



St. Bernard Parish Council

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

#11

Kerri Callais
*Councilmember
at Large*

Richard "Richie" Lewis
*Councilmember
at Large*

Gillis McCloskey
*Councilmember
District A*

Joshua "Josh" Moran
*Councilmember
District B*

Howard Luna
*Councilmember
District C*

Wanda Alcon
*Councilmember
District D*

Fred Everhardt, Jr.
*Councilmember
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, JUNE 2, 2020 AT SEVEN O'CLOCK P.M.

On motion of Mr. McCloskey, seconded by Mr. Lewis, it was moved to adopt the following resolution:

RESOLUTION SBPC #2050-06-20

A RESOLUTION DECLARING THAT THE ST. BERNARD PARISH COUNCIL HAS READ AND UNDERSTANDS THAT THE MUNSTER WASTEWATER TREATMENT PLANT LOCATED AT 3300 MUNSTER BLVD. IS MEETING THE TREATMENT EFFLUENT REQUIREMENTS THAT ARE THAT ARE SET FORTH BY THE LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY.

BE IT RESOLVED, the Municipal Water Pollution Prevention Environmental Audit Report which is attached (Exhibit A) demonstrates that the Munster WWTP is in full compliance with Effluent Limits as set forth by LA DEQ Permit.

BE IT FURTHER RESOLVED, that the outstanding work performed by the dedicated workers of the Water & Sewer Division have demonstrated their commitment of protection the environment.

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

YEAS: McCloskey, Moran, Luna, Alcon, Everhardt, Lewis

NAYS: None

ABSENT: None

The Council Chair, Ms. Callais, cast her vote as **YEA**.

And the motion was declared adopted on the 2nd day of June, 2020.



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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, June 2, 2020.

Witness my hand and the seal
of the Parish of St. Bernard on
this 2nd day of June, 2020.


ROXANNE ADAMS
CLERK OF COUNCIL

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP



<i>Facility Name:</i>	Munster Sewerage Treatment Facility
<i>LPDES Permit Number:</i>	LA0040177
<i>Agency Interest (AI) Number:</i>	27960
<i>Address:</i>	3300 Munster Blvd.
	Meraux, LA. 70075
<i>Parish:</i>	St. Bernard
<i>(Person Completing Form) Name:</i>	Jacob B. Groby III
<i>Title:</i>	Supt. Environmental Dept.
<i>Date Completed:</i>	May 27, 2020

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)
10.06	x 93.54	8.34 7,848
16.60	x 150.45	8.34 20,829
8.00	x 89.09	8.34 5,944
8.37	x 80.39	8.34 5,612
11.15	x 142.16	8.34 13,220
4.65	x 242.87	8.34 9,419
8.13	x 120.89	8.34 8,197
7.43	x 133.63	8.34 8,281
7.07	x 109.36	8.34 6,448
7.59	x 331.98	8.34 21,015
11.03	x 128.78	8.34 11,846
12.50	x 118.22	8.34 12,324

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
14,712

Design BOD, lb/day:

x 0.90 =

13.05
13,240

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

** extra loadings were due to forcemain cleaning program

Write 0, 5, or 10 in the E point total box **2** 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

** extra loadings were due to forcemain cleaning program

Write 0, 10, 20, 30, 40 or 50 in the F point total box **2** 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: **4** (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)
Apr. 2019	4.44	1.69
May 2019	2.98	1.42
June 2019	3.06	0.41
July 2019	3.87	2.49
Aug. 2019	2.85	1.69
Sept. 2019	3.00	0.92
Oct. 2019	5.57	20.4
Nov. 2019	3.00	2.98
Dec. 2019	2.77	2.70
Jan. 2020	3.65	2.63
Feb. 2020	3.08	3.08
Mar. 2020	2.86	2.86

- 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>	$\times 0.90 =$ 40.5
<i>TSS, mg/l</i>	$\times 0.90 =$ 40.5

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.

