

# LOUISIANA

## MUNICIPAL WATER POLLUTION PREVENTION

### MWPP



<i>Facility Name:</i>	St. Charles Parish Council Destrehan Wastewater Treatment Plant
<i>LPDES Permit Number:</i>	LA 0073539
<i>Agency Interest (AI) Number:</i>	AI 39862
<i>Address:</i>	Post Office Box 302  Hahnville, Louisiana 70057
<i>Parish:</i>	St. Charles
<i>(Person Completing Form) Name:</i>	Angela Troxler
<i>Title:</i>	Laboratory Coordinator
<i>Date Completed:</i>	February 15, 2023

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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)		<b>Column 2</b> Average Monthly BOD5 Concentration (mg/l)		<b>Column 3</b> Average Monthly BOD5 Loading (pounds per day, lb/day)
3.461	x	91	x 8.34 =	2,627
3.154	x	104	x 8.34 =	2,736
2.709	x	107	x 8.34 =	2,417
2.681	x	86	x 8.34 =	1,923
2.999	x	115	x 8.34 =	2,876
2.353	x	115	x 8.34 =	2,257
2.269	x	108	x 8.34 =	2,044
3.730	x	79	x 8.34 =	2,458
2.747	x	89	x 8.34 =	2,039
1.869	x	127	x 8.34 =	1,980
2.645	x	129	x 8.34 =	2,846
3.559	x	105	x 8.34 =	3,117

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	x 0.90 =	5.4
Design BOD, lb/day:	7,506	x 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.

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

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

<i>months</i>	<input type="radio"/> 0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<input type="radio"/> 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 type="radio"/> 0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<input type="radio"/> 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:** 0 (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)
January 2022	4	1
February 2022	2	2
March 2022	3	1
April 2022	4	2
May 2022	3	2
June 2022	3	3
July 2022	7	5
August 2022	4	12
September 2022	3	2
October 2022	6	2
November 2022	3	2
December 2022	3	2

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

	Permit Limit		90% of Permit Limit
BOD, mg/l	30.0	x 0.90 =	27.0
TSS, mg/l	30.0	x 0.90 =	27.0

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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.

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

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

- 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 type="radio"/> 0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	<input type="radio"/> 0	5	5	10	10	10	10	10	10	10	10	10	10

Write 0, 5, or 10 in the iv point total box  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:**  (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 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:*

Fecal Coliform - August 2022 - Actual = 1,301 - Limit = 400  
One bank on the UV System was down and parts were on backorder.

- 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:*

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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?

$$\begin{array}{rcccl} & & & 2000 & \\ & & & \hline \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\ \hline 2022 & & 2000 & & 22 \\ \hline \end{array}$$

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...) Specify Type: <u>Activated Sludge</u>	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 =**

$$\frac{2.5}{\text{Factor}} \times \frac{22}{\text{Age}} = \boxed{50} \text{ (max = 50)}$$

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:
- 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:
- 13  √ 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:  13                       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:** 50 (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).



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**PART 5: SLUDGE STORAGE AND DISPOSAL SITES**

**A. Sludge Storage**

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.

<i>months</i>	<2	2	3	4-5	<u>&gt;6</u>
<i>points</i>	50	30	20	10	<u>0</u>

Write 0, 10, 20, 30 or 40 in the A point total box  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.

<i>months</i>	<2	6-11	12-23	24-35	<u>&gt;36</u>
<i>points</i>	50	30	20	10	<u>0</u>

Write 0, 10, 20, 30 or 40 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: 44,000  
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:*

Two residential subdivisions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any new pollutants you anticipate:

None

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: 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 vaules 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.

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 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.

**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>ii. <i>Do you mow the dikes regularly (at least monthly), to the waters edge?</i></p> <p>iii. <i>Do you have bushes or trees growing on the dikes or in the ponds?</i></p> <p>iv. <i>Do you have excess sludge buildup (&gt; 1foot) on the bottom of any of your ponds?</i></p> <p>v. <i>Do you excersise all of your valves?</i></p> <p>vi. <i>Are your control manholes in good structural shape?</i></p> <p>vii. <i>Do you maintain at least 3 feet of freeboard in all of your ponds?</i></p> <p>viii. <i>Do you visit your pond system at least weekly?</i></p> | <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/>  | Yes   | <input type="checkbox"/> | No  |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |
| <input type="checkbox"/>  | Yes   | <input type="checkbox"/> | No  |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |
| <input type="checkbox"/>  | Yes   | <input type="checkbox"/> | No  |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |
| <input type="checkbox"/>  | Yes   | <input type="checkbox"/> | No  |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |
| <input type="checkbox"/>  | Yes   | <input type="checkbox"/> | No  |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |
| <input type="checkbox"/>  | Yes   | <input type="checkbox"/> | No  |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |
| <input type="checkbox"/>  | Yes   | <input type="checkbox"/> | No  |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |     |                          |    |

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C. Treatment Plants

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

Yes  No (✓ Check one box.)

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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

iii. 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.

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 comercial 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

	<b>Actual Values</b>	<b>Maximum</b>
Part 1: <i>Influent Flow/Loadings</i>	<u>0</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>0</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>50</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>50</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>0</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:

115