LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP



Facility Name:	St. Charles Parish Council Hahnville Wastewater Treatment Plant				
LPDES Permit Number:	LA 0073521				
Agency Interest (AI) Number:	AI 43357				
Address:	Post Office Box 302				
	Hahnville, Louisiana 70057				
·					
Parish:	St. Charles				
(Person Completing Form) Name:	Angela Troxler				
Title:	Laboratory Coordinator				
Date Completed:	January 26, 2015				

LA0073521

PART L'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)
2.345	x	159	x 8.34 =	3,110
3.249	x	142	x 8.34 =	3,848
2.839	x	68	x 8.34 =	1,610
2.340	X	96	x 8.34 =	1,873
2.042	X	150	x 8.34 =	2,555
2.483	x	74	x 8.34 =	1,532
2.065	x	76	x 8.34 =	1,309
1.424	x	190	x 8.34 =	2,256
1.603	x	119	x 8.34 =	1,591
1.439	x	126	x 8.34 =	1,512
1.162	x	183	x 8.34 =	1,773
1.603	X	79	x 8.34 =	1,056

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:	2.30	x 0.90 =	2.07
Design BOD, lb/day:	2,945	x 0.90 =	2,650.5

								Peri	mit #:	LA	1007	3521		
C.	How m (WWT) point to	F) exc	ceed 90)% of d	esign i	low?	Circle	the nu	mber o	f mont	water t hs and	reatme the co	nt faci	lity ding
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	points	0	0	0	0	0	(5)	5	5	5	5	5	5	5
_									C poin					ıt Total
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	points	0	5	5	10	10	13	15	15	15	15	15	15	15
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E.	How mof the of the poi	iesign	loadir	ig? Cir	cle the	numb	er of n	ling (C aonths	Column and co	3) to t rrespo	he WV nding	VTF ex point to	ceed 9 otal. W	0% Vrite
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	points	0	0	3	5	5	10	10	10	10	10	10	10	10
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	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
			V	Vrite 0,	10, 20), 30, 4	10 or 50) in the	e F poir	nt total	box	20	F Poi	nt Total
G.	Add to	gethe	r each	point to	otal for	C thr	ough F	and pl	lace thi	s sum	in the	box be	low at	the righ
					тот	AL P	TNIC	VALU	E FOI	R PAR	T 1:	45	(max	= 80)

Permit #.

LA0073521

PART 2. EEFECTENT QUALITY APPART 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 2014	2	3
February 2014	7	5
March 2014	9	5
April 2014	3	2
May 2014	5	2
June 2014	3	2
July 2014	2	4
August 2014	4	2
September 2014	3	8
October 2014	5	3
November 2014	4	2
December 2014	1	2

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

_	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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Contin	uous D	ischar	ge to S	urface	Water	·.		Ę		<u></u>			
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-	_											- 10	10
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We the box below at the right. months 0 1 2 3 4 5 6 7 8 points 0 10 20 30 40 40 40 40 Write 0, 10, 20, 30 or 40 in the iii point total How many months did the effluent TSS (Column 2) exceed permonths 0 10 20 30 40 40 40 40 Write 0, 10, 20, 30 or 40 in the iii point total How many months did the effluent TSS (Column 2) exceed permonths of months and corresponding point total. Write the point at the right. months 0 1 2 3 4 5 6 7 8 points 0 1 2 3 4 5 6 7 8 points 0 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10	Continuous Discharge to Surface Water. How many months did the effluent BOD (Column 1) exceed 90% of the Circle the number of months and the correspoding point total. Write the the box below at the right. months 0 1 2 3 4 5 6 7 8 9 points 0 10 20 30 40 40 40 40 40 40 40 40 40 40 40 40 40	Continuous Discharge to Surface Water. How many months did the effluent BOD (Column 1) exceed 90% of the permit Circle the number of months and the correspoding point total. Write the point the box below at the right. months 0 1 2 3 4 5 6 7 8 9 10 points 0 0 10 20 30 40 40 40 40 40 40 40 40 40 40 40 40 40	Continuous Discharge to Surface Water. How many months did the effluent BOD (Column 1) 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 ① 1 2 3 4 5 6 7 8 9 10 11 points ① 0 10 20 30 40 40 40 40 40 40 40 40 40 40 40 40 40

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

TOTAL POINT VALUE FOR PART 2:

 $0 \quad (max = 100)$

			Permit #:	LA0073521				
D.	Other Monitoring and Limit	itations	•					
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?							
	√ Check one box.	Yes	X No	If Yes, Please describe:				
ii.	At any time in the past year Toxicity) test of the effluen	ir was there a ant?	"failure" of a Bior	monitoring (Whole Effluent				
	√ Check one box.	Yes	X No	If Yes, Please describe:				
iii.	At any time in the past year substance?	ar was there a	ın exceedance of a	permit limit for a toxic				
	√ Check one box.	Yes 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?

