐ 2 = 10 points
- ☐ 3 = 15 points
- ☐ 4 = 30 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: 1

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

N/A

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

TOTAL POINT VALUE FOR PART 4: 5 (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: 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.

months	<2	2	**3**	4-5	6
points	50	30	**20**	10	0

Write 0, 10, 20, 30 or 50 in the A point total box [20] A Point Total

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.

months	<6	6-11	**12-23**	24-35	>36
points	50	30	**20**	10	0

Write 0, 10, 20, 30 or 50 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:

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 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.

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PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

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

General maintenance

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?

Designs for the replacement of aging and broken terra cotta pipe on Martin Way, Hummingbird Ln, and Wren Way are nearing completion. These improvements will reduce I&I. Replacement of brick manholes will also be performed

B. If you have ponds please answer the following questions: N/A √ Check one box.

i.	*Do you have duckweed buildup in the ponds?*	☐ Yes	☐ No
ii.	*Do you mow the dikes regularly (at least monthly), to the waters edge?*	☐ Yes	☐ No
iii.	*Do you have bushes or trees growing on the dikes or in the ponds?*	☐ Yes	☐ No
iv.	*Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds?*	☐ Yes	☐ No
v.	*Do you exercise all of your valves?*	☐ Yes	☐ No
vi.	*Are your control manholes in good structural shape?*	☐ Yes	☐ No
vii.	*Do you maintain at least 3 feet of freeboard in all of your ponds?*	☐ Yes	☐ No
viii.	*Do you visit your pond system at least weekly?*	☐ Yes	☐ 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	1/31/2024
Influent flow meter calibration date(s)	*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:*

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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 Department 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.)

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POINT CALCULATION TABLE

	Actual Values	**Maximum**
Part 1: *Influent Flow/Loadings*	0	80 points
Part 2: *Effluent Quality / Plant Performance*	20	100 points
Part 3: *Age of WWTF*	50	50 points
Part 4: *Overflows and Bypasses*	5	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: 115

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