<i>months</i>	<input type="text" value="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 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>	<input type="text" value="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 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>	<input type="text" value="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 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>	<input type="text" value="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 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: (max = 100)

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

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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:

Yes - Fecal Coliform, due to chlorine feed system malfunction.

- 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:

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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?

2012 Complete Reconstruction

Current Year - *Answer to A* = *Age in years*
2020 2012 8

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...)	2.5
<u> </u>	Specify Type: <u>Activated Sludge</u>	
<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 =

$$\frac{2.5}{Factor} \times \frac{8}{Age} = \boxed{20} \text{ (max = 50)}$$

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.

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:

_____ √ 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:

_____ √ 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: _____ 3 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...

Parish Wastewater Collection System

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

TOTAL POINT VALUE FOR PART 4: (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:

Jacob B. Groby III, Supt. Environmental Sept.

Describe the procedure for gathering, compiling and reporting:

Field staff report incidents, management notifies DEQ via written and SPOC Filings

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 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: 20 (max = 100)

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

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:

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.

PART 7: OPERATOR CERTIFICATION AND EDUCATION

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

Name: Richard Coffey

- 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 and 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.

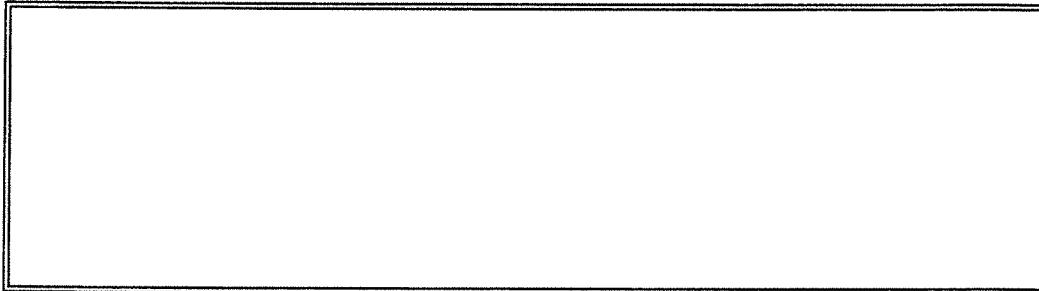
TOTAL POINT VALUE FOR PART 7: 0 (max = 100)

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

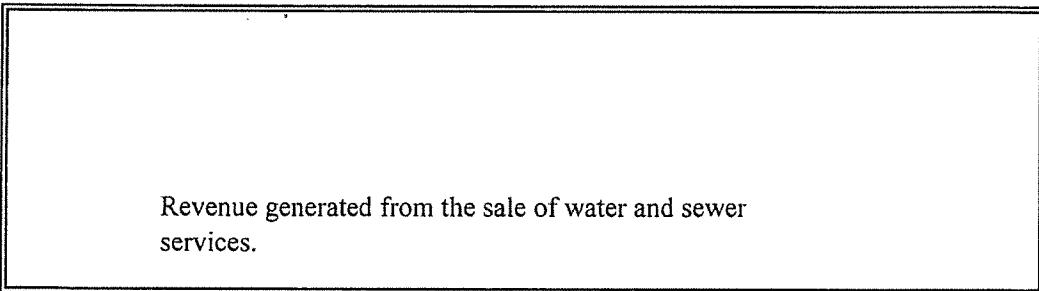
PART 8: FINANCIAL STATUS

- 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.

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?

Lift stations are renovated as necessary. Electrical panels are upgraded accordingly.

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

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

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 & Effluent flow meters are magenetic and are factory set

July 8th, 2019

**

Influent flow meter calibration date(s)

Effluent flow meter calibration date(s)

* Inline flow meter in need of replacement

- 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 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:*

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

Permit #: LA0040177

POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: <i>Influent Flow/Loadings</i>	<u>4</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>0</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>20</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>4</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>20</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:

48

ATTACHMENT - RESOLUTION

ST. BERNARD PARISH MWPP RESOLUTION

Resolved that the Munster WWTP Treatment and Collection System is in good standing and that the following actions were taken by St. Bernard Parish Council.

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

etc..

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

CLERK