2023-0042

INTRODUCED BY: MATTHEW JEWELL, PARISH PRESIDENT (DEPARTMENT OF WASTEWATER)

RESOLUTION NO.

6687

A resolution notifying the Louisiana Department of Environmental Quality that the St. Charles Parish Department of Wastewater has reviewed the Municipal Water Pollution Prevention Environmental Audit Report for LA0032131 Al43356 – Luling Oxidation Pond, and set forth the required action.

WHEREAS, the Louisiana Department of Environmental Quality Municipal Water Pollution Prevention Environmental Audit Report Program is designed to encourage municipal wastewater facilities to provide compliance maintenance prior to becoming noncompliant; and,

WHEREAS, it is necessary to submit the Environmental Audit to the Louisiana Department of Environmental Quality along with this resolution.

NOW, THEREFORE, BE IT RESOLVED, THAT WE, THE MEMBERS OF THE ST. CHARLES PARISH COUNCIL, do hereby notify the Louisiana Department of Environmental Quality that the St. Charles Parish Department of Wastewater has reviewed the Municipal Water Pollution Prevention Environmental Audit Report and sets forth the following action necessary to maintain permit requirements contained in The Luling Oxidation Pond's Permit:

- a. The Department has a Capacity, Management, Operation and Maintenance (CMOM) Program in place, which consists of a continuous program of monitoring, smoke testing and upgrading of existing sewer collection lines. The Department also uses its TV camera equipment to inspect the gravity lines in the system.
- b. The Department has a preventive maintenance program. This program consists of upgrading and rehabilitation of manholes, collection lines and lift stations including control panels.
- c. Domestic waste from the communities/areas of Luling, Boutte, Willowdale, Willow Ridge, Mimosa, Lakewood, Ama, and Davis Plantation is treated through the Luling Oxidation Pond.
- d. In accordance with the conditions of the LDEQ State Revolving Loan Fund, the Wastewater Department will continue to repair manholes and sewer collection system lines that are old and dilapidated to prevent excessive inflow and infiltration causing overflows, bypasses and permit violations.

The foregoing resolution having been submitted to a vote, the vote thereon was as follows:

YEAS: BILLINGS, FONSECA, DARENSBOURG GORDON, CLULEE, GIBBS,

DUFRENE, BELLOCK, FISHER, FISHER-CORMIER

NAYS: NONE ABSENT: NONE

And the resolution was declared adopted this <u>27th</u> day of <u>February</u>, 2023, to become effective five (5) days after publication in the Official Journal.

CHAIRMAN: SECRETARY: Wichell Suparfact

DLVD/PARISH PRESIDENT: February 28, 2023

APPROVED: DISAPPROVED:

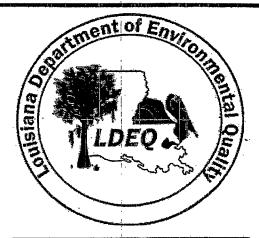
PARISH PRESIDENT: March 1, 2023

AT: 9:21 am RECD BY:

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP



•	<u> </u>
Facility Name:	Luling Oxidation Pond
LPDES Permit Number:	LA0032131
Agency Interest (AI) Number:	AI 43356
Address:	Post Office Box 302
	Hahnville, Louisiana 70057
Parish:	St. Charles
(Person Completing Form) Name:	Angela Troxler
Title:	Laboratory Coordinator
Date Completed:	February 16, 2023

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 BOD ₅ Concentration (mg/l)		Column 3 Average Monthly BOD ₅ Loading (pounds per day, lb/day)
.931	x	119	x 8.34 =	924
2.487 ·	x	85	x 8.34 =	1,763
1.764	x	50	x 8.34 =	736
2.415	x	58	x 8.34 =	1,168
1.380	x	77	x 8.34 =	886
1.706	x	108	x 8.34 =	1,537
1.394	· x	76	x 8.34 =	884
2.962	x	49	x 8.34 =	1,210
1.89	x	68	x 8.34 =	1,072
.547	x	108	x 8.34 =	493
1.416	x	85	x 8.34 =	1,004
2.545	х	131	x 8.34 =	2,781

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:	3.2	x 0.90 =	2.88
Design BOD, lb/day:	5,338	x 0.90 =	4,804

C.	(WW)	rF) exc	ceed 9	0% of 4	design	flow?	Circle	the nu		of mont		treatme d the co		
	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	in the	C poir	nt total	box	0	C Poi	nt Total
D.		the nu	mber o									eed the		
	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, 1	0 or 15	in the	D poin	nt total	box	0	D Poi	nt Total
E.		design	loadin	ig? Ci	rcle the	e numb	er of n					WTF ex point to		
	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 poin	it total	box	0	E Poin	it Total
F.		loadin	g? Ci	rcle the	e numb	er of r	nonths					VTF extotal. V		
	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
			W	/rite 0,	10, 20	, 30, 4	0 or 50	in the	F poin	nt total	box	0	F Poin	t Total
G.	Add to	gether	each p	oint to	otal for	C thro	ough F	and pl	ace this	s sum i	n the	box bel	ow at t	he right
					тот	AL PO	INT V	/ALU	E FOR	PAR	Г1:	0	(max	= 80)
	Al	so ente	r this	value c	or 80, v	vhiche	ver is l	ess, on	the po	int cal	culatio	on table	on pa	ge 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 2022	34	r	28
February 2022	13	:	18
March 2022	. 18		16
April 2022	25	• •	32
May 2022	39		48
June 2022	31		36
July 2022	42		33
August 2022	17		30
September 2022	6		7
October 2022	7		12
November 2022	7		3
December 2022	8	1	2

