RESOLUTION 2022-7

ST. FRANCISVILLE SEWER TREATMENT PLANT
2021 MWPP RESOLUTION

Resolved that the **Town of St. Francisville** informs the Louisiana Department of Environmental Quality that the following actions were taken by the **Town of St. Francisville**:

(1) reviewed the 2021 Municipal Water Pollution Prevention Environmental Audit Report;

(2) in order to maintain permit requirements contained in the Louisiana Pollution Discharge Elimination System (LPDES) permit Wastewater Treatment Facility, LPDES No. LA003299, the Town of St Francisville will take the following actions:

- Continue to pursue relocation of the existing Wastewater Treatment Plant

The Resolution having been submitted to a vote; the vote thereon was as follows:

YEA: Andrew D'Aquilla, James R. Leake and Al Lemoine

NAY: none

ABSTAIN: none

ABSENT: Abby T. Cochran and Gigi Robertson

And this Resolution was legally adopted on this 12th day of April 2022.

Robert Leake, Jr. Mayor:

TOWN OF ST. FRANCISVILLE

ATTEST:

Shannon Sturgeon, Town Clerk

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP

Facility Name:	*St. Francisville Wastewater Treatment Facility*
LPDES Permit Number:	*LA0032999*
Agency Interest (AI) Number:	*19237*
Address:	*P. O. Drawer 400*
	St. Francisville, LA 70775
	Physical Location: LA HWY 10, approximately 250' from the southwestern limits of St. Francisville
Parish:	*West Feliciana*
(Person Completing Form) Name:	*Hannah Orgeron, Providence / Donald Ray Stephens*
Title:	*Environmental Specialist III/ Town of St. Francisville*
Date Completed:	*March 30, 2022*

INSTRUCTIONS

1. Complete only the sections of the Environmental Audit which apply to your wastewater treatment system. Leave sections that do not apply blank and enter a "0" for the point value.

2. Parts 1 through 7 contain questions for which points may be generated. These points are intended to communicate to the department and the governing body or owner what actions will be necessary to prevent effluent violations. Place the point totals from parts 1 through 7 on the Point Calculation page.

3. Add up the point totals.

4. Submit the Environmental Audit to the governing body or owner for review and approval.

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

    a. The resolution or letter must acknowledge the governing body or owner has reviewed the Environmental Audit.

    b. This resolution must indicate <u>specific</u> actions, if any, will be taken to maintain compliance and prevent effluent violations. Proposed actions should address the parts where maximum or close to maximum points were generated in the Environmental Audit.

    c. The resolution should provide any other information the governing body deems appropriate.

Permit #: LA0032999

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)[1]		**Column 3** Average Monthly BOD5 Loading (pounds per day, lb/day)
Jan	0.301	x	200	x 8.34 =	502.068
Feb	0.302	x	200	x 8.34 =	504.038
March	0.675	x	200	x 8.34 =	1,126.575
April	N/A[2]	x	200	x 8.34 =	N/A[2]
May	N/A[2]	x	200	x 8.34 =	N/A[2]
June	N/A[2]	x	200	x 8.34 =	N/A[2]
July	0.240	x	200	x 8.34 =	400.560
Aug	0.224	x	200	x 8.34 =	373.856
Sept	0.300	x	200	x 8.34 =	500.700
Oct	0.233	x	200	x 8.34 =	388.644
Nov	0.209	x	200	x 8.34 =	348.612
Dec	0.211	x	200	x 8.34 =	351.948

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

[1] *Typical domestic wastewater concentration.*

[2] *Mississippi River water level too high to sample.*

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:	0.3	x 0.90 =	0.27
Design BOD, lb/day:	501	x 0.90 =	450.9

Permit #: LA0032999

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 [5] 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 [15] 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 [10] 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 [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: [80] (max = 80)

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

Permit #: LA0032999

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)
January 2021	11.8	20.5
February 2021	10.3	14.5
March 2021	3.8	26
April 2021	N/A*	N/A*
May 2021	N/A*	N/A*
June 2021	N/A*	N/A*
July 2021	4	19
August 2021	3	26
September 2021	3	12.5
October 2021	3	12.5
November 2021	3	9.5
December 2021	5	16

Mississippi River water level too high to sample.

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

		Permit Limit		90% of Permit Limit
November - April	BOD, mg/l	30	x 0.9 =	27
November - April	TSS, mg/l	30	x 0.9 =	27
May - October	BOD, mg/l	20	x 0.9 =	18
May - October	TSS, mg/l	20	x 0.9 =	18

Permit #: LA0032999

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	0	1	2	**3**	4	5	6	7	8	9	10	11	12
points	0	0	10	**20**	30	40	40	40	40	40	40	40	40

Write 0, 10, 20, 30 or 40 in the i point total box [*20*] 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	0	1	2	**3**	4	5	6	7	8	9	10	11	12
points	0	5	5	**10**	10	10	10	10	10	10	10	10	10

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

iii. How many months did the effluent TSS (Column 2) exceed 90% of the permit limits? Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

months	0	1	2	3	4	**5**	6	7	8	9	10	11	12
points	0	0	10	20	30	**40**	40	40	40	40	40	40	40

Write 0, 10, 20, 30 or 40 in the iii point total box [*40*] iii Point Total

iv. How many months did the effluent TSS (Column 2) exceed permit limits? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

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

Write 0, 5, or 10 in the iv point total box [*10*] 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: [*80*] (max = 100)

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

Permit #: LA0032999

D. Other Monitoring and Limitations

i. At any time in the past year was there and exceedance of a permit limit for other pollutants such as: ammonia-nitrogen, phosphorus, pH, total residual chlorine, or fecal coliform?

