SEWERAGE & WATER BOARD OF NEW ORLEANS

AUDIT COMMITTEE MEETING
MONDAY, OCTOBER 17, 2016
1:00 PM

625 ST. JOSEPH STREET
2ND FLOOR BOARD ROOM

Dr. Tamika Duplessis, Chair • Marion Bracy, Vice-Chair • Robin Barnes • Eric Blue • Scott Jacobs

FINAL AGENDA

ACTION ITEMS

1. West Bank Wastewater Treatment Plant Municipal Water Pollution Prevention Environmental Audit (R-150-2016)

2. East Bank Wastewater Treatment Plant Municipal Water Pollution Prevention Environmental Audit (R-151-2016)

PRESENTATION ITEMS

3. Customer Service Implementation Update

4. Overtime and Standby Time Overview

INFORMATION ITEMS

5. Any Other Matters

R-150-2016

WEST BANK WASTEWATER TREATMENT PLANT MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT

WHEREAS, on October 3, 2016 the Board's wastewater operator (Veolia Water North America) completed the Louisiana Municipal Water Pollution Prevention report for the West Bank Wastewater Treatment Plant for the period September 1, 2015 to August 31, 2016; and

WHEREAS, the Board has reviewed the Municipal Water Pollution Prevention Environmental Audit Report, prepared for the Louisiana Department of Environmental Quality, which is attached to this resolution; and

WHEREAS, though no corrective action is needed at this time, the Board will continue to take whatever actions are necessary to maintain permit requirements contained in the Louisiana Water Discharge Permit System (LWPDPS) Number LA0038105.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby acknowledges receipt and review of the report and assures performance of any actions necessary to maintain permit requirements.

I, Cedric S. Grant, Executive Director, Sewerage and Water Board of New Orleans, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted at the Regular Monthly Meeting of said Board, duly called and held, according to law, on October 19, 2016.

CEDRIC S. GRANT
EXECUTIVE DIRECTOR
SEWERAGE AND WATER BOARD OF NEW ORLEANS

SEWERAGE AND WATER BOARD
Inter-Office Memorandum

Date: October 3, 2016

To: Cedric S. Grant, Executive Director

From: Joseph Becker, General Superintendent

Re: Municipal Water Pollution Prevention Audit (MWPP)
West Bank Wastewater Treatment Plant

Attached please find the MWPP Audit for the period September 2015 through August of 2016. There were no areas of concern found during the self-audit conducted by Veolia Water and SWBNO personnel. The facility's LPDES Permit requires the Board of Directors review this document and pass a resolution to document this review. A draft resolution is included for your review.

Please place this item on the agenda for the October Board meeting.

cc: Adams, A. Wilson

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP

Facility Name:	New Orleans West Bank WWTP
LPDES Permit Number:	LA0038105
Agency Interest (AI) Number:	4688
Address:	3501 Canal Street New Orleans, LA 70131
Parish:	Orleans
(Person Completing Form) Name:	Donald Patterson
Title:	Senior Project Manager
Date Completed:	10/3/2016

Permit # LA0038105

Instructions to the Operator-in-Charge

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 their 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. **The 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.**

Permit # LA0038105

PART 1: INFLUENT FLOW/LOADINGS

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.

	Col. 1 Average Monthly Flow (million gallons per day, MGD)		**Col. 2** Average Monthly BOD_5 Concentration (mg/l)		**Col. 3** Average Monthly BOD_5 Loading (pounds per day)
Sep-15	6.7	X	106	X 8.34 =	5,923
Oct-15	7.0	X	123	X 8.34 =	7,180
Nov 15	10.4	X	125	X 8.34 =	10,842
Dec-15	10.7	X	150	X 8.34 =	13,385
Jan-16	12.0	X	192	X 8.34 =	19,215
Feb-16	8.4	X	180	X 8.34 =	12,610
Mar-16	10.3	X	180	X 8.34 =	15,462
Apr-16	11.2	X	242	X 8.34 =	22,604
May-16	9.4	X	240	X 8.34 =	18,815
Jun-16	12.6	X	290	X 8.34 =	30,474
Jul-16	10.1	X	382	X 8.34 =	32,177
Aug-16	12.8	X	479	X 8.34 =	51,134

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 Manual (O & M) or contact your consulting engineer.

