

# 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:*

5/30/25

# 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.

**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.

<b>Column 1</b> Average Monthly Flow (million gallons per day, MGD)	<b>Column 2</b> Average Monthly BOD5 Concentration (mg/l)	<b>Column 3</b> Average Monthly BOD5 Loading (pounds per day, lb/day)
1.44	x 180	x 8.34 = 2,162
1.29	x 180	x 8.34 = 1,937
1.46	x 170	x 8.34 = 2070
1.24	x 93	x 8.34 = 962
1.40	x 120	x 8.34 = 1,401
1.11	x 99	x 8.34 = 916
1.23	x 120	x 8.34 = 1,231
1.43	x 100	x 8.34 = 1,193
1.43	x 190	x 8.34 = 2,266
1.43	x 89	x 8.34 = 1,061
1.37	x 77	x 8.34 = 880
1.33	x 170	x 8.34 = 1,886

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.

<i>Design Flow, MGD:</i>	<input type="text" value="1.80"/>	x 0.90 = <input type="text" value="1.62"/>
<i>Design BOD, lb/day:</i>	<input type="text" value="132.4"/>	x 0.90 = <input type="text" value="119.2"/>

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.

<i>months</i>	0	<b>1</b>	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	<b>0</b>	0	0	0	5	5	5	5	5	5	5	5

Write 0 or 5 in the C point total box  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.

<i>months</i>	<b>0</b>	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<b>0</b>	5	5	10	10	15	15	15	15	15	15	15	15

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

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	<b>12</b>
<i>points</i>	0	0	<b>5</b>	5	5	10	10	10	10	10	10	10	<b>10</b>

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

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

Write 0, 10, 20, 30, 40 or 50 in the F point total box  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:**  (max = 80)

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.

<b>Month</b>	<b>Column 1</b> Average Monthly BOD (mg/l)	<b>Column 2</b> Average Monthly TSS (mg/l)
MAY 2024	6	5
JUNE 2024	4	4
JULY 2024	3	4
AUGUST 2024	4	5
SEPTEMBER 2024	4	5
OCTOBER 2024	4	4
NOVEMBER 2024	3	7
DECEMBER 2024	3	4
JANUARY 2025	3	4
FEBRUARY 2025	3	6
MARCH 2025	5	5
APRIL 2025	3	4

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

	<b>Permit Limit</b>	<b>90% of Permit Limit</b>
<i>BOD, mg/l</i>	10	$\times 0.90 =$ 9.0
<i>TSS, mg/l</i>	15	$\times 0.90 =$ 13.5

**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.

<i>months</i>	<b>0</b>	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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.

<i>months</i>	<b>0</b>	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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.

<i>months</i>	<b>0</b>	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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.

<i>months</i>	<b>0</b>	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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.

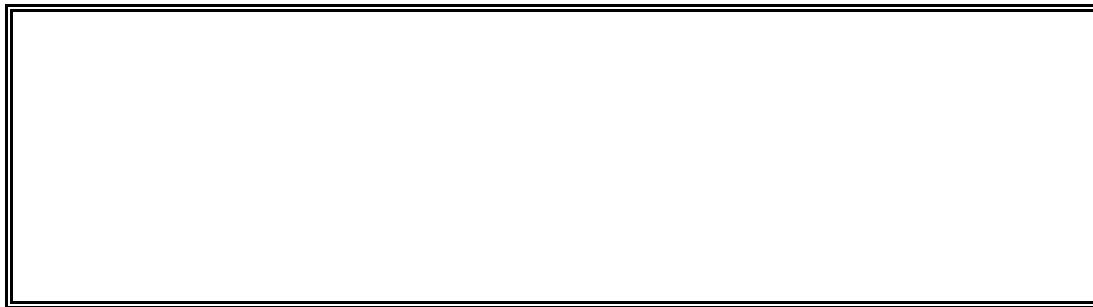
**D. Other Monitoring and Limitations**

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:*



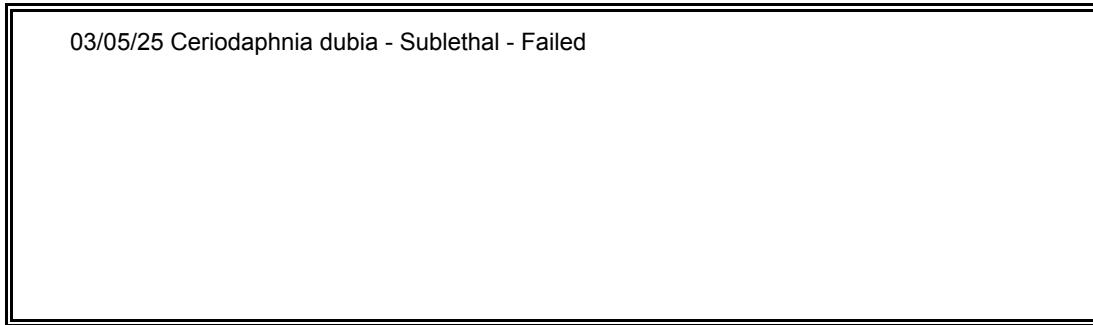
ii. At any time in the past year was there a "failure" of a Biomonitoring (Whole Effluent Toxicity) test of the effluent?

