



St. Bernard Parish Council

8201 West Judge Perez Drive Chalmette, Louisiana, 70043
(504) 278-4228 Fax (504) 278-4209
www.sbp.net

#12

Guy McInnis
Councilman
at Large

George Cavignac
Councilman
at Large

Ray Lauga, Jr.
Councilman
District A

Nathan Gorbaty
Councilman
District B

Richard "Richie" Lewis
Councilman
District C

Casey W. Hunnicutt
Councilman
District D

**Manuel "Monty"
Montelongo III**
Councilman
District E

Roxanne Adams
Clerk of Council

EXTRACT OF THE OFFICIAL PROCEEDINGS OF THE COUNCIL OF THE PARISH OF ST. BERNARD, STATE OF LOUISIANA, TAKEN AT A REGULAR MEETING HELD IN THE COUNCIL CHAMBERS OF THE ST. BERNARD PARISH GOVERNMENT COMPLEX, 8201 WEST JUDGE PEREZ DRIVE, CHALMETTE, LOUISIANA ON TUESDAY, AUGUST 4, 2015 AT SEVEN O'CLOCK P.M.

On motion of Mr. McInnis, seconded by Mr. Hunnicutt, it was moved to adopt the following Resolution:

RESOLUTION SBPC #1377-08-15

A RESOLUTION TO APPROVE THE MUNICIPAL WATER POLLUTION PREVENTION REPORT.

WHEREAS, the St. Bernard Parish Council decrees that the attached report accurately reflects the current state of the Munster Plant; and

WHEREAS, the attached report was created by St. Bernard Parish Water & Sewer Division which accurately reflects the current condition of the municipal Wastewater Treatment Plant known as "Munster Wastewater Treatment Facility".

NOW THEREFORE, BE IT RESOLVED, that the St. Bernard Parish Council, the governing authority of St. Bernard Parish, does hereby review and approve the attached report on the Munster plant. The report accurately reflects the current condition of the municipal wastewater treatment system and no actions need be taken in accordance with current state regulation.

The above and foregoing having been submitted to a vote, the vote thereupon resulted as follows:

YEAS: Lauga, Gorbaty, Lewis, Hunnicutt, Montelongo, McInnis

NAYS: None

ABSENT: None

The Chairman, Mr. Cavignac, cast his vote as **YEA**.

And the motion was declared **adopted** on the 4th day of August, 2015.



St. Bernard Parish Council

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Page -2-
Extract #12 continued
August 4, 2015

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CERTIFICATE

I HEREBY CERTIFY that the above and foregoing is a true and correct copy of a motion adopted at a Regular Meeting of the Council of the Parish of St. Bernard, held at Chalmette, Louisiana, on Tuesday, August 4, 2015.

Witness my hand and the seal
of the Parish of St. Bernard on
this 4th day of August, 2015.

ROXANNE ADAMS
CLERK OF COUNCIL

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.

LOUISIANA
*MUNICIPAL WATER
POLLUTION PREVENTION*
MWPP



<i>Facility Name:</i>	Munster Sewage Treatment Facility
<i>LPDES Permit Number:</i>	LA0040177
<i>Agency Interest (AI) Number:</i>	27960
<i>Address:</i>	P. O. Box 1278 Chalmette, LA 7043
	3300 Munster Blvd.
<i>Parish:</i>	St. Bernard
<i>(Person Completing Form) Name:</i>	Jacob B. Groby III
<i>Title:</i>	Supt. Quality Control
<i>Date Completed:</i>	April 15, 2015

Permit #: LA0040177

PART 1: INFLUENT FLOW/LOADINGS (all plants) N/A

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)
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	
	x		x 8.34 =	

***Please note that current permit does not requires testing of influent BOD.**

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:	14.5	x 0.90 =	13.05
Design BOD, lb/day:		x 0.90 =	

Permit #: LA0040177

- 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.

