

ST. TAMMANY PARISH COUNCIL

RESOLUTION

RESOLUTION COUNCIL SERIES NO: C-6439

COUNCIL SPONSOR: LORINO/COOPER

PROVIDED BY: ENVIRONMENTAL SERVICES/CIVIL DIVISION ADA

RESOLUTION TO ACKNOWLEDGE THE RECEIPT AND REVIEW OF THE 2020 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE AUTUMN WIND SEWAGE TREATMENT FACILITY (WARD 4, DISTRICT 7)

WHEREAS, St. Tammany Parish Government owns and operates the Autumn Wind Sewage Treatment Facility; and

WHEREAS, the Louisiana Pollutant Discharge Elimination System (LPDES) permit which authorizes effluent discharge from the Autumn Wind Sewage Treatment Facility mandates the Parish to institute a program directed towards pollution prevention in order to improve operating efficiency and extend the useful life of the treatment facility; and

WHEREAS, as part of Other Conditions, Section I of LPDES permit LA0127427, the Parish Government must complete an annual Environmental Audit Report for the life of the permit, and a copy of the Environmental Audit Report is attached hereto.

THE PARISH OF ST. TAMMANY HEREBY RESOLVES that the St. Tammany Parish Council acknowledges the receipt of the 2020 Municipal Water Pollution Prevention Environmental Audit Report for the Autumn Wind Sewage Treatment Facility and its finding that expansion of this treatment facility is necessary to accommodate growth.

THIS RESOLUTION HAVING BEEN SUBMITTED TO A VOTE, THE VOTE THEREON WAS AS FOLLOWS:

MOVED FOR ADOPTION BY: _____ SECONDED BY: _____

YEAS: _____

NAYS: _____

ABSTAIN: _____

ABSENT: _____

THIS RESOLUTION WAS DECLARED ADOPTED ON THE 1 DAY OF APRIL, 2021, AT A REGULAR MEETING OF THE PARISH COUNCIL, A QUORUM OF THE MEMBERS BEING PRESENT AND VOTING.

MICHAEL R. LORINO, JR., COUNCIL CHAIRMAN

ATTEST:

KATRINA L. BUCKLEY, COUNCIL CLERK

Resolution Administrative Comment

RESOLUTION TO ACKNOWLEDGE THE RECEIPT AND REVIEW OF THE 2020 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE AUTUMN WIND SEWAGE TREATMENT FACILITY (WARD 4, DISTRICT 7)

Pursuant to the permit authorizing effluent discharge, this Resolution is required to acknowledge the Environmental Audit and identify any compliance actions to be taken. No compliance actions were indicated, but expansion is needed to accommodate growth.

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP



Facility Name:

Autumn Wind WWTP

LPDES Permit Number:

LA0127427

Agency Interest (AI) Number:

88008

Address:

P.O. Box 628 Covington, LA
70434

22155 Hoffman Rd. Mandeville
LA, 70471

Parish:

St. Tammany

(Person Completing Form) Name:

Tim Brown

Title:

Department of Environmental
Services Director

Date Completed:

January 2020 - December 2020

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 #: LA0127427

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)	x	Column 2 Average Monthly BOD5 Concentration (mg/l)	x 8.34 =	Column 3 Average Monthly BOD5 Loading (pounds per day, lb/day)
	x		x 8.34 =	
	x		x 8.34 =	
0.012	x	243	x 8.34 =	24.3
0.012	x	258	x 8.34 =	25.8
0.012	x	250	x 8.34 =	25
0.012	x	210	x 8.34 =	21
0.012	x	119	x 8.34 =	11.9
0.012	x	138	x 8.34 =	13.8
0.035	x	47	x 8.34 =	13.7
0.034	x	152	x 8.34 =	43.1
0.033	x	212	x 8.34 =	58.3
0.048	x	173	x 8.34 =	69.2

** Permit requiring MWPP did not take effect until March of 2020
 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:	0.106 MGD	x 0.90 =	0.09
Design BOD, lb/day:	221	x 0.90 =	199

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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	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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)
Jan-20		
Feb-20		
Mar-20	3.5	3
Apr-20	4	2.5
May-20	3	5
Jun-20	2.8	6
Jul-20	5	3
Aug-20	1.8	1
Sep-20	1.5	1
Oct-20	3.5	1.5
Nov-20	2	1.5
Dec-20	3	3.5

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>	10	x 0.90 =	9
<i>TSS, mg/l</i>	15	x 0.90 =	13.5

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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>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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 0 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	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	5	5	10	10	10	10	10	10	10	10	10	10

Write 0, 5, or 10 in the ii point total box 0 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>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	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: 0 (max = 100)

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

Permit #:

LA0127427

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:

On July 7, 2020 NH₃N sample results 12 mg/l Max limit = 10 mg/l
This was due to repairs being made to the WWTP. The repairs required a shutdown causing an extended period of no air. All subsequent sampling was within LPDES limits.

