LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

2023-2024 MWPP

Facility Name:	Youngsville Wastewater Treatment Facility
LPDES Permit Number:	LA0055328
Agency Interest (AI) Number:	4300
Address:	P.O. Box 592
	Youngsville, LA
	70592
Parish:	Lafayette
(Person Completing Form) Name:	Jeremy Latiolais
Title:	Operator
Date Completed:	5/17/24

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PART I: 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)
1.08	x	290	x 8.34 =	2,612
1.20	x	260	x 8.34 =	2,602
1.10	x	82	x 8.34 =	752
1.02	x	81	x 8.34 =	689
1.07	x	140	x 8.34 =	1,249
1.04	x	200	x 8.34 =	1,735
1.13	x	150	x 8.34 =	1,414
1.28	x	180	x 8.34 =	1,922
1.69	x	120	x 8.34 =	1,691
1.30	x	240	x 8.34 =	2,602
1.32	x	126	x 8.34 =	1,387
1.24	x	180	x 8.34 =	1,862

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:	1.80	x 0.90 =	1.62
Design BOD, lb/day:	132.4	x 0.90 =	119.2

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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 | 10 | 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 | 50 | 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: | 60 | (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)
MAY 2023	2	5
JUNE 2023	2	3
JULY 2023	3	4
AUGUST 2023	4	4
SEPTEMBER 2023	3	4
OCTOBER 2023	3	5
NOVEMBER 2023	2	5
DECEMBER 2023	2	4
JANUARY 2024	2	5
FEBRUARY 2024	3	4
MARCH 2024	3	4
APRIL 2024	2	4

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 =	9.0
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 [0] 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 [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: [0] (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:*

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:*

7/17/23 Ceriodaphnia dubia - Sublethal - Failed

4/03/23 Ceriodaphnia dubia - Sublethal - Failed

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?

2011

Current Year	-	*Answer to A*	=	*Age in years*
2024		2011		13

Enter Age in Part C below.

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

		FACTOR:
X	Mechanical Treatment Plant (trickling filter, activated sludge, etc…) Specify Type: EXTENDED AERATION / ACTIVATED SLUDGE	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	x	13	32.5 (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.

- [X] 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:

0 √ Check one box.

- [X] 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: 0

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

City owned 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: 0 (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:

Jeremy Latiolais / Operator

Describe the procedure for gathering, compiling and reporting:

Inspections, SCADA System, customer reports

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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 [10] 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. NA, Landfill Disposed

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 [0] 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: [10] (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: 2,448

Design Flow: 0.28 MGD

Design BOD: 180 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:

No new pollutants, no industrial users

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:

Continued growth of mainly residential development

List any new pollutants you anticipate:

None anticiapted

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: 15 (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: Jeremy Latiolais

B. What is his or her certification number:

Cert.#: 2599

C. What level of certification is the operator-in-charge required to have to operate the wastewater treatment facility?

Level Required: III

D. What is the level of certification of the operator-in-charge?

Level Certified: III

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. [X] 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. [X] Yes [ ] No

G. How many hours of continuing education has the operator-in-charge completed over the last two calendar years?

√ Check one box. [X] > 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. [X] Yes [ ] No

Explain: Specified in service agreement to maintain hours to keep certifications valid

I. What percentage of the continuing education expenses of the operator-in-charge were paid for:

By the permittee? 0% *By the operator?* 100%

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. [X] Yes [ ] No *If No, How are O&M costs financed?*

City reviews user fees vs expenses and planned development annually

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

Sewer user fees, grants, bonds, loans and general budget funding

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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.

Infiltration and inflow camera inspection and repairs (pipe and manhole)

New Optifloat redundant controls on Pump Station Panels

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

PS# 35 Fortune Hills, New Single Phase to Three Phase Conversion Panel & New Pumps
PS# 2 Ave B - Refurbishment on Pump #1, Suction Assembly & Check Valve
PS# 22 Wells Landing - New Single Phase to Three Phase Conversion Panel & New Pumps
PS# 27, New Pump # 2, 28hp Submersible Sewer Pump

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

Standby generators at PS# 2, 5, 10, 21 & 23.
Upgrade of PS#4 on Iberia St, which has obsolete equipment and located in floodway. City to fund using Capital Outlay money. Awaiting FP&C authorization.
Sugar Mill Pond PS capacity increase with new force main.

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

[X] Yes [ ] No (√ Check one box.)

NA
Influent flow meter calibration date(s)

January 2024
Effluent flow meter calibration date(s)

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

Excessive debris from Headworks, diffuser cleaning and replacement
and high flows from rain events

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

√ Check one box. [X] Yes [ ] No *If Yes, Please describe:*

New 3.54 mgd sewer plant (Sequential Batch Reactor) scheduled
start of construction 3rd quarter 2024, expected completion end of 2026
Wastewater Treatment Plant Upgrade: LADEQ State Revolving Fund Loan for funding the proposed plant is in place. The City also obtained 5 million in Water Sector Program grant funding. The project has received LA DHH permit and is awaiting the permit through LADEQ and Fire Marshall. Awaiting required rate study.

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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. [X] Yes [ ] No *If Yes, Please describe:*

Lubrication schedule on blowers, gear drives.
Air filters changed twice per year or as needed
Diffuser replacement

ii. Does this preventive maintenance program depict frequency of intervals, types of lubrication and other preventive maintenance tasks necessary for each piece of equipment?

[X] 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?

[X] 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. [X] Yes [ ] No *If Yes, Please describe:*

City sewer use fee ordinance

ii. Has it been necessary to enforce?

√ Check one box. [X] Yes [ ] No *If Yes, Please describe:*

Isolated grease issues, utility bore through points allowing infiltration

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

High flows during rain events

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POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: *Influent Flow/Loadings*	60	80 points
Part 2: *Effluent Quality / Plant Performance*	0	100 points
Part 3: *Age of WWTF*	32.5	50 points
Part 4: *Overflows and Bypasses*	0	100 points
Part 5: *Ultimate Disposition of Sludge*	10	100 points
Part 6: *New Development*	15	30 points
Part 7: *Operator Certification Training*	0	100 points
TOTAL POINTS:	117.5	560

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