Permit #: LA0040177

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)
April 2014	224	240
May 2014	227	357
June 2014	208	277
July 2014	258	644
August 2014	135	108
September 2014	199	205
October 2014	128	132
November 2014	119	89
December 2014	193	221
January 2015	237	407
February 2015	248	212
March 2015	355	477

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>	3653	x 0.90 =	3288
<i>TSS, mg/l</i>	3653	x 0.90 =	3288

Permit #: LA0040177

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 #: LA0040177

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:

- 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:

N/A

Permit #: LA0040177

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY

- A. What year was the wastewater treatment facility constructed or last major expansion/improvements completed?

$$\begin{array}{rcccl}
 & & \underline{2012 \text{ Complete reconstruction}} & & \\
 \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\
 \underline{2015} & & \underline{2012} & & \underline{2}
 \end{array}$$

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>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 =

$$\frac{2.5}{\text{Factor}} \times \frac{3}{\text{Age}} = \boxed{7.5} \text{ (max = 50)}$$

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.

Permit #: LA0040177

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 30 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? N/A

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 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: 30 (max = 100)

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

Permit #: LA0040177

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:

None Expected

List any new pollutants you anticipate:

None Expected

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 #: LA0040177

PART 7: OPERATOR CERTIFICATION AND EDUCATION

A. What was the name of the operator-in-charge for the reporting year?

Name: Richard Coffee

B. What is his or her certification number:

Cert.#: 970

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

Level Required: IV

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
we train in house

I. What percentage of the continuing education expenses of the operator-in-charge were paid for:

By the permittee? 100 Percent By the operator? _____

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.

Permit #: LA0040177

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. Inspection and re-connection fees.

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). Relining of collection system lines.

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?

N/A

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

√ Check one box.

- | | |
|--|---|
| <p>i. <i>Do you have duckweed buildup in the ponds?</i></p> <p>ii. <i>Do you mow the dikes regularly (at least monthly), to the waters edge?</i></p> <p>iii. <i>Do you have bushes or trees growing on the dikes or in the ponds?</i></p> <p>iv. <i>Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds?</i></p> <p>v. <i>Do you exercise all of your valves?</i></p> <p>vi. <i>Are your control manholes in good structural shape?</i></p> <p>vii. <i>Do you maintain at least 3 feet of freeboard in all of your ponds?</i></p> <p>viii. <i>Do you visit your pond system at least weekly?</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

Permit #: LA0040177

C. Treatment Plants

i. Have the influent and effluent flow meters been calibrated in the last year?

Yes No (√ Check one box.)

*Please note: Influent and Effluent meters are magnetic design and cannot be calibrated.

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:

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 manuals.

- 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:*

- 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.)

Please see attached sheets for additional operational aspect of plant

Permit #: LA0040177

POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: <i>Influent Flow/Loadings</i>	<u>N/A</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>0</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>7.5</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>2</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>30</u>	100 points
Part 6: <i>New Development</i>	<u>0</u>	30 points
Part 7: <i>Operator Certification Training</i>	<u>0</u>	100 points

