

**TOWN OF HOMER
STATE OF LOUISIANA
PROPOSED MWPP
RESOLUTION NO. #22-003**

Resolved that the Town of Homer informs the Louisiana Department of Environmental Quality that the following actions were taken by Town of Homer Council.

1. Resolved the Municipal Water Pollution Environmental Audit Report which is attached to this resolution.
2. Set forth the following actions necessary to maintain permit requirements contained in the Louisiana Pollution Discharge Elimination System (LPDES) permit, number LA 0038521.
 - a. Provide for repairs of the operation of the sludge press and chlorine station at wastewater treatment plant.
 - b. Submit application to DEQ and secure funds for the complete update and renovation of all the pumping stations of the collection system.
 - c. Provide for the renovation of the building facilities at the wastewater treatment plant.
 - d. Improve and continue to ensure for Environmental Compliance of LPDES permit.

Passed by a majority unanimous (circle one) vote of the Town of Homer Board of Selectman
on May 9, 2022.



MAYOR



CLERK

LOUISIANA
MUNICIPAL WATER
POLLUTION PREVENTION
MWPP



Facility Name:	Town of Homer WWTP
LPDES Permit Number:	LA 0038521
Agency Interest (AI) Number:	19565
Address:	500 East 5th Street
	Homer, LA 71040
Parish:	Claiborne
(Person Completing Form) Name:	Marios Papadopoulos
Title:	General Manager
Date Completed:	April 6, 2022

Permit #: 0038521

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)
0.803	x	16.9	x 8.34 =	113.18
0.73	x	Invalid Result	x 8.34 =	N/A
0.699	x	72.9	x 8.34 =	424.98
0.46	x	27.9	x 8.34 =	107.04
0.97	x	444	x 8.34 =	3,591.87
0.891	x	27	x 8.34 =	200.64
0.481	x	41.9	x 8.34 =	168.08
0.402	x	36	x 8.34 =	120.70
0.334	x	72.8	x 8.34 =	202.79
0.353	x	54.8	x 8.34 =	161.33
0.348	x	102	x 8.34 =	296.04
0.348	x	67.5	x 8.34 =	195.91

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:	1.34	x 0.90	1.21
Design BOD, lb/day:	2235	x 0.90 =	2011

Permit #:

0038521

- 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 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 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 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 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: (max = 80)

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

Permit #:

0038521

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	5.84	8
February 2021	5.91	4
March 2021	6.65	6.2
April 2021	6.11	7.4
May 2021	7.09	7.2
June 2021	7.3	6.8
July 2021	2.57	6.6
August 2021	4.03	8
September 2021	5.43	4.8
October 2021	2.11	3.4
November 2021	2	2.4
December 2021	3	2.0

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

	Permit Limit		90% of Permit Limit
BOD, mg/l	10	x 0.90 =	9
TSS, mg/l	15	x 0.90	13.5

Permit #:

038521

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 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 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 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 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.

Permit #:

038521

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:

See Associated DMR's

- 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:

See Associated DMR's

- 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:

See Associated DMR's

Permit #:

0038521

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY

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

2020

<i>Current Year</i>	-	<i>Answer to A</i>	=	<i>Age in years</i>
2021		2020		2

Enter Age in Part C below.

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

FACTOR:

<u>X</u>	Mechanical Treatment Plant (trickling filter, activated sludge, etc...) Specify Type: _____	2.5
_____	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 =

$$\frac{2.5}{\text{Factor}} \times \frac{2}{\text{Age}} = \boxed{5} \text{ (max = 50)}$$

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

D. Please attach a schematic of the treatment plant.

Permit #:

0038521

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: _____ Treatment Plant: _____

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: _____ Treatment Plant: _____

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

- 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:

Vivian Moffitt

Describe the procedure for gathering, compiling and reporting:

Permit #:

038521

PART 5: SEWAGE SLUDGE STORAGE, USE, AND DISPOSAL

A. Sewage Sludge Storage

How many months of sewage 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 50 in the A point total box A Point Total

B. For how many months does your facility have approval to use or dispose of sewage sludge at a properly permitted landfill, land application site, or sewage sludge incinerator?

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

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

Write 0, 10, 20, 30 or 50 in the B point total box 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: (max = 100)

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

Permit #:

0038521

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: 0

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:

- 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: (max = 30)

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

Permit #:

038521

PART 7: OPERATOR CERTIFICATION AND EDUCATION

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

Name: Karl Johnson/ Eric Caldwell

B. What is his or her certification number:

Cert. #: 08-1208

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 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 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: All employees are required to maintain certification levels and attend training courses.

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

By the permittee? 0% By the operator? 100% by contract company

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: (max = 100)

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

Permit #:

0038521

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?

Town an State Funding

Permit #:

0 38521

PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

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

General maintenance

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

General maintenance

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

Continuous maintenance

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

√ Check one box.

- | | | |
|---|---|--|
| i. Do you have duckweed buildup in the ponds? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| ii. Do you mow the dikes regularly (at least monthly), to the waters edge? | <input checked="" 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 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? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Are your control manholes in good structural shape? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii. Do you maintain at least 3 feet of freeboard in all of your ponds? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii. Do you visit your pond system at least weekly? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Permit #:

0038521

C. Treatment Plants

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

Yes No (✓ Check one box.)

11/21

Influent flow meter calibration date(s)

Effluent flow meter calibration date(s)

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

Problems with the sludge management.