Design Flow, MGD	20	X 0.90 =	18
Design BOD, lb/day	14,972	X 0.90 =	13,475

Permit # LA0038105

C. How many months did the monthly flow (Col. 1) to the wastewater treatment plant (WWTP) exceed 90% of 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	months
points	0	(0)	0	0	0	5	5	5	5	5	5	5	5	points

Write 0 or 5 in the C point total box [0] C Point Total

D. How many months did the monthly flow (Col. 1) to the WWTP 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	months
points	(0)	5	5	10	10	15	15	15	15	15	15	15	15	points

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 (Col. 3) to the WWTP 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	months
points	0	0	5	5	5	0	10	(10)	10	10	10	10	10	points

Write 0, 5, or 10 in the E point total box [10] E Point Total

F. How many times did the monthly BOD loading (Col. 3) to the WWTP 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	months
points	0	10	20	30	40	50	50	(50)	50	50	50	50	50	points

Write 0, 10, 20, 30, 40, or 50 in the F point total box [50] 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 [60] **(max=80)**

Also enter this value on the point calculation table on page 16.

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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** Avg. Monthly BOD (mg/l)	**Column 2** Avg. Monthly TSS (mg/l)
Sep-15	5	8
Oct-15	6	10
Nov 15	5	8
Dec-15	7	11
Jan-16	7	12
Feb-16	9	11
Mar-16	9	12
Apr-16	9	15
May-15	9	15
Jun-16	7	18
Jul-16	9	18
Aug-16	6	12

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	30	X 0.90 =	27

C. Continuous Discharge to Surface Water

i. How many months did the effluent BOD concentration (Col. 1) exceeds 90% of 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	months
points	(0)	0	10	20	30	40	40	40	40	40	40	40	40	points

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 concentration (Col. 1) exceeds 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	months
points	(0)	5	5	10	10	10	10	10	10	10	10	10	10	points

Write 0, 5, or 10 in the ii point total box [0] ii Point Total

iii. How many months did the effluent TSS concentration (Col. 2) exceed 90% of 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	months
points	(0)	0	10	20	30	40	40	40	40	40	40	40	40	points

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 concentration (Col.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	months
points	(0)	5	5	10	10	10	10	10	10	10	10	10	10	points

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
Also enter this value on the point calculation table on page 15. [0] **(max=100)**

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D. Other Monitoring and Limits

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, residual chlorine, or fecal coliform?

❄ Check one box [ ] Yes [x] 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 [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?

❄ Check one box [X] Yes [ ] No If yes, please describe:

Substance:	Limit:	Result:	Date:
Phenols, Total	10 ug/L	22 ug/L	11/25/15
Zinc	20 ug/L	45.2 ug/L	11/25/15
Aluminum	2.5 ug/L	22.3 ug/L	03/02/16
Arsenic	5 ug/L	6.3 ug/L	03/02/16
Copper, Total	3 ug/L	3.9 ug/L	03/02/16
Mercury	0.00050 ug/L	0.00374 ug/L	03/02/16
Phenols, Total	10 ug/L	22 ug/L	03/02/16

Permit # LA0038105

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITIES

A. What year was the wastewater treatment plant constructed or last major expansion/improvements completed? 1974

Current Year	-	(Answer to A)	=	Age in years
2016	-	1974	=	42 years

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 Trickling Filter	2.5
	Aerated Lagoon	2.0
	Stabilization Pond	1.5
	Other (Specify)	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 of Part 3:

TOTAL POINT VALUE FOR PART 3 = 2.5 (**FACTOR**) **x** 42 (**AGE**) = 105 **(max. = 50)**

Also enter this value or 50, whichever is less, on the point calculation table on page 15.