 $\begin{array}{rcl}
 & 2000 \\
\hline
 & Current Year & - Answer to A & = Age in years \\
 & 2014 & 2000 & 14
\end{array}$

Enter Age in Part C below.

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

		FACTOR:	
X	Mechanical Treatment Plant (trickling filter, activated	2.5	
	sludge, etc) Specify Type: Activated 9	Sludge	
	Aerated Lagoon	2.0	
-	Stabilization Pond	1.5	
***************************************	Other Specify Type:	1.0	

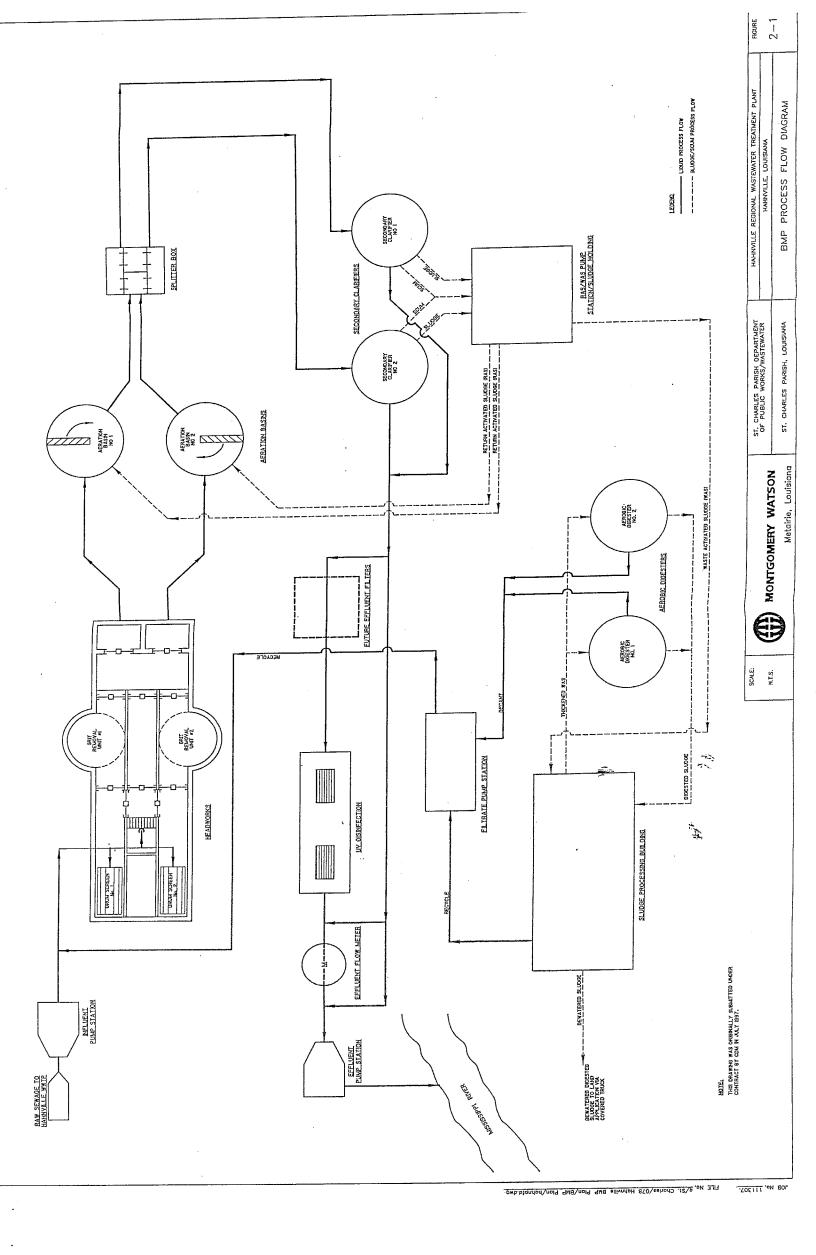
C. Multiply the factor listed next to the type of facility your community employs by the age of your facility to determint the total point value for Part 3.

TOTAL POINT VALUE FOR PART 3 =

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

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.



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PAI	ETAL TOWER ELOWIS AND EXPLANSES TO THE TELESCOPE OF THE PROPERTY OF THE PROPER
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:
	7 V Check one box. $$ 0 = 0 points $$ 3 = 15 points $$ 1 = 5 points $$ 2 = 10 points $$ 2 or more = 50 points
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: 0 Treatment Plant: 7
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:
	either at the treatment plant or due to pumping problems in the collection system: 20 V Check one box. $0 = 0$ points $3 = 15$ points $1 = 5$ points $4 = 30$ points $2 = 10$ points $ 5$ or more $ 5$ or more $ 5$ 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: 19 Treatment Plant: 1
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: $100 \text{ (max} = 100)$
	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: L. J. Brady, 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 and EPA).

