



St. Bernard Parish Council

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

Kerri Callais
*Councilmember
at Large*

Richard "Richie" Lewis
*Councilmember
at Large*

Gillis McCloskey
*Councilmember
District A*

Nathan Gorbaty
*Councilmember
District B*

Howard Luna
*Councilmember
District C*

Wanda Alcon
*Councilmember
District D*

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

Roxanne Adams
Clerk of Council

#17

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, APRIL 18, 2017 AT THREE O'CLOCK P.M.

On motion of Mr. Montelongo, seconded by Mrs. Alcon, it was moved to adopt the following resolution:

RESOLUTION SBPC #1711-04-17

A RESOLUTION DECLARING THAT THE ST. BERNARD PARISH COUNCIL HAS READ AND UNDERSTANDS THAT THE RIVERBEND OXIDATION POND LOCATED ON JUDGE PEREZ AT SOUTHLAKE 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 Riverbend Oxidation Pond 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: Luna, Alcon, Montelongo

NAYS: None

ABSENT: Lewis, McCloskey, Gorbaty

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

And the motion was declared **adopted** on the 18th day of April, 2017.



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Extract #17 continued
April 18, 2017

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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, April 18, 2017.

Witness my hand and the seal
of the Parish of St. Bernard on
this 18th day of April, 2017.

ROXANNE ADAMS
CLERK OF COUNCIL

LOUISIANA
MUNICIPAL WATER
POLLUTION PREVENTION
MWPP



Facility Name:	Riverbend Oxydation Pond
LPDES Permit Number:	LA0040185
Agency Interest (AI) Number:	19244
Address:	Judge Perez @ Southlake Blvd. Violet, LA. 70092
	Pond used for Wetland Assimilation Project
Parish:	St. Bernard
(Person Completing Form) Name:	Jacob B. Groby III
Title:	Supt. Quality Control
Date Completed:	March 2017

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.

Permit #: LA0040185

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. **** Permit does not require Influent BOD testing ****

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 =	

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

**** Permit does not require Influent BOD testing ****

- 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:

1.0 MGD

x 0.90 =

.900 MGD

Design BOD, lb/day:

x 0.90 =

**** Permit does not require Influent BOD testing ****

Permit #: **LA0040185**

***Numbers below reflect Effluent, where applicable**

- 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 **5** 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.

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 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.

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 **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: **5** (max = 80)

Also enter this value or 80, whichever is less, on the point calculation table on page 16.

Permit #: LA0040185

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. 2016 *	8.3	2.4
May 2016 *	8.8	10.4
June 2016 *	12.3	10.7
July 2016 *	14.5	14.4
Aug. 2016 *	12.8	23.4
Sept. 2016 *	13.0	13.4
Oct. 2016 *	12.0	15.3
Nov. 2016 *	13.8	17.6
Dec. 2016 *	13.3	21.9
Jan. 2016 *	8.8	15
Feb. 2017 *	10.5	14.7
Mar. 2017 *	13.8	16.7

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

	Permit Limit *		90% of Permit Limit
BOD, mg/l	30	x 0.90 =	27
TSS, mg/l	90	x 0.90 =	81

* These limits based on March 2015 compliance order and draft permit

Permit #:

LA0040185

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.

months	<input type="text" value="0"/>	1	2	3	4	5	6	7	8	9	10	11	12
points	<input type="text" value="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.

months	<input type="text" value="0"/>	1	2	3	4	5	6	7	8	9	10	11	12
points	<input type="text" value="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.

months	<input type="text" value="0"/>	1	2	3	4	5	6	7	8	9	10	11	12
points	<input type="text" value="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.

months	<input type="text" value="0"/>	1	2	3	4	5	6	7	8	9	10	11	12
points	<input type="text" value="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, August and November 2016 due to unexpected high flow and Power Outage.

- 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:

This facility does not require Biomonitoring as per the LPDES permit.

- 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:

This facility does not require Biomonitoring as per the LPDES permit.

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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? **Pond was cleaned out and treatment system re-configured to a Wetlands Assimilation**

$$\begin{array}{rcccl} \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\ \hline 2017 & & 2015 & & 2 \end{array}$$

Enter Age in Part C below.

- B. ✓ Check the type of treatment facility that is employed.

FACTOR:

<input type="checkbox"/>	Mechanical Treatment Plant (trickling filter, activated sludge, etc...) Specify Type: _____	2.5
<input type="checkbox"/>	Aerated Lagoon	2.0
<input type="checkbox"/>	Stabilization Pond	1.5
<input checked="" type="checkbox"/>	Other Specify Type: <u>Oxydation Pond/Wetland Assimilation</u>	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 =

$$\frac{1}{\text{Factor}} \times \frac{2}{\text{Age}} = \boxed{2} \text{ (max = 50)}$$

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 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:

2 √ 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: 2

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:

1 √ 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: _____ Treatment Plant: 1

- C. Specify whether the bypasses came from the city/village/town sewer system or from contract or tributary communities/sanitary districts, etc...

City of Violet

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

TOTAL POINT VALUE FOR PART 4: 3 (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 Dept.

Describe the procedure for gathering, compiling and reporting:

Field staff reports incidents, management notifies DEQ via SPOC and written notification

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? 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	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 0 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: 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 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:

NO

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.

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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: Richard Coffey

- B. What is his or her certification number:

Cert. #: Class IV #970

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

Level Required: Class IV

- D. What is the level of certification of the operator-in-charge?

Level Certified: Class 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.

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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.

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).

- 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 will be renovated as necessary. Electrical panels will be 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 checked="" 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 checked="" type="checkbox"/> No |
| iii. Do you have bushes or trees growing on the dikes or in the ponds? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| iv. Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| v. Do you exercise all of your valves? N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Are your control manholes in good structural shape? N/A | <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 checked="" type="checkbox"/> No |
| viii. Do you visit your pond system at least weekly? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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)

OCT. 2014

Effluent flow meter calibration date(s)

- ii. What problems, if any, have been experienced over the last year that have threatened treatment?

Overheating due to insects blocking cooling screens,
We have constructed a screened shed over the UV Units
to prevent over heating and have installed Lightning Arrestors
to prevent lighting strike issues.

- iii. Is your community presently involved in formal planning for treatment facility upgrade?

✓ Check one box. ☐ Yes ☒ No *If Yes, Please describe:*

Not needed at this time.

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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>5</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>0</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>2</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>3</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>0</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:

10= Acceptable

ATTACHMENT - RESOLUTION