D. Please attach a schematic of the treatment plant.

Permit # LA0038105

PART 4: OVERFLOWS AND BYPASSES

A. (1) 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

(Circle One) (0 = 0 points) 1 = 5 points 2 = 10 points
3 = 15 points 4 = 30 points 5 or more = 50 points

(2) List the number of bypasses, overflows, or unpermitted discharges shown in A (1) that were within the collection system and the number at the treatment plant.

Collection System 0 Treatment Plant 0

B. (1) List the number of times in the last year there was a bypass or overflow of untreated or incompletely treated wastewater due to equipment failure, either at the treatment plant or due to pumping problems in the collection system: 0

(Circle One) 0 = 0 points 1 = 5 points 2 = 10 points
3 = 15 points 4 = 30 points (5 or more = 50 points)

(2) List the number of bypasses or overflows shown in B (1) that were within the collection system and the number at the treatment plant.

Collection System 41 Treatment Plant 0

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

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

TOTAL POINT VALUE FOR PART 4 | 50 | **(max=100)**

Also enter this value on the point calculation table on page 15.

E. List the person responsible for reporting overflows, bypasses, or unpermitted discharges to State and Federal authorities:

Bypass report is signed by the Executive Director of the SWBNO. The report is submitted to the Department of Environmental Quality.

Describe the procedure for gathering, compiling, and reporting:

RJN Cassworks Infrastructure Maintenance Management System is used to track overflows by retrieving pertinent information from work orders.

Permit # LA0038105

PART 5: SLUDGE STORAGE AND DISPOSAL SITES

A. Sludge Storage

How many months of sludge storage capacity does your wastewater treatment facility have available, either on-site or off-site?

Circle the number of months and corresponding point total. Write the point total in the box below at the right.

months	<2	2	3	4 to 5	(>6)	months
points	50	30	20	10	(0)	points

Write 0, 10, 20, 30, or 50 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?

Circle the number of months and corresponding point total. Write the point total in the box below at the right.

months	<2	6 to 11	12 to 23	24 to 35	(>36)	months
points	50	30	20	10	(0)	points

Write 0, 10, 20, 30, or 50 in the B point total box [0] B Point Total

C. Add together the A and B point values and place this sum in the box below at the right:

TOTAL POINT VALUE FOR PART 5 [0] **(max=100)**

Also enter this value on the point calculation table on page 15.

Permit # LA0038105

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. NA

Design Population:_____

Design Flow:_____MGD

Design BOD_5:_____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)?

(Circle One) (No) = 0 points Yes = 15 points

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?

(Circle One) (No) = 0 points Yes = 15 points

Describe:_____

_____

_____

List any new pollutants that you anticipate:_____

_____

D. Add together the point value circled in B and C and place the sum in the blank below.

TOTAL POINT VALUE FOR PART 6 | 0 | **(max=30)**

Also enter this value on the point calculation table on page 15.

Permit # LA0038105

PART 7: OPERATOR CERTIFICATION AND EDUCATION

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

B. What is his/her certification number? **#15-250 October, 1992**

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

Class IV Wastewater Treatment

D. What is the level of certification of the operator-in-charge? Class IV Wastewater Treatment **Level Certified**

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 or more = 0 points [ ] Less than 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 [X] yes [ ] no

Explain:

All personnel maintained at least 16 hours of training every two years for Wastewater Treatment certifications. Veolia implements an internal training and safety program that meets all State Operator Certification training requirements. Additionally, 16 hours of cross training are provided

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

By the permittee? _____

By the operator? 100% Veolia

J. Add together the E and G point values and place this sum in the box below at the right:

TOTAL POINT VALUE FOR PART 7 [0] **(max=100)**

Also enter this value on the point calculation table on page 15.

Permit # LA0038105

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 being financed?

