

ST. TAMMANY PARISH COUNCIL

RESOLUTION

RESOLUTION COUNCIL SERIES NO: C-6098

COUNCIL SPONSOR: LORINO/BRISTER

PROVIDED BY: CIVIL DIVISION ADA

RESOLUTION TO ACKNOWLEDGE THE RECEIPT AND REVIEW OF THE 2018 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE NORTHLAKE BEHAVIORAL SEWAGE TREATMENT FACILITY (WARD 4, DISTRICT 7)

WHEREAS, St. Tammany Parish Government owns and operates the Northlake Behavioral Sewage Treatment Facility; and

WHEREAS, the Louisiana Pollutant Discharge Elimination System (LPDES) permit which authorizes effluent discharge for the Northlake Behavioral 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 of Section H. of LPDES permit LA0127070, 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 2018 Municipal Water Pollution Prevention Environmental Audit Report for the Northlake Behavioral Sewage Treatment Facility and its finding that although regulatory compliance is achieved, the aging terra cotta collection system should be repaired and improvements to the lift stations may be necessary. Potential grant funding sources will be pursued.

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 4 DAY OF APRIL , 2019, AT A REGULAR MEETING OF THE PARISH COUNCIL, A QUORUM OF THE MEMBERS BEING PRESENT AND VOTING.

MICHAEL R. LORINO, JR. , COUNCIL CHAIRMAN

ATTEST:

THERESA L. FORD, COUNCIL CLERK

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP



Facility Name:

Northlake Behavioral Sewage
Treatment Facility

LPDES Permit Number:

LA0127070

Agency Interest (AI) Number:

9371

Address:

P. O. Box 628 Covington,
LA 70434

23515 Hwy 190, Mandeville, LA

Parish:

St. Tammany

(Person Completing Form) Name:

Tim Brown

Title:

Department of Environmental
Services Director

Date Completed:

January 2018 - December 2018

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.

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PART 1: INFLUENT FLOW/LOADINGS (all plants)

A. List the average monthly volumetric flows and CBOD 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 CBOD5 Concentration (mg/l)	x 8.34 =	Column 3 Average Monthly CBOD5 Loading (pounds per day, lb/day)
0.00007	x	69	x 8.34 =	0.04
0.094	x	49	x 8.34 =	38.4
0.063	x	68	x 8.34 =	35.7
0.076	x	207	x 8.34 =	131.2
0.048	x	158	x 8.34 =	63.2
0.033	x	98	x 8.34 =	26.9
0.041	x	107	x 8.34 =	36.5
0.047	x	110	x 8.34 =	43.1
0.036	x	146	x 8.34 =	43.8
0.08	x	136	x 8.34 =	90.7
0.076	x	177	x 8.34 =	112.1
0.072	x	170	x 8.34 =	102

CBOD loading = Average Monthly Flow (in MGD) x Average Monthly CBOD concentration (in mg/l) x 8.34

B. List the design flow and design CBOD 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:	0.303 MGD	x 0.90 =	0.273
Design CBOD, lb/day:	632	x 0.90 =	569

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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 CBOD 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 CBOD 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 CBOD and TSS concentrations produced by your facility during the last reporting year.

Month	Column 1 Average Monthly CBOD (mg/l)	Column 2 Average Monthly TSS (mg/l)
January 2018	5	8
February 2018	4	4
March 2018	7	6
April 2018	6	4
May 2018	4	4
June 2018	4	5
July 2018	5	2
August 2017	4	1
September 2018	5	2
October 2018	2	2
November 2018	3	2
December 2018	2	2

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 CBOD (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 CBOD (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)

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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:

N/A - biomonitoring is not required for 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?

$$\begin{array}{rcccl}
 & & & & 2000 \\
 & & & \hline
 \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\
 \hline
 2018 & & 2000 & & 18 \\
 \hline
 \end{array}$$

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
_____	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 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.

SEE ATTACHED DIAGRAM.

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

Write 0, 10, 20, 30 or 40 in the A point total box 20 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	>36
<i>points</i>	50	30	20	10	0

Write 0, 10, 20, 30 or 40 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 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.#: 13-081
- 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)

11 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?*

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

Revenue generated from the sale of water and sewer services.

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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. Typically burnt up due to clogging.

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

TU is working with the Parish administration to secure grant funding to complete collection system improvements.

B. If you have ponds please answer the following questions: **N/A** ✓ Check one box.

- i.** Do you have duckweed buildup in the ponds? Yes No
- ii.** 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? Yes No
- iv.** Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds? Yes No
- v.** Do you exercise all of your valves? Yes No
- vi.** 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? Yes No
- viii.** Do you visit your pond system at least weekly? Yes 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.)

