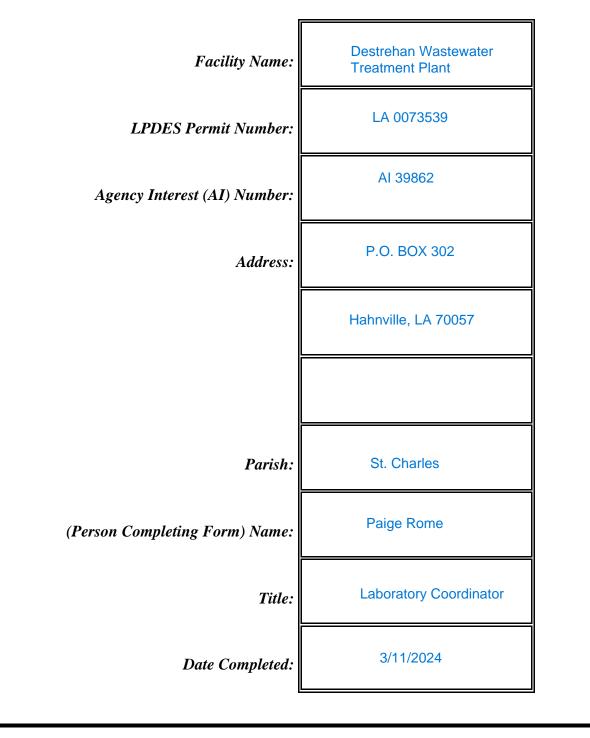
# LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

**MWPP** 





# 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.

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# 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.

<b>Column 1</b> 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)
3.457	X	135	<b>x</b> 8.34 =	3,892
3.090	X	133	<b>x</b> 8.34 =	3,427
2.350	X	115	<b>x</b> 8.34 =	2,254
2.255	X	173	<b>x</b> 8.34 =	2,254
2.295	X	147	<b>x</b> 8.34 =	2,814
1.894	X	153	<b>x</b> 8.34 =	2,417
1.799	X	98	<b>x</b> 8.34 =	1,470
1.719	X	180	<b>x</b> 8.34 =	2,581
1.771	X	181	<b>x</b> 8.34 =	2,673
1.703	X	223	<b>x</b> 8.34 =	3,167
1.781	X	141	<b>x</b> 8.34 =	2,094
3.186	X	148	<b>x</b> 8.34 =	3,933

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:	6.0	<b>x</b> 0.90 =	5.4
Design BOD, lb/day:	7,506	<b>x</b> 0.90 =	6,755

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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	e 0 or 5	5 in the	C poin	nt total	box	0	C Poir	nt 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

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:

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

0

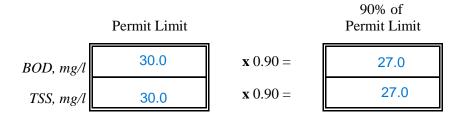
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## PART 2: EFFLUENT QUALITY / PLANT PERFORMANCE

**A.** List the monthly average effluent BOD and TSS concentrations produced by your facility during the last reporting year.

Month	<b>Column 1</b> Average Monthly BOD (mg/l)	<b>Column 2</b> Average Monthly TSS (mg/l)
January 2023	2	2
February 2023	7	4
March 2023	2	1
April 2023	4	1
May 2023	3	2
June 2023	3	2
July 2023	3	2
August 2023	3	1
September 2023	3	2
October 2023	4	3
November 2023	2	1
December 2023	2	1

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



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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	10	20	30	40	40	40	40	40	40	40	40
			Wri	te 0, 1	0, 20, 2	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
										ĺ		1	
				Wı	rite 0, 5	5, or 10	) in the	ii poir	nt total	box	0	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	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

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													
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:

**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?

$\checkmark$ Check one box.	X Yes	No No	If Yes, Please describe:
Fecal Coliform- March drained for repairs car			mit Limit = 400. Aeration basin was t.

**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	X No	If Yes, Please describe:

**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	X 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?

r		2000			
Current Year	-	Answer to A	=	Age in years	
2023	-	2000		23	

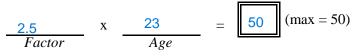
Enter Age in Part C below.

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

		FACTOR:
<u> </u>	Mechanical Treatment Plant (trickling filter, activated sludge, etc)	2.5
	Specify Type: 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 =



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.

0

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## 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:
  - 0 $\checkmark$  Check one box.X0 = 0 points3 = 15 points $\square$ 1 = 5 points4 = 30 points $\square$ 2 = 10 points5 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
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- 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:

2	$\checkmark$ Check one box.	0 = 0 points	3 = 15 points
		1 = 5 points	4 = 30 points
		$\mathbf{X}$ 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:	2	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 Sewer 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:**

10 (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:

David deGeneres, Director of Wastewater

Describe the procedure for gathering, compiling and reporting: Overflows, bypasses, and unpermitted discharges are submitted by the operator and reported to the appropriate agencies (DEQ & SPOC).

