ST. TAMMANY PARISH COUNCIL

RESOLUTION

RESOLUTION COUNCIL SERIES NO: C-4583

COUNCIL SPONSOR: DEAN/BRISTER

PROVIDED BY: LEGAL DEPARTMENT

RESOLUTION TO ACKNOWLEDGE RECEIPT AND REVIEW OF THE 2015 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE CROSS GATES SEWAGE TREATMENT FACILITY (WARD 8, DISTRICT 9)

WHEREAS, St. Tammany Parish Government owns and operates the Cross Gates Sewage Treatment Facility; and

WHEREAS, the Louisiana Pollutant Discharge Elimination System (LPDES) permit which authorizes effluent discharge from the Cross Gates 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, pursuant to Part II, Section C of LPDES permit LA0048941, the Parish Government must complete an annual Environmental Audit Report for the life of the permit, and a copy of such Environmental Audit Report is attached hereto.

THE PARISH OF ST. TAMMANY HEREBY RESOLVES that the St. Tammany Parish Government acknowledges the receipt of the 2015 Municipal Water Pollution Prevention Environmental Audit Report for the Cross Gates Sewage Treatment Facility and its finding concerning the need to continue design, long term capital planning and budgeting associated with the replacement of Wastewater Treatment Plant #1, and installation of a new equalization basin at the Cross Gates Wastewater Treatment Facility.

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 <u>5</u> DAY OF <u>MAY</u>, 2016, AT A REGULAR MEETING OF THE PARISH COUNCIL, A QUORUM OF THE MEMBERS BEING PRESENT AND VOTING.

MARTY DEAN, COUNCIL CHAIRMAN

ATTEST:

THERESA L. FORD, COUNCIL CLERK

Resolution Administrative Comment

RESOLUTION TO ACKNOWLEDGE THE RECEIPT AND REVIEW OF THE 2015 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE CROSS GATES SEWAGE TREATMENT FACILITY (WARD 8, DISTRICT 9)

Pursuant to the permit authorizing effluent discharge, this Resolution is required to acknowledge the Environmental Audit and identify any compliance actions to be taken. Two compliance items were identified as the replacement of Wastewater Treatment Plant No. 1, and installation of a new equalization basin at the Cross Gates Wastewater Treatment Facility.

LOUISIANA MUNICIPAL WATER POLLUTION PREVENTION MWPP	DEC LOUISIANA	
Facility Name:	Cross Gates Sewage Treatment Facility	
LPDES Permit Number:	LA0048941	
Agency Interest (AI) Number:	19826	
Address:	P. O. Box 628 Covington, LA 70434	
	Cross Gates Sewer Treatment Location: 350 N. Military Rd, Slidell, LA 70461	
Parish:	St. Tammany	
(Person Completing Form) Name:	Greg Gorden	
Title:	Department of Environmental Services Director	
Date Completed:	Jan 2015 - Dec 2015	

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 <u>specific</u> 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.

PART 1: INFLUENT FLOW/LOADINGS (all plants)

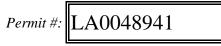
A. List the average monthly volumetric flows and BOD loadings received at your facility during the last reporting year.

Column 1 Average Monthly Flow (million gallons per day, MGD)		Column 2 Average Monthly BOD5 Concentration (mg/l)		Column 3 Average Monthly BOD5 Loading (pounds per day, lb/day)
0.622	X	312	x 8.34 =	1618
0.583	X	312	x 8.34 =	1517
0.681	X	312	x 8.34 =	1772
0.725	X	312	x 8.34 =	1887
0.657	X	312	x 8.34 =	1710
0.664	X	312	x 8.34 =	1728
0.633	X	312	x 8.34 =	1647
0.66	X	312	x 8.34 =	1717
0.63	X	312	x 8.34 =	1639
0.631	X	312	x 8.34 =	1642
0.703	X	312	x 8.34 =	1829
0.724	х	312	x 8.34 =	1884

* Please note influent BOD concentration is historical data from 2012 LPDES renewal application. 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:	0.9MGD	x 0.90 =	0.81
Design BOD, lb/day:	2252	x 0.90 =	2027



How many months did the monthly flow (Column 1) to the wastewater treatment facility C. (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.

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.

months points	0	1	2	3	4	5	6	7	8	9	10	11	12
points	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

How many months did the monthly BOD loading (Column 3) to the WWTF exceed 90% E. of the design loading? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

months	0	1	2	3	4	5	6	7	8	9	10	11	12
months points	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

How many months did the monthly BOD loading (Column 3) to the WWTF exceed the F. design loading? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

months points	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
													nt Total

Add together each point total for C through F and place this sum in the box below at the right. G.

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.