 N/A
Influent flow meter calibration date(s)

2/9/18 - recorder replaced/calib. 11/29/18
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:*

As per manufacturer directives in 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:*

There is no pretreatment 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:*

N/A

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>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> <u>0</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>0</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:

100

ATTACHMENT - RESOLUTION

ST. TAMMANY PARISH MWPP RESOLUTION

Resolved that the village/town/city of Northlake Behavioral sewer area informs the Louisiana Department of Environmental Quality that the following actions were taken by St. Tammany Parish Council.

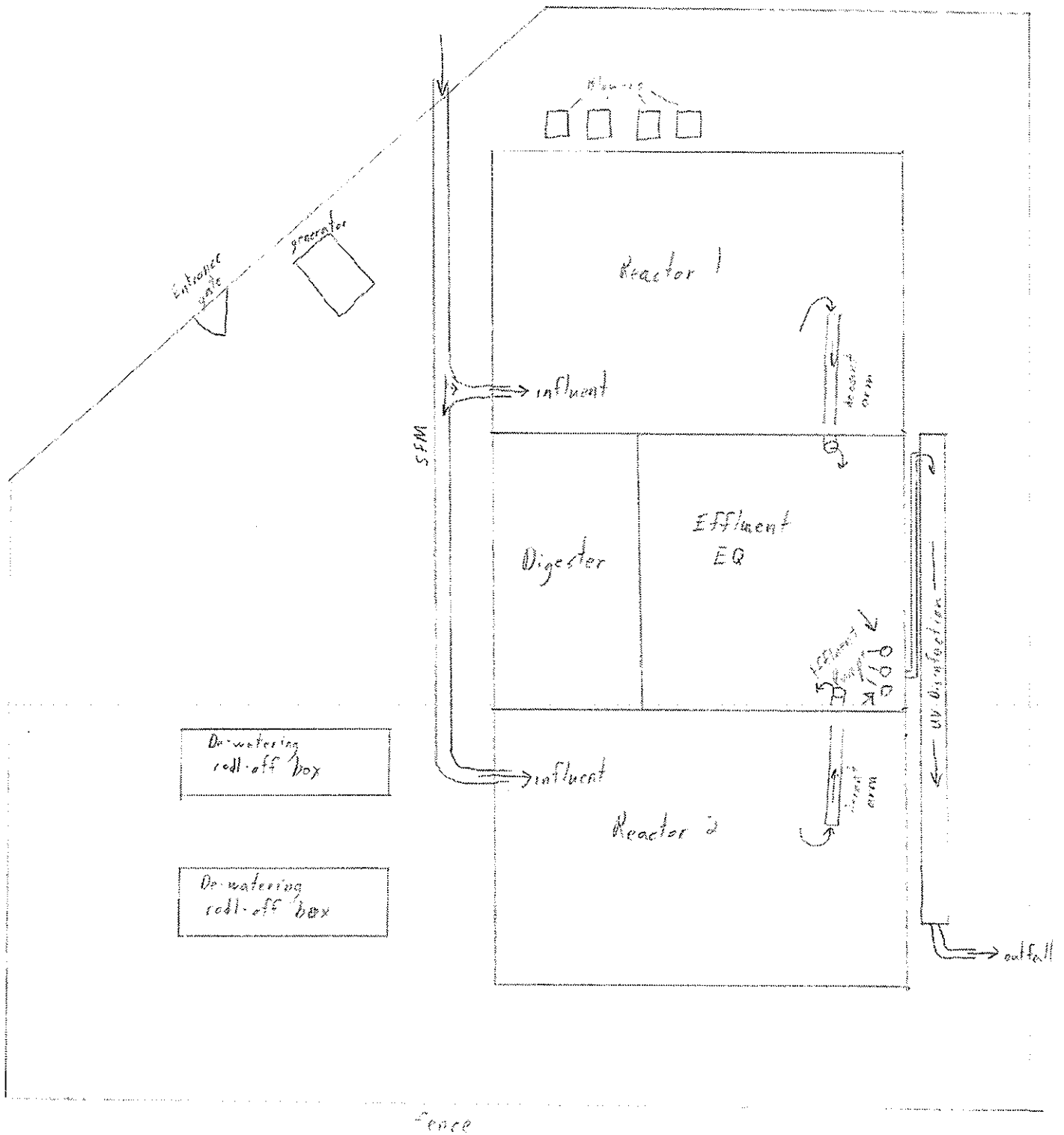
1. Resolved the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution. (See official Parish document).
2. No necessary actions are required to achieve or maintain compliance at this time.

(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



Northlake Behavioral
Sequencing Batch Reactor

Resolution Administrative Comment

RESOLUTION TO ACKNOWLEDGE THE RECEIPT AND REVIEW OF THE 2018 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE NORTHLAKE BEHAVIORAL WASTEWATER TREATMENT FACILITY (WARD 4, DISTRICT 4)

Pursuant to the permit authorizing effluent discharge, this Resolution is required to acknowledge the Environmental Audit and identify any compliance actions to be taken. Findings indicate that the collection system needs repair and improvements to the lift stations may be necessary, with potential funding through grant sources being pursued.