Explain:

Sewer rate increase 10% every year for the next 8 years.

B. What financial resources do you have available to pay for your wastewater improvements and reconstruction needs?

Revenues in excess of expenses and proceeds from bond issues.

Permit # LA0038105

PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

1. Describe what sewer system maintenance work has been done in the last year.

Sewer Line Inspection: 34,807 feet
Sewer Line Cleaning: 0 feet
Sewer Repairs: 18
Sewer Manhole Inspections 372

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

1367 Preventative Maintenance Actions
154 Corrective Maintenance Actions

3. What collection system improvements does the community have under consideration for the next 5 years?

Even though the West Bank is not mandated to improve the collection system in accordance with the Third Modified Consent Decree, repairs and improvements are made when identified through sewer main inspections, sewer main cleaning and manhole inspections.

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

1. Do you have duckweed buildup in your ponds? ☐ Yes ☐ No
2. Do you mow your dikes regularly (at least monthly), to the waters edge? ☐ Yes ☐ No
3. Do you have bushes or trees growing on the dikes or in the ponds? ☐ Yes ☐ No
4. Do you have excess sludge buildup (>1 foot) on the bottom of any of your ponds? ☐ Yes ☐ No
5. Do you exercise all of your valves? ☐ Yes ☐ No
6. Are your control manholes in good structural shape? ☐ Yes ☐ No
7. Do you maintain at least three feet of freeboard in all your ponds? ☐ Yes ☐ No
8. Do you visit your pond system, at least weekly? ☐ Yes ☐ No

Permit # LA0038105

C. Treatment Plants

1. Have the influent and effluent flow meters been calibrated in the last year? [X] Yes [ ] No

Influent flow meter calibration dates(s):	Effluent flow meter calibration date(s):
September 15, 2015; calibrated monthly	September 15, 2015; calibrated monthly

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

None

3. Is your community presently involved in formal planning for treatment facility upgrading?

[ ] Yes [X] No If yes, describe:

Permit # LA0038105

D. Preventive Maintenance

1. Does your plant have a written plan for preventive maintenance on major equipment items?

[X] Yes [ ] No If yes, describe:

Current system utilizes a computer generated maintenance work order system for both preventive and emergency repairs on all components in the plants.

Each piece of equipment's O&M manual is closely followed to ensure all factory preventive maintenance recommendations are performed.

2. 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

3. Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly? [X] Yes [ ] No

E. Sewer Use Ordinance

1. 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 from industries, commercial users, and residences?

[X] Yes [ ] No If yes, describe:

2. Has it been necessary to enforce? [X] Yes [ ] No If yes, describe:

F. Any additional comments about your treatment plant or collection system? (Attach additional sheet if necessary.)

Permit # LA0038105

POINT CALCULATION TABLE

Fill in the values from parts 1 through 7 in the columns below. Add the numbers in the left column to determine the point total that the wastewater system has generated for the previous year.

		Actual Values	Maximum
Part 1:	Influent Flow/Loadings	60	80 Points
Part 2:	Effluent Quality/Plant Performance	0	100 Points
Part 3:	Age of WWTP	50	50 Points
Part 4:	Overflows and Bypasses	50	100 Points
Part 5:	Ultimate Disposition of Sludge	0	100 Points
Part 6:	New Development	0	30 Points
Part 7:	Operator Certification Training	0	100 Points

TOTAL POINTS 160

Permit # LA0038105

ATTACHMENT 3

SAMPLE MWPP RESOLUTION

Resolved that the city/town of _____ informs Louisiana Department of Environmental Quality that the following actions were taken by the _____ (governing body).

1. Reviewed the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution.

2. Set forth the following actions necessary to maintain permit requirements contained in the Louisiana Water Discharge Permit System (LWDPS) number _____ .