PART 2: EFFLUENT QUALITY / PLANT PERFORMANCE

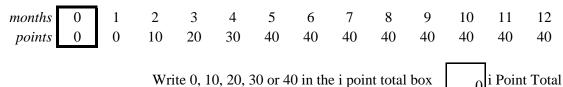
A. List the monthly average effluent BOD and TSS concentrations produced by your facility during the last reporting year.

Month	Column 1 Average Monthly BOD (mg/l)	Column 2 Average Monthly TSS (mg/l)
January 2015	3	1
February 2015	2	1
March 2015	2	1
April 2015	2	1
May 2015	4	1
June 2015	2	2
July 2015	2	2
August 2015	3	1
September 2015	2	1
October 2015	3	2
November 2015	2	1
December 2015	4	5

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

	Permit Limit		90% of Permit Limit
BOD, mg/l	10	x 0.90 =	9
TSS, mg/l	15	x 0.90 =	13.5

- 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.



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

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.

months points	0	1	2	3	4	5	6	7	8	9	10	11	12
points	0	5	5	10	10	10	10	10	10	10	10	10	10
				Wr	rite 0, 5	5, or 10) in the	ii poir	nt total	box	0	ii Poir	nt Total

How many months did the effluent TSS (Column 2) exceed 90% of the permit limits? iii. Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

months points	0	1	2	3	4	5	6	7	8	9	10	11	12
points	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
- How many months did the effluent TSS (Column 2) exceed permit limits? Circle the iv. number of months and corresponding point total. Write the point total in the box below at the right.

months points	0	1	2	3	4	5	6	7	8	9	10	11	12
points	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

Add together each point total for i through iv and place this sum in the box below at the right. v.

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 #:	LA0048941
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- **D.** Other Monitoring and Limitations
- **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?

\checkmark Check one box.	Yes	X No	If Yes, Please describe:
At any time in the past	vear was there	a "failure" of	a Biomonitoring (Whole Effluent

ii. At any time in the past year was there a "failure" of a Biomonitoring (Whole Effluent Toxicity) test of the effluent?

$\sqrt{\text{Check one box.}}$	Yes	X 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?

$\sqrt{\text{Check one box.}}$	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? Plant #1 = 1977, Plant $#2 \ 1985$, Plant #3 = 1992

Current Year	-	Answer to A	=	Age in years
2015		See Above		#1=38yrs, #2=30, #3=23

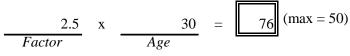
Enter Age in Part C below.

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

		FACTOR:
<u>X</u>	Mechanical Treatment Plant (trickling filter, activated sludge, etc) Specify Type:	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 =



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.

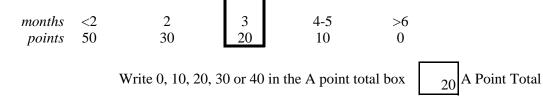
	Permit #: LA0048941
PAI	RT 4: OVERFLOWS AND BYPASSES
i.	List the number of times in the last year there was an overflow, bypass or unpermitted discharge of untreated or incompletely treated wastewater due to heavy rain:
ii.	List the number of bypasses, overflows or unpermitted discharges shown in A (i) that were within the collection system and the number at the treatment plant
	Collection System: 0 Treatment Plant: 0
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:
	\checkmark Check one box. \searrow 0 = 0 points \bigcirc 3 = 15 points \square 1 = 5 points \square 4 = 30 points \square 2 = 10 points \bigcirc 5 or more = 50 points
i.	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: 0
	Specify whether the bypasses came from the city/village/town sewer system or from contract or tributary communities/sanitary districts, etc
	Add the point values checked for A and B and place the total in the box below.
	TOTAL POINT VALUE FOR PART 4: 0 (max = 100) Also enter this value or 100, whichever is less, on the point calculation table on page 16.
•	List the person responsible (name and title) for reporting overflows, bypasses or unpermitted discharges to State and Federal authorities:
	Tim Brown, Glenn Daughdrill or Greg Gorden
	Describe the procedure for gathering, compiling and reporting:
	Online Reporting to DEQ, follow-up written letter
	8

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.



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	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.

PART 6: NEW DEVELOPMENT

C.

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

Design Population:	N/A	
Design Flow:	N/A	MGD
Design BOD:	N/A	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)?

$\sqrt{\text{Check one box.}}$	Yes = 15 points	\mathbf{X} No = 0 points
If Yes, Please describe:		
	INO	
List any new pollutants:	:	
	N/A	
significantly increase? √ Check one box.	Yes = 15 points	\mathbf{X} No = 0 points
If Yes, Please describe:		
NO		
List ony now pollutents	vou anticinato:	
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.

