ST. TAMMANY PARISH COUNCIL

RESOLUTION

RESOLUTION COUNCIL SERIES NO: C-6264

COUNCIL SPONSOR: LORINO/COOPER PROVIDED BY: ENVIRONMENTAL SERVICES/CIVIL DIVISION ADA

RESOLUTION TO ACKNOWLEDGE THE RECEIPT AND REVIEW OF THE 2019 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE GOODBEE REGIONAL SEWAGE TREATMENT FACILITY (WARD 1, DISTRICT 3)

WHEREAS, the St. Tammany Parish Government owns and operates the Goodbee Regional Sewage Treatment Facility; and

WHEREAS, the Louisiana Pollutant Discharge Elimination System (LPDES) permit which authorizes effluent discharge from the Goodbee Regional 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 LA0123269, the Parish Government must complete an annual Environmental Audit Report for the life of the permit, and said Environmental Audit Report is attached hereto.

THE PARISH OF ST. TAMMANY HEREBY RESOLVES that the St. Tammany Parish Council acknowledges the receipt of the 2019 Municipal Water Pollution Prevention Environmental Audit Report for the Goodbee Regional Sewage Treatment Facility and 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 2 DAY OF APRIL , 2020, 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:	**Goodbee Regional Sewage Treatment Facility**
LPDES Permit Number:	LA0123269
Agency Interest (AI) Number:	153322
Address:	P. O. Box 628 Covington, LA 70434
	Physical Location: Off Hwy 1077, Covington, LA
Parish:	St. Tammany
(Person Completing Form) Name:	Tim Brown
Title:	Department of Environmental Services Director
Date Completed:	Jan 2019 - Dec 2019

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.

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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)		**Column 2** Average Monthly CBOD5 Concentration (mg/l)		**Column 3** Average Monthly CBOD5 Loading (pounds per day, lb/day)
0.012	**x**	126	**x** 8.34 =	12.6
0.012	**x**	177	**x** 8.34 =	17.7
0.012	**x**	154	**x** 8.34 =	15.4
0.003	**x**	150	**x** 8.34 =	3.80
0.003	**x**	86	**x** 8.34 =	2.15
0.007	**x**	134	**x** 8.34 =	7.82
0.021	**x**	78	**x** 8.34 =	13.7
0.023	**x**	170	**x** 8.34 =	32.60
0.025	**x**	740	**x** 8.34 =	154.29
0.025	**x**	470	**x** 8.34 =	98
0.025	**x**	175	**x** 8.34 =	36.4
0.025	**x**	147	**x** 8.34 =	4.05

** all influent loading data is BOD not CBOD

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:	0.05	**x** 0.90 =	0.045
Design CBOD, lb/day:	104	**x** 0.90 =	94

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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.

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

months	**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

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.

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

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.

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

Write 0, 10, 20, 30, 40 or 50 in the F point total box | 10 | 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: | 10 | (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 2019	2	1
February 2019	2	9
March 2019	5	5
April 2019	2	12
May 2019	2	3
June 2019	2	1
July 2019	3	2
August 2019	2	1
September 2019	5	4
October 2019	4	2
November 2019	2	1
December 2019	2	2

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

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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.

months	**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 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.

months	**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 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.

months	**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

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.

months	**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

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 and exceedance of a permit limit for other pollutants such as: ammonia-nitrogen, phosphorus, pH, total residual chlorine, or fecal coliform?

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

Jan.- NH3 weekly average was exceeded in the 1st quarter weekly limit being 10mg/l our sampling result at 17 mg/l

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 [X] 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 [X] 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?

2009

Current Year	-	*Answer to A*	=	*Age in years*
2019		2009		10

Enter Age in Part C below.

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

		FACTOR:
X	Mechanical Treatment Plant (trickling filter, activated sludge, etc…) Specify Type: Return activated sludge	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 =

2.5	x	10	=	25 (max = 50)
Factor		*Age*		

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 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.

- [X] 0 = 0 points
- [ ] 1 = 5 points
- [ ] 2 = 10 points
- [ ] 3 = 15 points
- [ ] 4 = 30 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:

2 √ Check one box.

- [ ] 0 = 0 points
- [ ] 1 = 5 points
- [x] 2 = 10 points
- [ ] 3 = 15 points
- [ ] 4 = 30 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: 2 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…

N/A

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

TOTAL POINT VALUE FOR PART 4: 10 (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 and reporting per TU Sewer Treatment and Collection Systems SOP

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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.

months	<2	2	**3**	4-5	>6
points	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.

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.

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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: 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)?

√ Check one box. ☐ Yes = 15 points ☒ No = 0 points

If Yes, Please describe:

NO

List any new pollutants:

N/A

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:

New residential developments will require an expansion of the treatment plant facility.

List any new pollutants you anticipate:

None at this time

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.#: 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. [X] 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. [X] Yes [ ] No

G. How many hours of continuing education has the operator-in-charge completed over the last two calendar years?

√ Check one box. [X] > 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. [X] 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 8: FINANCIAL STATUS

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses?

√ Check one box. [X] 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?

Nothing currently scheduled.

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	N/A - not installed yet
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:*

We are currently contracted with Greenpoint Engineering to develop a Conceptual Design Report (CDR) which will detail the wastewater treatment plant expansion needs in order to accommodate continued growth in this area of the Parish.
We will proceed with adding an additional treatment unit to this facility in the near future, with a design contract utilizing Greenpoint Engineering.

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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:*

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?

[X] 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?