(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

R-151-2016

EAST BANK WASTEWATER TREATMENT PLANT MUNICIPAL WATER POLLUTION PREVENTION ENVIRONMENTAL AUDIT

WHEREAS, on October 3, 2016 the Board's wastewater operator (Veolia Water North America) completed the Louisiana Municipal Water Pollution Prevention report for the East Bank Wastewater Treatment Plant for the period June 1, 2015 to May 31, 2016; and

WHEREAS, the Board has reviewed the Municipal Water Pollution Prevention Environmental Audit Report, prepared for the Louisiana Department of Environmental Quality, which is attached to this resolution; and

WHEREAS, though no corrective action is needed at this time, the Board will continue to take whatever actions are necessary to maintain permit requirements contained in the Louisiana Water Discharge Permit System (LWPDPS) Number LA0038091.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby acknowledges receipt and review of the report and assures performance of any actions necessary to maintain permit requirements.

I, Cedric S. Grant, Executive Director, Sewerage and Water Board of New Orleans, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted at the Regular Monthly Meeting of said Board, duly called and held, according to law, on October 19, 2016.

CEDRIC S. GRANT
EXECUTIVE DIRECTOR
SEWERAGE AND WATER BOARD OF NEW ORLEANS

SEWERAGE AND WATER BOARD
Inter-Office Memorandum

Date: October 3, 2016

To: Cedric S. Grant, Executive Director

From: Joseph Becker, General Superintendent

Re: Municipal Water Pollution Prevention Audit (MWPP)
East Bank Wastewater Treatment Plant

Attached please find the MWPP Audit for the period June 1, 2015 to May 31, 2016. There were no areas of concern found during the self-audit conducted by Veolia Water and SWBNO personnel. The facility's LPDES Permit requires the Board of Directors review this document and pass a resolution to document this review. A draft resolution is included for your review.

Please place this item on the agenda for the October Board meeting.

Cc: B Adams, A Wilson

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP

Facility Name:	New Orleans East Bank WWTP
LPDES Permit Number:	LA0038091
Agency Interest (AI) Number:	4859
Address:	6501 Florida Ave. New Orleans, LA 70117
Parish:	Orleans
(Person Completing Form) Name:	Donald Patterson
Title:	Senior Project Manager
Date Completed:	10/3/2016

Permit # LA0038091

Instructions to the Operator-in-Charge

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.**

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5. **The governing body must pass a resolution which contains the following items:**

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   b. **The 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.**

Permit # LA0038091

PART 1: INFLUENT FLOW/LOADINGS

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.

	Col. 1 Average Monthly Flow (million gallons per day, MGD)		**Col. 2** Average Monthly BOD_5 Concentration (mg/l)		**Col. 3** Average Monthly BOD_5 Loading (pounds per day)
Jun-15	89.0	X	93	X 8.34 =	69,030
Jul-15	84.3	X	69	X 8.34 =	48,511
Aug-15	85.0	X	67	X 8.34 =	47,496
Sep-15	77.9	X	89	X 8.34 =	57,822
Oct-15	83.3	X	103	X 8.34 =	71,556
Nov-15	115.6	X	82	X 8.34 =	79,056
Dec-15	107.5	X	105	X 8.34 =	94,137
Jan-16	108.3	X	131	X 8.34 =	118,322
Feb-16	87.1	X	110	X 8.34 =	79,905
Mar-16	94.2	X	85	X 8.34 =	66,778
Apr-16	121.9	X	71	X 8.34 =	72,181
May-16	96.1	X	91	X 8.34 =	72,934

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 Manual (O & M) or contact your consulting engineer.

