

2026-0109

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

RESOLUTION NO. 6901

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 AI43356 – 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: MOBLEY, FONSECA, WILSON, SKIBA, PILIE, COMARDELLE, O'DANIELS,
 FISHER
NAYS: NONE
ABSENT: DEBRULER

And the resolution was declared adopted this 6th day of April, 2026, to become effective five (5) days after publication in the Official Journal.

CHAIRMAN: W. J. Miller
SECRETARY: Michelle Supontato
DLVD/PARISH PRESIDENT: April 7, 2026
APPROVED: DISAPPROVED:

PARISH PRESIDENT: Matthew Jewell
RETD/SECRETARY: April 7, 2026
AT: 1:46pm RECD BY: [Signature]

LOUISIANA
MUNICIPAL WATER
POLLUTION PREVENTION
MWPP



Facility Name:	Luling Oxidation Pond
LPDES Permit Number:	LA 0032131
Agency Interest (AI) Number:	AI 43356
Address:	P.O. BOX 302
	Hahnville, LA 70057
Parish:	St. Charles
(Person Completing Form) Name:	Paige Rome
Title:	Laboratory Coordinator
Date Completed:	February 10, 2026

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.

Permit #:

0 LA 0032131

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)
3.553	x	84.6	x 8.34 =	2506.9
2.956	x	86.8	x 8.34 =	2139.8
1.906	x	139.5	x 8.34 =	2217.4
1.813	x	101.8	x 8.34 =	1539.2
1.997	x	97.3	x 8.34 =	1620.6
2.76	x	63.5	x 8.34 =	1461.7
2.83	x	87.6	x 8.34 =	2067.6
2.219	x	112.5	x 8.34 =	2082.1
1.176	x	71.5	x 8.34 =	701.2
1.165	x	98	x 8.34 =	952.2
1.212	x	144	x 8.34 =	1455.6
1.772	x	108	x 8.34 =	1596.1

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. 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>	0	1	<input checked="" type="checkbox"/> 2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	0	<input checked="" type="checkbox"/> 10	20	30	40	40	40	40	40	40	40	40

Write 0, 10, 20, 30 or 40 in the i point total box 10 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>	0	<input checked="" type="checkbox"/> 1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	<input checked="" type="checkbox"/> 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.

<i>months</i>	<input checked="" type="checkbox"/> 0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<input checked="" type="checkbox"/> 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>	<input checked="" type="checkbox"/> 0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<input checked="" type="checkbox"/> 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: 15 (max = 100)

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

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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.

<i>months</i>	0	1	<input checked="" type="checkbox"/> 2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	0	<input checked="" type="checkbox"/> 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.

<i>months</i>	0	<input checked="" type="checkbox"/> 1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	<input checked="" type="checkbox"/> 5	5	10	10	15	15	15	15	15	15	15	15

Write 0, 5, 10 or 15 in the D point total box 5 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>	<input checked="" type="checkbox"/> 0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<input checked="" type="checkbox"/> 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.

<i>months</i>	<input checked="" type="checkbox"/> 0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<input checked="" type="checkbox"/> 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: 5 (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.

Month	Column 1 Average Monthly BOD (mg/l)	Column 2 Average Monthly TSS (mg/l)
January 2025	9.7	17.6
February 2025	23.1	10.5
March 2025	27.5	13
April 2025	17.2	16.8
May 2025	16.2	11.5
June 2025	12	7.7
July 2025	24.8	5.4
August 2025	8.8	7.5
September 2025	4	6.8
October 2025	5.3	5.3
November 2025	12.3	7
December 2025	32.3	11.4

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

	Permit Limit		90% of Permit Limit
<i>BOD, mg/l</i>	30	x 0.90 =	27
<i>TSS, mg/l</i>	90	x 0.90 =	81

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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:

- 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?

$$\begin{array}{rcccl}
 & & 2023 & & \\
 & & \underline{\hspace{1cm}} & & \\
 \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\
 2025 & & 2023 & & 2 \\
 \underline{\hspace{1cm}} & & \underline{\hspace{1cm}} & & \underline{\hspace{1cm}}
 \end{array}$$

Enter Age in Part C below.

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

		FACTOR:
<u> </u>	Mechanical Treatment Plant (trickling filter, activated sludge, etc...) Specify Type: _____	2.5
<u> </u>	Aerated Lagoon	2.0
<u> X </u>	Stabilization Pond	1.5
<u> </u>	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 =

$$\frac{1.5}{\text{Factor}} \times \frac{2}{\text{Age}} = \boxed{3} \text{ (max = 50)}$$

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 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	ⓐ
<i>points</i>	50	30	20	10	ⓐ

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

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

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: 0 (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: 22000
Design Flow: 6.0 MGD
Design BOD: 30-45 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:

None

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.

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:
Cert.#: 21-465

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

- 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: 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: 0 (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?*

At present time the User-Charge Revenues are sufficient to cover operation and maintenance expenses.

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

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

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:

√ Check one box.

- | | |
|--|---|
| <p>i. <i>Do you have duckweed buildup in the ponds?</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>ii. <i>Do you mow the dikes regularly (at least monthly), to the waters edge?</i></p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>iii. <i>Do you have bushes or trees growing on the dikes or in the ponds?</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>iv. <i>Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds?</i></p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>v. <i>Do you exercise all of your valves?</i></p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>vi. <i>Are your control manholes in good structural shape?</i></p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>vii. <i>Do you maintain at least 3 feet of freeboard in all of your ponds?</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>viii. <i>Do you visit your pond system at least weekly?</i></p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

C. Treatment Plants

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

Yes No (√Check one box.)

1/3/2025
Influent flow meter calibration date(s)

1/3/2025
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:*

We are looking into the possibility of an effluent wet well and are utilizing a chemical called PAA and no longer utilizing chlorine or SO2.

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:*

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?

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:*

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?

√ Check one box. 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: <i>Influent Flow/Loadings</i>	<u>5</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>15</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>3</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>5</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>0</u>	100 points
Part 6: <i>New Development</i>	<u>0</u>	30 points
Part 7: <i>Operator Certification Training</i>	<u>0</u>	100 points

TOTAL POINTS: 28

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