✓ Check one box.

Yes     No

*If Yes, Please describe:*

03/05/25 Ceriodaphnia dubia - Sublethal - Failed

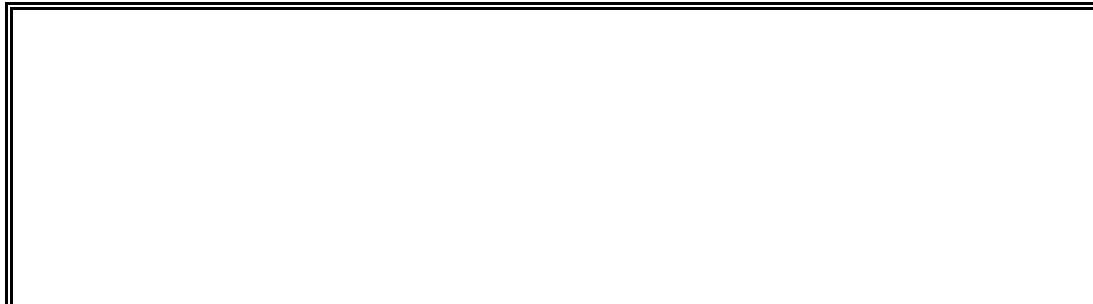


iii. At any time in the past year was there an exceedance of a permit limit for a toxic substance?

✓ Check one box.

Yes     No

*If Yes, Please describe:*



**PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY**

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

2011

$$\begin{array}{rcl} \text{Current Year} & - & \text{Answer to A} \\ \hline 2025 & & 2011 \end{array} = \begin{array}{r} \text{Age in years} \\ \hline 14 \end{array}$$

Enter Age in Part C below.

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

**FACTOR:**

<input checked="" type="checkbox"/>	Mechanical Treatment Plant (trickling filter, activated sludge, etc...)	2.5
<input type="checkbox"/>	Aerated Lagoon	2.0
<input type="checkbox"/>	Stabilization Pond	1.5
<input type="checkbox"/>	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 =**

$$\frac{2.5}{\text{Factor}} \times \frac{14}{\text{Age}} = \boxed{35} \text{ (max = 50)}$$

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****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:

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 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

**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.

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

Write 0, 10, 20, 30 or 50 in the A point total box  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**

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

Write 0, 10, 20, 30 or 50 in the B point total box  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:**  (max = 100)

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

**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: 1,130  
Design Flow: 0.11 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:*

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List any new pollutants:

No new pollutants, no industrial users

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**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

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List any new pollutants you anticipate:

None anticipated

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**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:**  (max = 30)

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: 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.  Yes = 0 points  No = 50 points

Write 0 or 50 in the E point total box  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  G Point Total

**H.** Is there a written policy regarding continuing education and training for wastewater treatment plant employees?

✓ Check one box.  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:**  (max = 100)

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

## **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?*

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

## 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#37, Sugar Ridge IV, New Single Phase to Three Phase Conversion VFD's & New Pumps  
Upgrade of PS#4 on Iberia St, which had obsolete equipment and located in floodway. New  
Station installed, new 60hp Flygt Pumps with Smart Run Panel  
Standby generators installed @ PS#8 Durel Dr, PS#14 Sugarmill Pond, PS#24 Fairfax

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

Standby generators at PS# 2, 4, 5, 10, 21 & 23.  
Sugar Mill Pond PS capacity increase with new force main.  
PS#3, Young St, Pump and Panel Upgrades to increase capacity and reliability

### B. If you have ponds please answer the following questions: NA ✓ Check one box.

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

**C. Treatment Plants**

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

Yes     No    (✓ Check one box.)

NA

*Influent flow meter calibration date(s)*

January 2025

*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.

Yes     No

*If Yes, Please describe:*

New 3.54 mgd sewer plant (Sequential Batch Reactor) scheduled  
start of construction in 2026, expected completion end of 2027  
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.

**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:*

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?

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:*

City sewer use fee ordinance

ii. Has it been necessary to enforce?

✓ Check one box.

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, identifying & repairing Infiltration & Inflow points in the collection system should be increased as the collection system is taking on much more rainwater each event.

**POINT CALCULATION TABLE**

	<b>Actual Values</b>	<b>Maximum</b>
Part 1: <i>Influent Flow/Loadings</i>	<u>60</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>0</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>35</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>0</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>10</u>	100 points
Part 6: <i>New Development</i>	<u>15</u>	30 points
Part 7: <i>Operator Certification Training</i>	<u>0</u>	100 points

**TOTAL POINTS:****120****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).

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CLERK