Design Flow, MGD	122	X 0.90 =	110
Design BOD, lb/day	254,370	X 0.90 =	228,933

Permit # LA0038091

C. How many months did the monthly flow (Col. 1) to the wastewater treatment plant (WWTP) exceed 90% of 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	months
points	0	(0)	0	0	0	5	5	5	5	5	5	5	5	points

Write 0 or 5 in the C point total box [0] C Point Total

D. How many months did the monthly flow (Col. 1) to the WWTP 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	months
points	0	(5)	5	10	10	15	15	15	15	15	15	15	15	points

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 (Col. 3) to the WWTP 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	months
points	(0)	0	5	5	5	0	10	10	10	10	10	10	10	points

Write 0, 5, or 10 in the E point total box [0] E Point Total

F. How many times did the monthly BOD loading (Col. 3) to the WWTP 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	months
points	(0)	10	20	30	40	50	50	50	50	50	50	50	50	points

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 on the point calculation table on page 16.

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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** Avg. Monthly BOD (mg/l)	**Column 2** Avg. Monthly TSS (mg/l)
Jun-2015	20	16
Jul-2015	20	12
Aug -2015	18	11
Sep – 2015	16	10
Oct – 2015	19	12
Nov – 2015	18	14
Dec – 2015	17	10
Jan – 2016	15	8
Feb – 2016	18	12
Mar – 2016	19	13
Apr – 2016	13	12
May – 2016	13	11

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	30	X 0.90 =	27

C. Continuous Discharge to Surface Water

i. How many months did the effluent BOD concentration (Col. 1) exceed 90% of 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	months
points	(0)	0	10	20	30	40	40	40	40	40	40	40	40	points

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 concentration (Col. 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	months
points	(0)	5	5	10	10	10	10	10	10	10	10	10	10	points

Write 0, 5, or 10 in the ii point total box [0] ii Point Total

iii. How many months did the effluent TSS concentration (Col. 2) exceed 90% of 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	months
points	(0)	0	10	20	30	40	40	40	40	40	40	40	40	points

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 concentration (Col.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	months
points	(0)	5	5	10	10	10	10	10	10	10	10	10	10	points

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
Also enter this value on the point calculation table on page 16. [0] **(max=100)**

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D. Other Monitoring and Limits

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, residual chlorine, or fecal coliform?

❄ Check one box [X] Yes [ ] No If yes, please describe:

The Fecal Coliform daily maximum concentration, 400 colonies/100 ml was exceeded seven (7) times in June of 2016 – (06/03, 06/04, 06/05, 06/09, 06/10, 06/13 & 06/14). The cause of the noncompliance is believed to be the cleaning of Reactor No.1 by a contractor during the same period of the noted noncompliance. The contractor was pumping grit from the reactor when solids were released into the effluent channel. The grit in the effluent channel then entered the No. 2 Clarifier. There was not enough adequate chlorination to effectively reduce the fecal coliform bacteria due to this increased loading.

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:

iii. At any time in the past year was there an exceedance of a permit limit for a toxic substance?

❄ Check one box [X] Yes [ ] No If yes, please describe:

In the past year the following toxic substances for effluent samples were exceeded:

Substance:	Limit:	Result:	Date:
Phenols, Total	10ug/l	20ug/l	03/01/2016

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PART 3: AGE OF THE WASTEWATER TREATMENT FACILITIES

A. What year was the wastewater treatment plant constructed or last major expansion/improvements completed? 1974

Current Year	-	(Answer to A)	=	Age in years
2016	-	1974	=	42 years

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 Activated Sludge	2.5
	Aerated Lagoon	2.0
	Stabilization Pond	1.5
	Other (Specify)	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 of Part 3:

TOTAL POINT VALUE FOR PART 3 = 2.5 (**FACTOR**) **x** 42 (**AGE**) = 105.0 **(max. = 50)**

Also enter this value or 50, which ever is less, on the point calculation table on page 16.

D. Please attach a schematic of the treatment plant.

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PART 4: OVERFLOWS AND BYPASSES

A. (1) 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 7

(Circle One) 0 = 0 points 1 = 5 points 2 = 10 points
3 = 15 points 4 = 30 points (5 or more = 50 points)

(2) List the number of bypasses, overflows, or unpermitted discharges shown in A (1) that were within the collection system and the number at the treatment plant.