		Permit #: LA0048941
PAF	RT 7: OPERATOR CERTIFICATI	-
A.	What was the name of the operator-in-charge for	or the reporting year?
	Name:	Glenn Daughdrill
B.	What is his or her certification number: <i>Cert.#:</i>	13-081
C.	What level of certification is the operator-in-ch	arge required to have to operate the
	wastewater treatment facility? Level Required:	IV
D.	What is the level of certification of the operator	r-in-charge?
	Level Certified:	IV
E.	Was the operator-in-charge of the report year correquired in order to operate this plant?	ertified at least at the grade level
	$\sqrt{\text{Check one box.}}$ 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 recertifi- year?	cation requirements during the reporting
	$\sqrt{\text{Check one box.}}$ Yes	No No
G.	How many hours of continuing education has the last two calendar years?	he operator-in-charge completed over the
	$\sqrt{\text{Check one box.}}$ > 12 hours = 0) points $(-12 \text{ hours} = 50 \text{ points})$
	Write 0 or 50 in the G point	total box 0 G Point Total
H.	Is there a written policy regarding continuing entreatment plant employees?	ducation an training for wastewater
	$\sqrt{\text{Check one box.}}$ Yes	No
	Explain: Budget allocated and training	ng schedule set at beginning of each year
I.	What percentage of the continuing education expaid 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 V	ALUE 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?

 $\sqrt{\text{Check one box.}}$ 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.

PART 9: SUBJECTIVE EVALUATION

Collection System Maintenance A.

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.

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

> 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?

> Some lift stations will be renovated. Submersible pumps will be installed and above ground pumps removed. Electrical panels will be upgraded accordingly.

B. If you have ponds please answer the following questions: N/A

- Do you have duckweed buildup in the ponds? i.
- Do you mow the dikes regularly (at least monthly), to the ii. waters edge?
- 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 of any of your ponds?
- v. Do you exercise all of your valves?
- vi. Are your control manholes in good structural shape?vii. Do you maintain at least 3 feet of freeboard in all of your ponds?
- viii. Do you visit your pond system at least weekly?

\vee Check one box.				
	Yes		No	
	Yes		No	
	Yes		No	
	Yes Yes Yes		No No No	
	Yes Yes		No No	

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Б

- C. Treatment Plants
- i. Have the influent and effluent flow meters been calibrated in the last year?

X Yes	No No	($\sqrt{1}$ Check one box.)	
	N/A		Feburary 12, 2016
<i>Influent flow meter calibration date(s)</i>		vration date(s)	<i>Effluent flow meter calibration date(s)</i>

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?

 $\sqrt{\text{Check one box.}}$ Yes X No If Yes, Please describe:

	<i>Permit #:</i> LA0048941					
D.	Preventive Maintenance					
i.	Does your plant have a written plan for preventive maintenance on major equipment items?					
	$\sqrt{\text{Check one box.}}$ X Yes No If Yes, Please describe:					
	Manufacturer specifications are available for reference during maintenance projects.					
ii.	Does this preventive maintenance program depict frequency of intervals, types of lubrication and other preventive maintenance tasks necessary for each piece of equipment?					
iii.	X Yes No Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be 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?					
	\vee Check one box. \square Yes \searrow 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?					
	\checkmark Check one box. \square Yes \square No If Yes, Please describe:					
	N/A					
iii.	Any additional comments about your treatment plant or collection system? (Attach additional sheets if necessary.)					
	Within the next five years design of a new Plant #1 will be completed					

Within the next five years, design of a new Plant #1 will be completed. Funding for construction received. It is a long term goal to construct an entirely new 1.0MGD capacity sewer treatment plant, including an Equalization Basin for pre-aeration and surge control.

POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: Influent Flow/Loadings	0	80 points
Part 2: Effluent Quality / Plant Performance	0	100 points
Part 3: Age of WWTF	50	50 points
Part 4: Overflows and Bypasses	0	100 points
Part 5: Ultimate Disposition of Sludge	40	100 points
Part 6: New Development	0	30 points
Part 7: Operator Certification Training	0	100 points

TOTAL POINTS:

90 = Acceptable

ATTACHMENT - RESOLUTION

ST. TAMMANY PARISH MWPP RESOLUTION

Resolved that the village/town/city of <u>Cross Gates</u> sewered area informs the Louisiana Department of Environmental Quality that the following actions were taken by <u>St. Tammany Parish Council.</u>

- 1. Resolved the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution. (SEE OFFICIAL PARISH DOCUMENT ATTACHED).
- 2. Set forth the following actions necessary to maintain permit requirements contained in the Louisiana Pollution Discharge Elimination System (LPDES) permit, number LA_0048491

(Please be specific in listing the actions that will be taken to address the problems identified in the audit report.)

- a. Continue long term capital planning and budgeting for a replacement treatment unit of Plant #1, the oldest unit. Continue design schematics.
- b. Continue long term capital planning and budgeting for the installation of a new Equalization Basin. Continue design schematics.
- c.
- d.
- etc..

Passed by a majority/unanimous (circle one) vote of the ______ on ______ (date).

CLERK