- 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:

Bio Monitoring not required at this facility

- 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?

$$\begin{array}{rcccl}
 & & & & \underline{2002} \\
 & & & & \hline
 \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\
 \hline
 2020 & & 2002 & & 18 \\
 \hline
 \end{array}$$

Enter Age in Part C below.

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

		FACTOR:
<u>X</u>	Mechanical Treatment Plant (trickling filter, activated sludge, etc...) Specify Type: <u>Return Activated Sludge</u>	2.5
<u> </u>	Aerated Lagoon	2.0
<u> </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 =

$$\frac{2.5}{\text{Factor}} \times \frac{18}{\text{Age}} = \boxed{45} \text{ (max = 50)}$$

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:

_____ 1 ✓ 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: _____ 0 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...

_____ T. U. owned collection systems

- D.** Add the point values checked for A and B and place the total in the box below.

TOTAL POINT VALUE FOR PART 4: 5 (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:

_____ Tim Brown, Director - Dept. of Environmental Services

Describe the procedure for gathering, compiling and reporting:

_____ SSO response per TU Sewer Treatment and Collection Systems SOP.

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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	6
<i>points</i>	50	30	20	10	0

Write 0, 10, 20, 30 or 50 in the A point total box 20 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	>36
<i>points</i>	50	30	20	10	0

Write 0, 10, 20, 30 or 50 in the B point total box 20 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: 40 (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

A. Please provide the following information for the total of all sewer line extensions which were installed during the last year.

Design Population: _____

Design Flow: _____ MGD

Design BOD: _____ 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:

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:

The facility is scheduled to be renovated and provide for additional sewer treatment capacity for a proposed new development, Bellevue Estates, in the near future. In our LPDES modification request the WWTP went from .070 MGD to .106 MGD

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: 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: Glenn Daughdrill

B. What is his or her certification number:
Cert. #: 1158

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

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: Budget allocated and training schedule set at beginning of each year

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.

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PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

i. Describe what sewer system maintenance work has been done in the last year.

General maintenance (smoking & camera). Less than 1% of collection system has needed repair

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

General maintenance... pumps replaced as needed. Pumps typically burnt up due to clogging. Auto dialers have been installed to some L/S throughout the collection system.

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

Construction of the WWTP in accordance with expansion plans

B. If you have ponds please answer the following questions: √ Check one box.

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|
| <p>i. Do you have duckweed buildup in the ponds?</p> <p>ii. Do you mow the dikes regularly (at least monthly), to the waters edge?</p> <p>iii. Do you have bushes or trees growing on the dikes or in the ponds?</p> <p>iv. Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds?</p> <p>v. Do you exercise all of your valves?</p> <p>vi. Are your control manholes in good structural shape?</p> <p>vii. Do you maintain at least 3 feet of freeboard in all of your ponds?</p> <p>viii. Do you visit your pond system at least weekly?</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><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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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.)

<u>Influent flow meter calibration date(s)</u>	<u>Flow meter installed on 7/9/2020</u> <u>Effluent flow meter calibration date(s)</u>
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ii. What problems, if any, have been experienced over the last year that have threatened treatment?

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:*

As per manufacturer directives in O&M manual and TU SOPs.

- 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:*

There is no pre treatment program in effect. There are no categorical industrial users and no adverse effects from current users.

- ii.** Has it been necessary to enforce?

√ Check one box. Yes No *If Yes, Please describe:*

- iii.** Any additional comments about your treatment plant or collection system? (Attach additional sheets if necessary.)