Collection System 7 Treatment Plant 0

B. (1) List the number of times in the last year there was a bypass or overflow of untreated or incompletely treated wastewater due to equipment failure, either at the treatment plant or due to pumping problems in the collection system: 29

(Circle One) 0 = 0 points 1 = 5 points 2 = 10 points
3 = 15 points 4 = 30 points (5 or more = 50 points)

(2) List the number of bypasses or overflows shown in B (1) that were within the collection system and the number at the treatment plant.

Collection System 296 Treatment Plant 0

C. Specify whether the bypasses came from the city or village sewer system or from contract or tributary communities/sanitary districts, etc.
All of the aforementioned bypasses came from the City's sanitary sewerage system.

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

TOTAL POINT VALUE FOR PART 4 100 **(max=100)**

Also enter this value on the point calculation table on page 16.

E. List the person responsible for reporting overflows, bypasses, or unpermitted discharges to State and Federal authorities:

SWBNO Executive Director Mr. Cedric Grant and Environmental Affairs Department

Describe the procedure for gathering, compiling, and reporting:

RJN Cassworks Infrastructure Maintenance Management System is used to track overflows by retrieving pertinent information from work orders.

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PART 5: SLUDGE STORAGE AND DISPOSAL SITES

A. Sludge Storage

How many months of sludge storage capacity does your wastewater treatment facility have available, either on-site or off-site?

Circle the number of months and corresponding point total. Write the point total in the box below at the right.

months	<2	2	3	4 to 5	>6	months
points	50	30	20	10	0	points

Write 0, 10, 20, 30, or 50 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?

Circle the number of months and corresponding point total. Write the point total in the box below at the right.

months	<2	6 to 11	12 to 23	24 to 35	>36	months
points	50	30	20	10	0	points

Write 0, 10, 20, 30, or 50 in the B point total box [0] B Point Total

C. Add together the A and B point values and place this sum in the box below at the right:

TOTAL POINT VALUE FOR PART 5 [0] **(max=100)**

Also enter this value 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. N/A

Design Population:_____

Design Flow:_____MGD

Design BOD_5:_____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)?

(Circle One) (No) = 0 points Yes = 15 points

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?

(Circle One) No = 0 points (Yes) = 15 points

Describe: The opening of two new hospitals: The Veterans Administration Hospital and LSU Teaching Hospital. Ten Orleans Parish Public Schools, the Sanchez Community Center, and The Urban South Brewery.

List any new pollutants that you anticipate: Increased Flow, BOD, and TSS into the POTW.

D. Add together the point value circled in B and C and place the sum in the blank below.

TOTAL POINT VALUE FOR PART 6 15 **(max=30)**

Also enter this value 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? **James Porter**

B. What is his/her certification number? **#15-607; October 1992**

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

Class IV Wastewater Treatment

D. What is the level of certification of the operator-in-charge? Class IV Wastewater Treatment **Level Certified**

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 or more = 0 points [ ] Less than 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 [X] yes [ ] no

Explain:

All personnel maintained at least 16 hours of training every two years. Veolia Water implements an internal training and safety program that meets all State Operator Certification training requirements. Additionally, 16 hours of cross trainings are provided to each employee.

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

By the permittee? _____

By the operator? 100% Veolia Water

J. Add together the E and G point values and place this sum in the box below at the right:

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

Also enter this value 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 [X] Yes [ ] No If no, how are O & M costs being financed?

Explain:

Sewer rate increase 10% every year for the next 7 years.

B. What financial resources do you have available to pay for your wastewater improvements and reconstruction needs?

Revenues in excess of expenses and proceeds from bond issues.