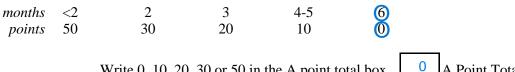
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#### VD DISP( ART 5: SEWAGE S

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.



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.



Write 0, 10, 20, 30 or 50 in the B point total box 0 **B** Point Total

(max = 100)

С. 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: 0

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:	44,000		
Design Flow:	6.0	MGD	
Design BOD:	30-45	mg/l	
	n that either flow o	or pollutant loa	the community or expanded production adings to the sewerage system were
$\sqrt{\text{Check one box}}$ .	Yes =	= 15 points	$\mathbf{X}$ No = 0 points
If Yes, Please descri	be:		
	ment (industrial, c either flow or poll		residential) anticipated in the next to the sewerage system could
$\sqrt{\text{Check one box.}}$	Yes =	= 15 points	$\mathbf{X}$ No = 0 points
If Yes, Please descri	be:		
List any new polluta	nts you anticipate	:	
Add together the poi	nt value checked	in B and C and	d place the sum in the box below.

TOTAL POINT VALUE FOR PART 6:

(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: Travis Cortez
B.	What is his or her certification number: <i>Cert.#:</i> 21-465
C.	What level of certification is the operator-in-charge required to have to operate the wastewater treatment facility?
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?
	$\sqrt{\text{Check one box.}}$ 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?
	$\sqrt{\text{Check one box.}}$ Yes $\square$ No
G.	How many hours of continuing education has the operator-in-charge completed over the last two calendar years?
	$\sqrt{\text{Check one box.}}$ > 12 hours = 0 points $(< 12 \text{ hours} = 50 \text{ points})$
	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?
	$\sqrt{\text{Check one box.}}$ Yes $\square$ No
	<i>Explain:</i> Training is outlined in the Department BMP, Plant Emergency
	Procedures, Plant O&M Manual, and the Safety Manual
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:

(max = 100)

0

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

		Pe	rmit #:	0 LA 0073539	
RT 8: FINANCIA	L STATUS				
Are User-Charge Rever	ues sufficient t	o cover oper	ation and	d maintenance expenses?	
$\sqrt{\text{Check one box.}}$	X Yes	No No	If No, I	How are O&M costs financed	d?
At present time operation and r		-		re sufficient to cover	

PAI

A.

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

DEQ loans, grants, general fund and ad valorem tax.

0

## PART 9: SUBJECTIVE EVALUATION

- A. Collection System Maintenance
- i. Describe what sewer system maintenance work has been done in the last year.

Clean and camera lines. Rehabilitate manholes. Repair broken lines. Locate and number manhole. GIS. Replaced force mains.

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

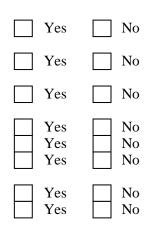
Pulled all pumps, inspected wet wells, control panels and all valves concerning lift stations and replace as necessary. New pumps and controls.

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

Upgrade lift stations, new force mains, and rehab gravity lines. SCADA and Telemetry added to lift stations.

- **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?

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



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

<b>X</b> Yes No ( $\sqrt{\text{Check one box.}}$ )	
3/6/2023	3/6/2023
<i>Influent flow meter calibration date(s)</i>	<i>Effluent flow meter calibration date(s)</i>

**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?

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

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D. Preventive Maintenance

E.

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

	$\sqrt{\text{Check one box.}}$ Yes $\square$ No If Yes, Please describe:				
	The Department's BMP as well as the manufactures manuals detailing PM and the Plant O&M Manual.				
ii.	Does this preventive maintenance program depict frequency of intervals, types of lubrication and other preventive maintenance tasks necessary for each piece of equipment?				
iii.	Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assured properly? $\boxed{\mathbf{X}}$ Yes $\boxed{\mathbf{N}}$ 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?				
	$\vee$ Check one box. Yes No If Yes, Please describe:				
	Ordinance 85-8-8 imposes BOD, TSS, pH, Oil and Grease, COD, and Metals limits on discharges. All limits correspond to average domestic strength domestic waste.				
ii.	Has it been necessary to enforce?				
	$\sqrt{\text{Check one box.}}$ Yes $\square$ No If Yes, Please describe:				
	We require all commercial and industrial users to abide by these limits.				

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	0	100 points
Part 3: Age of WWTF	50	50 points
Part 4: Overflows and Bypasses	10	100 points
Part 5: Ultimate Disposition of Sludge	0	100 points
Part 6: New Development	0	30 points
Part 7: Operator Certification Training	0	100 points

TOTAL POINTS:

60
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# **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