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

The sample results exceeded the monthly average total suspended solids limitation in August 2021. Mississippi River's high levels prevented the system from operating April through June 2021.

ii. At any time in the past year was there a "failure" of a Biomonitoring (Whole Effluent Toxicity) test of the effluent?

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

N/A, not a permit requirement.

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

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

N/A, not a permit requirement.

Permit #: LA0032999

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY

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

1974

Current Year	-	*Answer to A*	=	*Age in years*
2022		1974		48

Enter Age in Part C below.

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

		FACTOR:
____	Mechanical Treatment Plant (trickling filter, activated sludge, etc…) Specify Type: ____	2.5
X	Aerated Lagoon	2.0
____	Stabilization Pond	1.5
____	Other Specify Type: ____	1.0

C. Multiply the factor listed next to the type of facility your community employs by the age of your facility to determine the total point value for Part 3.

TOTAL POINT VALUE FOR PART 3 =

2	x	48	=	50 (max = 50)
Factor		*Age*		

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

D. Please attach a schematic of the treatment plant.

See diagram attached.

Permit #: LA0032999

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: >5 Treatment Plant: >5

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

**Note: Treatment plant could not be operated due to high water during April-June. Equipment which could be damaged by the high water was removed or taken to higher ground prior to event. There were no overflows, bypasses, or unpermitted discharges in January-March or July-December.*

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: >5 Treatment Plant: >5

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

Mississippi River's high water levels prevented the system from operating April through June.

D. Add the point values checked 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 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:

Donald Ray Stephens, Water Department

Describe the procedure for gathering, compiling and reporting:

During January through June 2021, the Town of St. Francisville provided high water letters and photographs with its Discharge Monitoring Reports. The system is monitored daily and multiple times during heavy rain events. If overflows occur, the operator notifies the DEQ hotline and continues to monitor. A report is then completed and sent to DEQ.

Permit #: LA0032999

PART 5: SLUDGE STORAGE AND DISPOSAL SITES

A. Sludge Storage

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

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

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

Write 0, 10, 20, 30 or 40 in the A point total box [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.

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

Write 0, 10, 20, 30 or 40 in the B point total box [N/A] 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.

Permit #: LA0032999

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: *52 Housing Units*

Design Flow: *0.02* MGD

Design BOD: *200* 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:

N/A

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:

The Town of St. Francisville is currently under a sewer capacity moratorium until Summer 2022 with the to be removed.

List any new pollutants you anticipate:

Domestic wastewater only.

D. Add together the point value checked in B and C and place the sum in the box below.

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

Also enter this value or 30, whichever is less, on the point calculation table on page 16.

Permit #: LA0032999

PART 7: OPERATOR CERTIFICATION AND EDUCATION

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

Name: Donald Ray Stephens

B. What is his or her certification number:

Cert.#: 6226

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

Level Required: Class II

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

Level Certified: Class II

E. Was the operator-in-charge of the report year certified at least at the grade level required in order to operate this plant?

√ Check one box. [X] Yes = 0 points [ ] No = 50 points

Write 0 or 50 in the E point total box [0] E Point Total

F. Has the operator-in-charge maintained recertification requirements during the reporting year?

√ Check one box. [X] Yes [ ] No

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

√ Check one box. [X] > 12 hours = 0 points [ ] < 12 hours = 50 points

Write 0 or 50 in the G point total box [0] G Point Total

H. Is there a written policy regarding continuing education an training for wastewater treatment plant employees?

√ Check one box. [X] Yes [ ] No

Explain: Yes, employees are encouraged to take continuing educations courses.

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.

Permit #: LA0032999

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?*

Sewer user fees are supplemented by sales tax.

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

Sewer user fees are supplemented by sales tax.

Permit #: LA0032999

PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

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

The sewer pond fencing was replaced.

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

The manholes and lift stations were degreased and cleaned. Four lift station pumps were replaced.

iii. What collection system improvements does the community have under construction for the next 5 years?

The Town of St. Francisville is in the process of planning for a new wastewater treatment plant. Seeking bond approval funding in April 2022.

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

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

Permit #: LA0032999

C. Treatment Plants

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

☐ Yes ☑ No (√ Check one box.)

Influent flow meter calibration date(s)	*Effluent flow meter calibration date(s)*
N/A	*9/15/2020*

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

Mississippi River's high water levels prevented the system from operating April through June 2021. No problems occurred that threatened treatment during other times of the year.

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

√ Check one box. ☑ Yes No ☐ *If Yes, Please describe:*

The Town of St. Francisville passed a sales tax to fund a new wastewater treatment plant and is in the planning stages for design and location of the new wastewater treatment plant.

Permit #: LA0032999

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:*

The operators use forms to record daily/weekly/monthly operation and maintenance schedules.

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:*

The ordinance imposes consequences for altering the purposes for which the sewer system is intended to work (I/I, non-domestic and pollutants discharged, etc.).

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.)

None

Permit #: LA0032999

POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: *Influent Flow/Loadings*	80	80 points
Part 2: *Effluent Quality / Plant Performance*	80	100 points
Part 3: *Age of WWTF*	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: 325