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

_	Permit Limit	!	90% of Permit Limit
BOD, mg/l	30	x 0.90 =	27
TSS, mg/l	90	x 0.90 =	81

10 | ii Point Total

								Per	mit#:	LAC	1032	131		
C.	Contin	uous]	Discha	rge to	Surfac	e Wate	r.			1				
i.	How n Circle the box	the nu	ımber (of mon	ths and									
	months points	0 0	1 0	2 10	3 20	30	5 40	6 40	7 40	8 40	9 40	10 40	11 40	12 40
				Wri	ite 0, 1	0, 20, 3	30 or 4	0 in th	e i poir	nt total	box	30	i Poin	t Total
i i.	How m number at the r	r of m												
	months points	0. 0.	1 5	2 5	3 10	4 10	5 10	6 10	7 10	8 10	9 10	10 10	11 10	12 10

iii. How many months did the effluent TSS (Column 2) exceed 90% of the permit limits? Circle the number of months and the correspoding point total. Write the point total in the box below at the right.

months **(0)** .10 points Write 0, 10, 20, 30 or 40 in the iii point total box iii Point Total

Write 0, 5, or 10 in the ii point total box

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

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.

	!
Permit #	LA0032131
2 07 11111 11.	
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			rerm	##: LA0032131
(Other Monitoring and L	imitations		U
P	At any time in the past y pollutants such as: amme coliform?	ear was there onia-nitrogen,	and exceedance phosphorus, pH	of a permit limit for other I, total residual chlorine, or fecal
•	√ Check one box.	X Yes	☐ No	If Yes, Please describe:
	Nove	ember 2022	- failed to pu	Il fecal coliform.
#				
L				
A	At any time in the past ye Foxicity) test of the efflu	ear was there a	"failure" of a E	Biomonitoring (Whole Effluent
T	At any time in the past yet for the efflut Check one box.	ear was there a lent?	"failure" of a E	Biomonitoring (Whole Effluent If Yes, Please describe:
T	Foxicity) test of the efflu	ient?		
T	Foxicity) test of the efflu	ient?		
T	Foxicity) test of the efflu	ient?		
Τ	Foxicity) test of the efflu	ient?		
T	Foxicity) test of the efflu	ient?		
T V	Toxicity) test of the efflu	ent?	No No	

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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? 1994

Current Year Answer to A Age in years 2022 1994

Enter Age in Part C below.

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

FACTOR: Mechanical Treatment Plant 2.5 (trickling filter, activated sludge, etc...) Specify Type: Aerated Lagoon 2.0 Χ Stabilization Pond 1.5 Other Specify Type: 1.0

Multiply the factor listed next to the type of facility your community employs by the age C. of your facility to determint the total point value for Part 3.

TOTAL POINT VALUE FOR PART 3 =

$$\frac{1.5}{Factor} \times \frac{28}{Age} = \boxed{42} \text{ (max = 50)}$$

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.

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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:
	1 $\sqrt{\text{Check one box.}}$ $\boxed{\begin{array}{c} 0 = 0 \text{ points} \\ \hline X \end{array}}$ $\boxed{\begin{array}{c} 3 = 15 \text{ points} \\ \hline 4 = 30 \text{ points} \\ \hline \end{array}}$ $\boxed{\begin{array}{c} 3 = 15 \text{ points} \\ \hline \end{array}}$ $\boxed{\begin{array}{c} 5 \text{ or more} = 50 \text{ points} \\ \hline \end{array}}$
ii.	List the number of bypasses, overflows or unpermitted discharges shown in A (i) that were withing the collection system and the number at the treatement plant
	Collection System: 1 Treatment Plant: 0
В. 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:
-	3 $\sqrt{\text{Check one box.}}$ $\boxed{0}$ = 0 points $\boxed{\times}$ 3 = 15 points $\boxed{1}$ = 5 points $\boxed{1}$ = 4 = 30 points $\boxed{1}$ = 5 or more = 50 points
ii.	List the number of bypasses, overflows or unpermitted discharges shown in B (i) that were withing the collection system and the number at the treatement plant
	Collection System: 3 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
Ď.	Add the point values checked for A and B and place the total in the box below.
	TOTAL POINT VALUE FOR PART 4: 20 (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, Assistant 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 (SPOC, DEQ, EPA).
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PART 5: SLUDGE STORAGE AND DISPOSAL SITES

Α.	Sludge	Storgage
/1.»	Diuuge	DIVIERE

How many months of 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 40 in the A point total box 0 A Point Total

B. For how many months does your facility have access to (and approval for) sufficient land disposal sites to provide proper land disposal?

Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

 months
 <2</th>
 6-11
 12-23
 24-35
 36

 points
 50
 30
 20
 10
 0

Write 0, 10, 20, 30 or 40 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: 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 6: NEW DEVELOPMENT

Please provide the followere installed during the		r the total of a	ll sewer line exten	sions which
Design Population:	22,000	_		
Design Flow:	3.5	MGD		•
Design BOD:	30-45	mg/l		
Has an industry (or other in the past year, such the significantly increased	at either flow or pol			
$\sqrt{\text{Check one box.}}$	Yes = 15 p	oints 🔲	No = 0 points	
If Yes, Please describe:				
List any new pollutants	:	,		
Is there any development 2-3 years, such that eith significantly increase?				
$\sqrt{\text{Check one box.}}$	Yes = 15 p	oints 🔀	No = 0 points	
If Yes, Please describe:			: : :	
			!	
List any new pollutants	you anticipate:		 	
Add together the point	value checked in B a	nd C and place	e the sum in the bo	x below.
	TOTAL POINT	VALUE FO	R PART 6: 15	(max = 30)
Also enter this valu	e or 30, whichever is	s less, on the p	oint ¢alculation ta	ble 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:		Travis Cortez
В.	What is his or her certifi	cation number: <i>Cert.</i> #:		21-465
C.	What level of certification wastewater treatment factories	cility?	• •	red to have to operate the
		Level Required:		. IV
D.	What is the level of certi	fication of the opera	tor-in-charge	·
		Level Certified:		IV
E.	Was the operator-in-char required in order to oper		certified at	least at the grade level
	$\sqrt{\text{Check one box.}}$	\boxed{X} Yes = 0 poin	nts	No = 50 points
	Write	e 0 or 50 in the E poi	nt total box	0 E Point Total
F.	Has the operator-in-chargear?	ge maintained recerti	fication requ	uirements during the reporting
	$\sqrt{\text{Check one box.}}$	X Yes		☐ No
G.	How many hours of cont last two calendar years?	inuing education has	the operato	r-in-charge completed over the
	$\sqrt{\text{Check one box.}}$	$\boxed{\chi}$ > 12 hours =	0 points	< 12 hours = 50 points
	Write	0 or 50 in the G poi	nt total box	0 G Point Total
H.	Is there a written policy treatment plant employed		education a	n training for wastewater
	$\sqrt{\text{Check one box.}}$	X Yes		No No
	Explain: Training is ou	ıtlined in the Departme	nt BMP, Plant	Emergency Procedures, Chemical
	Release Contingency Plan,	Plant O&M Manual an	d the Safety N	/anual!
I.	What percentage of the c	ontinuing education	expenses of	the operator-in-charge were
	paid for:	100%	TD 41	00/
	By the permittee?	100 /6	By the ope	erator? 0%
J.	Add together the E and C	G point vaules and pl	ace the sum	in the box below at the right.
		TOTAL POINT	VALUE FO	$\mathbf{R} \mathbf{PART 7:} \boxed{0} (\max = 100)$
	Also enter this value of	or 100, whichever is	less, on the p	point calculation table on page 16.

PART 8: FINANCIAL STATUS

A.	Are User-Charge Reven	iues sufficient t	o cover oper	ation and ma	iitenance expenses?	
	√ Check one box.	X Yes	No	If No, How	are O&M costs financed	?
		me the User- operation and			re sufficient to cover nces.	
	<u> </u>					
В.	What financial resource and reconstruction need		vailable to p	oay for your h	wastewater improvements	;
В.	and reconstruction need	ls?		į	wastewater improvements	;
В.	and reconstruction need	ls?		į		
В.	and reconstruction need	ls?		į		
B.	and reconstruction need	ls?		į		

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Yes

Yes

Nο

Nο

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 manholes. 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.

- В. If you have ponds please answer the following questions: √ Check one box. Do you have duckweed buildup in the ponds? Yes X No Do you mow the dikes regularly (at least monthly), to the ii. waters edge? Yes No iii. Do you have bushes or trees growing on the dikes or in the ponds? Yes X No Do you have excess sludge buildup (> 1foot) on the bottom iv. of any of your ponds? Yes No Do you excersise all of your valves? Yes No 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?
 viii. Do you visit your pond system at least weekly?

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1	Treatment Plants
i.	Have the influent and effluent flow meters been calibrated in the last year?
	X Yes
	N/A 12/12/2022
	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
ii.	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. X Yes No If Yes, Please describe:					
	The Department's BMP as well as the manufacturers 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? 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?					
	$\sqrt{\text{Check one box.}}$ Yes \square No If Yes, Please describe:					
	Ordinance 85-8-8 imposes BOD, TSS, pH, Oil and Grease, COD and Metals limits on discharges. All of the limits correspond to average domestic strength domestic waste.					
ii.	Has it been necessary to enforce?					
	√ Check one box. X Yes 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	40	100 points
Part 3: Age of WWTF	42	50 points
Part 4: Overflows and Bypasses	20	100 points
Part 5: Ultimate Disposition of Sludge	0	100 points
Part 6: New Development	15	30 points
Part 7: Operator Certification Training	0	100 points
TOTAL POINTS:	117	