Permit #: LA0127427

POINT CALCULATION TABLE

	Actual Values	Maximum
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>45</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>5</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>40</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: 105



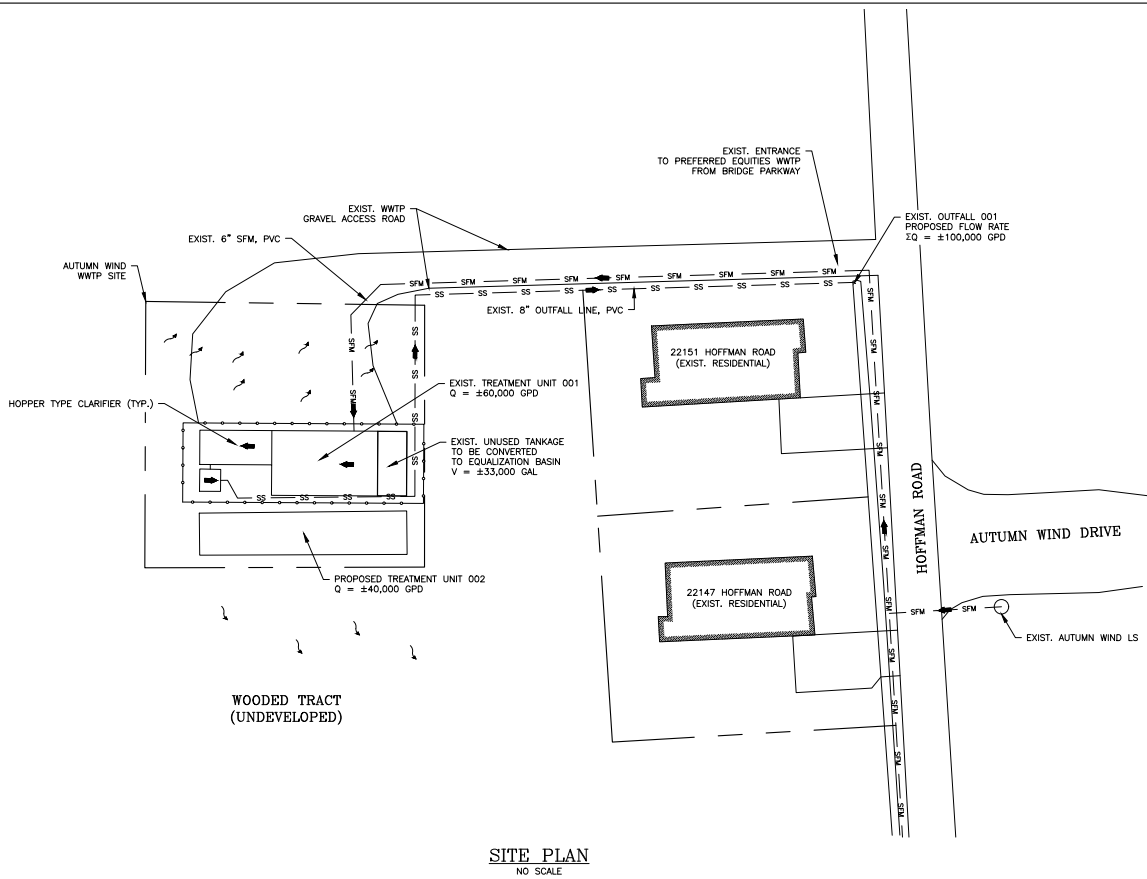
TAMMANY UTILITIES
 ST. TAMMANY PARISH
 GOVERNMENT
 620 N. TYLER STREET
 COVINGTON, LA 70433

NO.	DESCRIPTION OF REVISION	DATE
REGULATORY REVIEW NOT FOR CONSTRUCTION		

DESIGNED BY: LAH	ISSUE DATE: 03/2021
CHECKED BY: NAT, TB	ANSI D:
SUBMITTED BY: TLV / DRS	SHEET SIZE:
SCALE:	NO. SCALE:

TAMMANY UTILITIES AUTUMN WIND SEWER TREATMENT PLANT SITE MANDEVILLE, LOUISIANA	SITE PLAN
---	-----------

SHEET NO.
C-001
 SHEET 1 OF 1



SITE PLAN
 NO SCALE

- NOTES:**
1. SITE BOUNDARIES ARE APPROXIMATE.
 2. LOCATION OF EXISTING SEWER TREATMENT INFRASTRUCTURE AND OUTFALL ARE APPROXIMATE.
 3. 40,000 GPD EXPANSION TO BE DESIGNED AND CONSTRUCTED AS PART OF SUBDIVISION CONSTRUCTION.

LEGEND:

	DIRECTION OF SEWER FLOW
	INFERRED DIRECTION OF SURFACE WATER FLOW
	DEMOLITION/REMOVAL