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PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

1. Describe what sewer system maintenance work has been done in the last year.

The Board and its contractors completed inspection on 983,045.40 feet (16%) of sewer system; inspected 7,950 (35%) sewer manholes, completed 1,023 repairs, and cleaned 1,090,649.80 feet of the sewer system in 2015. Also, the Board and its contractors inspected a cumulative total of 30,917.00 feet of sewer line utilizing CCTV and a cumulative total of 952,658.40 feet of sewer line utilizing Smoke Testing in 2015. During the first and second halves of 2015, the Board inspected and maintained 68 (100) known air release valves. In addition, 172 (100%) sewer force main isolation valves were inspected and exercised. 22 (100) cathodic protection surveys were conducted and (100%) of the 102 miles of sewer force mains were visually inspected.

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

The Board's Operations and Facility Maintenance personnel completed 4,942 (100%) sewage pumping station preventive maintenance tasks through December 31, 2015.

3. What collection system improvements does the community have under consideration for the next 5 years?

Collection system improvements are planned in accordance with the Third Modified Consent Decree.

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

1. Do you have duckweed buildup in your ponds? ☐ Yes ☐ No
2. Do you mow your dikes regularly (at least monthly), to the waters edge? ☐ Yes ☐ No
3. Do you have bushes or trees growing on the dikes or in the ponds? ☐ Yes ☐ No

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4. Do you have excess sludge buildup (>1 foot) on the bottom of any of your ponds? ☐ Yes ☐ No
5. Do you exercise all of your valves? ☐ Yes ☐ No
6. Are your control manholes in good structural shape? ☐ Yes ☐ No
7. Do you maintain at least three feet of freeboard in all your ponds? ☐ Yes ☐ No
8. Do you visit your pond system, at least weekly? ☐ Yes ☐ No

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C. Treatment Plants

1. Have the influent and effluent flow meters been calibrated in the last year? [X] Yes [ ] No

Influent flow meter calibration dates(s):	Effluent flow meter calibration date(s):
June 10, 2015; calibrated monthly	June 10, 2016; calibrated monthly

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

None

3. Is your community presently involved in formal planning for treatment facility upgrading?

[ ] Yes [☒] No If yes, describe:

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D. Preventive Maintenance

1. Does your plant have a written plan for preventive maintenance on major equipment items?

[X] Yes [ ] No If yes, describe:

Current system utilizes a computer generated maintenance work order system for both preventive and emergency repairs on all components in the plants.

Each piece of equipment's O&M manual is closely followed to ensure all factory preventive maintenance recommendations are performed.

2. 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

3. Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly? [X] Yes [ ] No

E. Sewer Use Ordinance

1. 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 from industries, commercial users, and residences?

[X] Yes [ ] No If yes, describe:

E.P.A. approved Pretreatment Program and Section 16 of the Sewerage & Water Board of New Orleans Plumbing Code.

2. Has it been necessary to enforce? [X] Yes [ ] No If yes, describe:

E.P.A. approved Pretreatment Program requires sampling/monitoring of Significant Industrial Users to demonstrate compliance with applicable Federal, State and Local discharge requirements.

F. Any additional comments about your treatment plant or collection system? (Attach additional sheet if necessary.)

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POINT CALCULATION TABLE

Fill in the values from parts 1 through 7 in the columns below. Add the numbers in the left column to determine the point total that the wastewater system has generated for the previous year.

		Actual Values	Maximum
Part 1:	Influent Flow/Loadings	5	80 Points
Part 2:	Effluent Quality/Plant Performance	0	100 Points
Part 3:	Age of WWTP	50	50 Points
Part 4:	Overflows and Bypasses	100	100 Points
Part 5:	Ultimate Disposition of Sludge	0	100 Points
Part 6:	New Development	15	30 Points
Part 7:	Operator Certification Training	0	100 Points

TOTAL POINTS 170

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ATTACHMENT 3

SAMPLE MWPP RESOLUTION

Resolved that the city/town of _____ informs Louisiana Department of Environmental Quality that the following actions were taken by the _____ (governing body).

1. Reviewed the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution.

2. Set forth the following actions necessary to maintain permit requirements contained in the Louisiana Water Discharge Permit System (LWDPS) number _____ .

(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