[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. [ ] Yes [X] 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: *Influent Flow/Loadings*	10	80 points
Part 2: *Effluent Quality / Plant Performance*	0	100 points
Part 3: *Age of WWTF*	25	50 points
Part 4: *Overflows and Bypasses*	0	100 points
Part 5: *Ultimate Disposition of Sludge*	40	100 points
Part 6: *New Development*	15	30 points
Part 7: *Operator Certification Training*	0	100 points

TOTAL POINTS: 90

ATTACHMENT - RESOLUTION

ST. TAMMANY PARISH MWPP RESOLUTION

Resolved that the village/town/city of Goodbee Regional sewered 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).

_____

_____

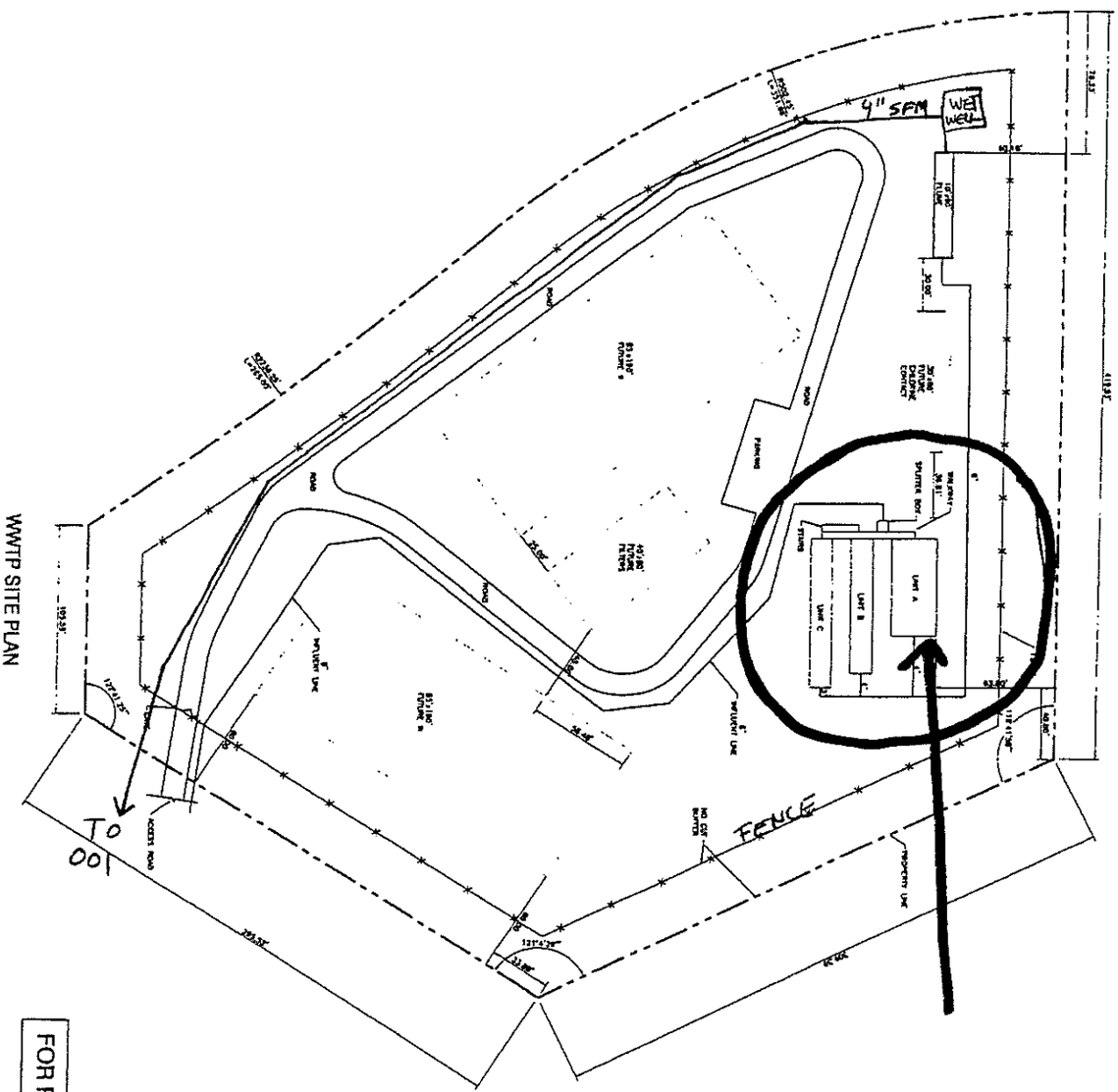
CLERK

GOODBEE REGIONAL WWTP

K:\140605 - SELAW&S Co\258829 - Goodbee WWTP\Drawings\1) Plans\605.829-PL-SITE.dwg, 24x36-FULL (2), 1/23/2007 10:04:06 AM, pnelson

AI#153322

*Area within circle is Phase I of the WWTP proposed.



WWTP SITE PLAN

FOR REVIEW ONLY

TO BE PHASE 1

KYLE ASSOCIATES, LLC

SOUTHEASTERN LOUISIANA WATER & SEWER CO., L.L.C.

GOODBEE WATER WELL AND WWTP

WWTP SITE PLAN

DEC. 2006

Resolution Administrative Comment

RESOLUTION TO ACKNOWLEDGE THE RECEIPT AND REVIEW OF THE 2019 MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT REPORT FOR THE GOODBEE REGIONAL SEWAGE TREATMENT FACILITY (WARD 1, DISTRICT 3)

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 identified a need to expand the facility in order to accommodate future growth.