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

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

Permit #:

038521

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:*

We use the O&M of the facility. We have also developed our own SOP plan.

- ii. Does this preventive maintenance program depict frequency of intervals, types of lubrication and other preventive maintenance tasks necessary for each piece of equipment?

Yes No

- iii. Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assured properly?

Yes No

E. Sewer Use Ordinance

- i. Does your community have a sewer use ordinance that limits or prohibits the discharge of excessive conventional pollutants (BOD, TSS or pH) or toxic substances to the sewer system from industries, commercial users and residences?

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

- ii. Has it been necessary to enforce?

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

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

N/A

Permit #:

038521

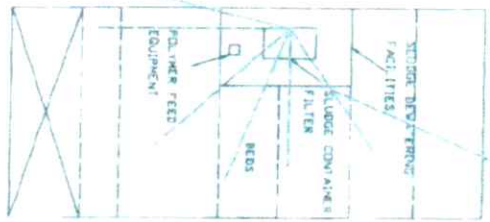
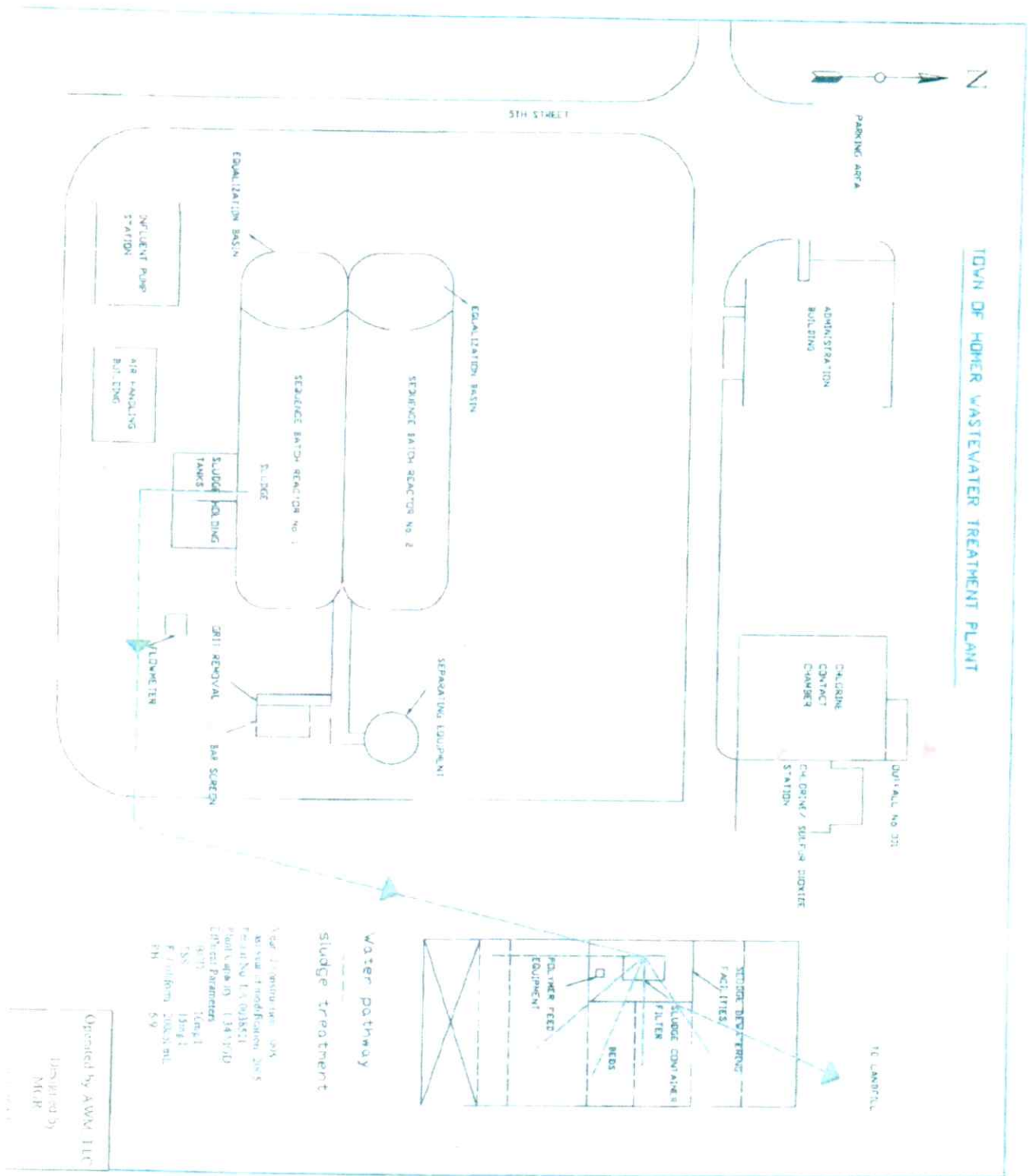
POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: <i>Influent Flow/Loadings</i>	<u>10</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>0</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>5</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>0</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

TOWN OF HOHER WASTEWATER TREATMENT PLANT



Water pathway

 Sludge treatment

As per Town of Hoher 2015
 as per modification 2005
 Permit No. LC 003551
 Final Volume 10 - 1347760
 Project Parameters
 9077 Twp#1
 585 15042
 R. Collins 2005 m.c.
 PH 59

Operated by AWW EFC
 Designed by
 MCR