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PARILS: SLGIDGESTOKAGE AND DISPOSAL SITES

A. Sludge Storgage

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</th>
 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 6-11 12-23 24-35 36 points 50 30 20 10

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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	SE TOTO IN TOTAL PROPERTY	ADEOLNAINE A			
Α.	Please provide the fo	ollowing information f g the last year.	or the tota	l of all sewer line ex	tensions which
	Design Population:	17,000			
	Design Flow:	2.3	— MGD		
	Design BOD:	30-45	— mg/l		
В.	Has an industry (or in the past year, such significantly increase	other development) months that either flow or posted (5% or greater)?	oved into t llutant loa	he community or ex dings to the sewerag	panded production ge system were
	$\sqrt{\text{Check one box.}}$	Yes = 15	points	X No = 0 point	:S
	If Yes, Please descri	ibe:			
	List any new polluta None	ants:			
C.	Is there any develop 2-3 years, such that significantly increas	oment (industrial, come either flow or pollutar se?	nercial or t loadings	residential) anticipa to the sewerage sys	ted in the next tem could
	√ Check one box.	Yes = 15	points	X No = 0 poin	ts
	If Yes, Please descr	ibe:			
					· · · · · · · · · · · · · · · · · · ·
	List any new pollut None	ants you anticipate:	_\		

D.	Add together the po	oint value checked in E	and C an	d place the sum in th	ne box below.
		TOTAL POI	NT VALU	JE FOR PART 6:	$\boxed{0 (\text{max} = 30)}$

Also enter this value or 30, whichever is less, on the point calculation table on page 16.

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PARTA: OPERATOR CERTIFICATION AND EDUCATION What was the name of the operator-in-charge for the reporting year? Herman Cortez Name: Ρ. What is his or her certification number: 17-208 Cert.#: What level of certification is the operator-in-charge required to have to operate the C. wastewater treatment facility? Level Required: D. What is the level of certification of the operator-in-charge? IV Level Certified: E. Was the operator-in-charge of the report year certified at least at the grade level required in order to operate this plant? $\sqrt{\text{Check one box.}}$ X Yes = 0 points \square No = 50 points Write 0 or 50 in the E point total box E Point Total Has the operator-in-charge maintained recertification requirements during the reporting F. year? √ Check one box. X Yes No How many hours of continuing education has the operator-in-charge completed over the G. last two calendar years? √ Check one box. |X| > 12 hours = 0 points< 12 hours = 50 pointsWrite 0 or 50 in the G point total box G Point Total H. Is there a written policy regarding continuing education an training for wastewater treatment plant employees? √ Check one box. X Yes ☐ No 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? Add together the E and G point vaules and place the sum in the box below at the right. J.

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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PAI	US FINANCIAL STATUS
A.	Are User-Charge Revenues sufficient to cover operation and maitenance expenses?
	√ Check one box.
	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?
	Loans, grants and the general fund.

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A.	Collection System Maintenance	and the second s						
i.	Describe what sewer system maintenance work has been done in the last year.							
	Point repairs. Clean and camera lines.							
ii.	Describe what lift station work has been done in the last year.							
	Pulled all pumps, inspected wet wells, control p concerning lift stations. Replace defective equip	- 1						
iii.	What collection system improvements does the community have under construction for the next 5 years?							
	Currently there are no projects under construction projects in the planning phase							
В.	If you have ponds please answer the following questions:	√ Check one box.						
i. ii.	Do you have duckweed buildup in the ponds? Do you mow the dikes regularly (at least monthly), to the waters edge?	Yes No						
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	Yes No						
v. vi. vii.	of any of your ponds? Do you excersise all of your valves? Are your control manholes in good structural shape? Do you maintain at least 3 feet of freeboard in all of your	Yes No Yes No						
	ponds? Do you visit your pond system at least weekly?	Yes No No Yes						

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C.	Treatment Plants
i.	Have the influent and effluent flow meters been calibrated in the last year?
	Yes
	$\frac{10\text{-}23\text{-}14}{\text{Influent flow meter calibration date(s)}} \frac{10\text{-}23\text{-}14}{\text{Effluent flow meter calibration date(s)}}$
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 X 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 manufactures manuals detailing PM and the Plant O&M Manual.								
ii.	Does this preventive maint lubrication and other preve equipment?	tenance progrentive mainter	ram depict frequer nance tasks necess	ncy of intervals, types of sary for each piece of					
iii.	Are these preventive maint								
ш.	Are these preventive maint recorded and filed so future	e maintenanc	e problems can be	ment problems, being e 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?								
	√ Check one box.	X 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 en	aforce?							
	√ Check one box.	X Yes	☐ No	If Yes, Please describe:					
	We require all come	ercial and	industrial user	rs to abide by these limits.					
i pe	Any additional comments additional sheets if necess	about your tr ary.)	eatment plant or o	collection system? (Attach					

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POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: Influent Flow/Loadings	45	80 points
Part 2: Effluent Quality / Plant Performance	0	100 points
Part 3: Age of WWTF	35	50 points
Part 4: Overflows and Bypasses	100	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:	180	