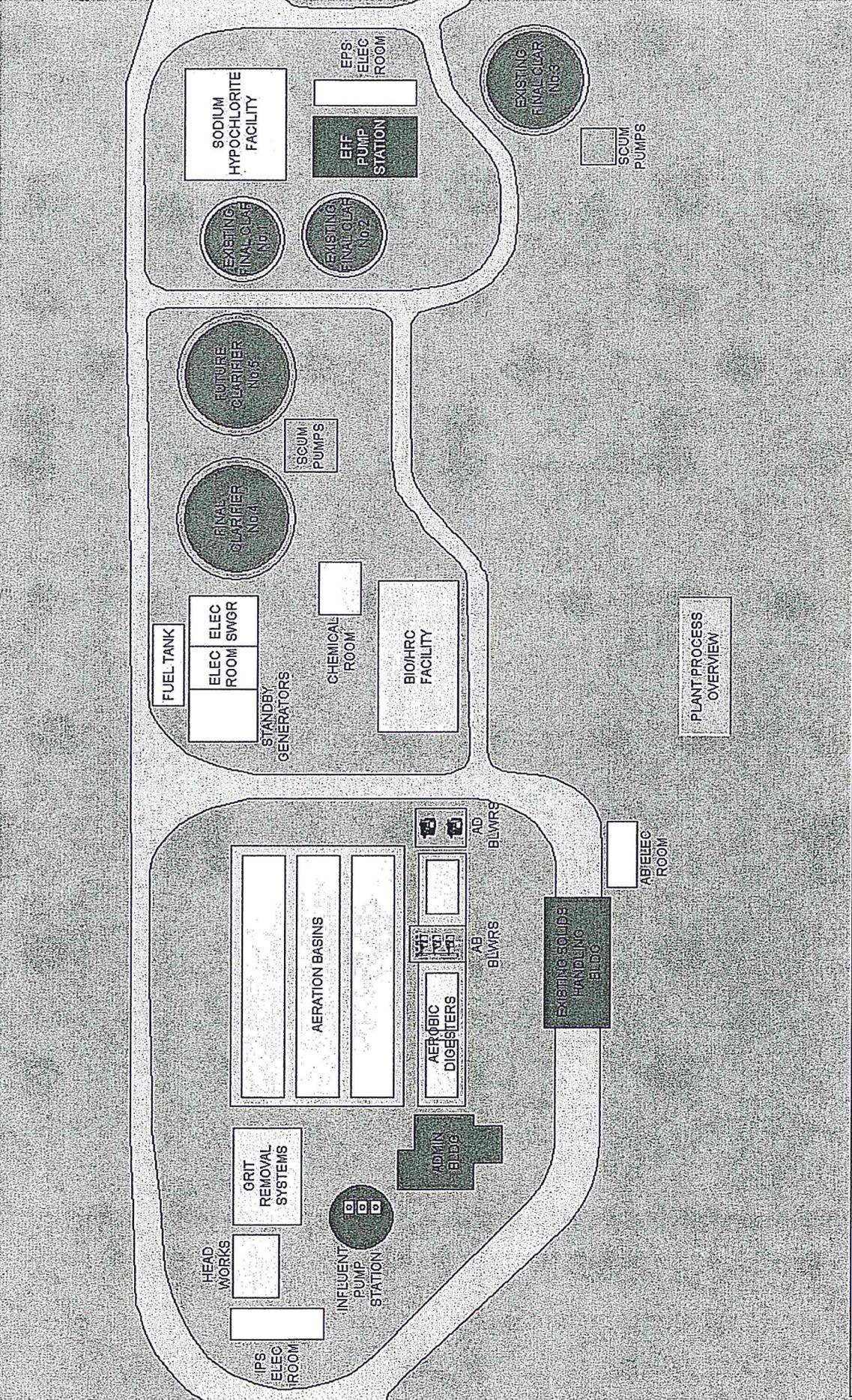
TOTAL POINTS:

39.5

BACK FRWD PLT/OV TREND LAN INFLNT SCREEN AB/BLR AER BAS AD/BLR CLARIF HRC POLY BLT/PPS SOD/HYP EFF/LNT MCC ALARM REPORT PRINT
 INFL Flow: 26.0 MGD 4/17/2015
 EFFL Flow: 23.8 MGD
 Prev Effl Flow: 18.8 MGD 6:59:31 AM
 PLANT ON UTILITY POWER
 PLANT LOSS UTILITY POWER
 PLANT ON EMERGENCY GEN

MUNSTER WASTEWATER TREATMENT PLANT

Current User: GUEST
 LOGIN



Ask	Date Last	Time Last	Area	Tagname	Description	Status	Value
	4/16/2015	22:55:01.625	EFFPS	MWW_EPS_SUP_003_DSCRALM	Eff Pmp 3 Discrepancy alm	CFN	OK
	4/16/2015	22:34:00.656	HWIPS	MWW_HW_MFS_001_LSH_ALM	MFS1 Lvl Hi Hi Alm	CFN	ALARM
	4/16/2015	19:24:16.718	HWIPS	MWW_HW_MFS_002_LSH_ALM	MFS2 Lvl Hi Hi Alm	CFN	ALARM
✓	4/15/2015	10:07:00.031	CLRFR	MWW_AD3_PV_001_ANYFAULT	AD3 RAS Inlet Gen fault	CFN	ALARM

ALARM SUMMARY
 ALARM/EVENT VIEWER

ATTACHMENT - RESOLUTION

ST. BERNARD PARISH MWPP RESOLUTION

Resolved that the Parish of St. Bernard informs the Louisiana Department of Environmental Quality that the following actions were taken by the St. Bernard Parish Council

1. Resolved the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution. (See official Parish document).

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

CLERK