

**LOUISIANA**  
**MUNICIPAL WATER**  
**POLLUTION PREVENTION**

**MWPP**

January 2018 - December 2018



<i>Facility Name:</i>	Town of Iowa Wastewater Plant
<i>LPDES Permit Number:</i>	LA 0043656
<i>Agency Interest (AI) Number:</i>	41915
<i>Address:</i>	P.O. Box 1707 Iowa, LA 70647
<i>Parish:</i>	Calcasieu
<i>(Person Completing Form) Name:</i>	Misty Basco
<i>Title:</i>	Compliance Officer Cenla Environmental Science
<i>Date Completed:</i>	January 10, 2019

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**PART I: INFLUENT FLOW/LOADINGS (all plants)**

**A. List the average monthly volumetric flows and BOD loadings received at your facility during the last reporting year.**

**Flow is estimated based on population. No influent samples collected during monitoring period.**

<b>Column 1</b> Average Monthly Flow (million gallons per day, MGD)		<b>Column 2</b> Average Monthly BOD5 Concentration (mg/l)		<b>Column 3</b> Average Monthly BOD5 Loading (pounds per day, lb/day)
0.2996	x	N/A	x 8.34 =	N/A
0.2996	x	N/A	x 8.34 =	N/A
0.2996	x	N/A	x 8.34 =	N/A
0.2996	x	N/A	x 8.34 =	N/A
0.2996	x	N/A	x 8.34 =	N/A
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0.2996	x	N/A	x 8.34 =	N/A
0.2996	x	N/A	x 8.34 =	N/A
0.2996	x	N/A	x 8.34 =	N/A

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.**

<i>Design Flow, MGD:</i>	0.5	x 0.90 =	0.45
<i>Design BOD, lb/day:</i>	42	x 0.90 =	37.8

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- C. How many months did the monthly flow (Column 1) to the wastewater treatment facility (WWTF) exceed 90% of design flow? Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	0	0	0	0	5	5	5	5	5	5	5	5

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

- D. How many months did the monthly flow (Column 1) to the WWTF exceed the design flow? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	5	5	10	10	15	15	15	15	15	15	15	15

Write 0, 5, 10 or 15 in the D point total box 0 D Point Total

- E. How many months did the monthly BOD loading (Column 3) to the WWTF exceed 90% of the design loading? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	0	5	5	5	10	10	10	10	10	10	10	10

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.

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	10	20	30	40	50	50	50	50	50	50	50	50

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:** 0 (max = 80)

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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 Average Monthly BOD (mg/l)	Column 2 Average Monthly TSS (mg/l)
January 2018	3.31	5.10
February 2018	7.03	6.5
March 2018	4.53	5.75
April 2018	5.15	3.75
May 2018	<3	3.10
June 2018	3.4	8.38
July 2018	<3	5.63
August 2018	3.78	4.20
September 2018	4.2	4.63
October 2018	3.6	5.9
November 2018	4.32	5.75
December 2018	4.35	24.25

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

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C. Continuous Discharge to Surface Water.

- i. How many months did the effluent BOD (Column 1) exceed 90% of the permit limits? Circle the number of months and the corresponding point total. Write the point total in the box below at the right.

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	0	10	20	30	40	40	40	40	40	40	40	40

Write 0, 10, 20, 30 or 40 in the i-point total box 0 i Point Total

- ii. How many months did the effluent BOD (Column 1) exceed permit limits? Circle the number of months and corresponding point total. Write the point total in the box below at the right.

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	5	5	10	10	10	10	10	10	10	10	10	10

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

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

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	0	10	20	30	40	40	40	40	40	40	40	40

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

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

<i>months</i>	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>points</i>	0	5	5	10	10	10	10	10	10	10	10	10	10

Write 0, 5, or 10 in the iv-point total box 5 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: 5 (max = 100)

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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:*

May 2018 – Ammonia-Nitrogen  
June 2018 – Ammonia-Nitrogen  
July 2018 – Ammonia-Nitrogen  
September 2018 – Ammonia-Nitrogen

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

√ Check one box.

Yes

No

*If Yes, Please describe:*

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

√ Check one box.

Yes

No

*If Yes, Please describe:*

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**PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY**

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

2014

*Current Year* - *Answer to A* = *Age in years*

2018

2014

4

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 checked="" type="checkbox"/>	Stabilization Pond	1.5
<input type="checkbox"/>	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 =**

$$\frac{1.5}{\text{Factor}} \times \frac{4}{\text{Age}} = \boxed{6} \text{ (max = 50)}$$

D. Please attach a schematic of the treatment plant.

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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:

0  Check one box.  0 = 0 points  3 = 15 points  
 1 = 5 points  4 = 30 points  
 2 = 10 points  5 or more = 50 points

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

Collection System: 0 Treatment Plant: 0

**B.**

- i. List the number of times in the last year there was an overflow, bypass or unpermitted discharge of untreated or incompletely treated wastewater due to equipment failure, either at the treatment plant or due to pumping problems in the collection system:

0  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: 0 Treatment Plant: 0

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

N/A

- 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:

James Hardy (Operator)

Describe the procedure for gathering, compiling and reporting:

Mr. Hardy will collect and submit the information regarding overflows to the proper authorities at DEQ within 24 hours via telephone or within 48 hours written response.



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**PART 5: SLUDGE STORAGE AND DISPOSAL SITES**

**A. Sludge Storage**

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

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

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

Write 0, 10, 20, 30 or 40 in the A point total box  A Point Total

**B. For how many months does your facility have access to (and approval for) sufficient land disposal sites to provide proper land disposal?**

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

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

Write 0, 10, 20, 30 or 40 in the B point total box  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)

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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 No Sewer line extensions installed in 2018**

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:*

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:*

N/A

List any new pollutants you anticipate:

N/A

- 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)

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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: James Hardy (ID: 10045)

B. What is his or her certification number:

Cert.#: WWC III 14-2255; WWT II 09-3040

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

Level Required: Level II

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

Level Certified: WWC III; WWT 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.  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: There is a written policy implemented stating that operators and employees must meet requirements from DEQ and LDH standards.

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

By the permittee? 100% By the operator?

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)

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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?

User fees reserve funds maintained and grants being applied for and/or approved.

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**PART 9: SUBJECTIVE EVALUATION**

**A. Collection System Maintenance**

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

In the last year, general maintenance work has been performed.

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

In the last year, general maintenance work has been performed.

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

In the next five years, the town anticipates changing out the sewer mains.

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

√ 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 water's 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 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     |

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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)*

N/A  
*Effluent flow meter calibration date(s)*

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

None

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

✓ Check one box.

Yes

No

*If Yes, Please describe:*

In the next five years, the town anticipate replacing the current 6" lift station to an 8" lift station and replacing a portion of the sewer lines.

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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:*

Operation and maintenance manuals are used for preventative maintenance on major equipment items.

- i. 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:*

N/A

- 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.)

No additional comments at this time.

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### POINT CALCULATION TABLE

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

TOTAL POINTS:

11



## MWPP Resolution

Resolved that the **Town of Iowa** informs the Louisiana Department of Environmental Quality that the following actions were taken by Town Councilmen:

1. Resolved the Municipal Water Pollution Prevention Environmental Audit Report for January 2018 – December 2018 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 **LA0043656**.
  - A. To continue being good environmental stewards by maintaining our wastewater treatment plant and continuing required analytical analysis in accordance with our current LDEQ permit, including monthly monitoring of influent CBOD.

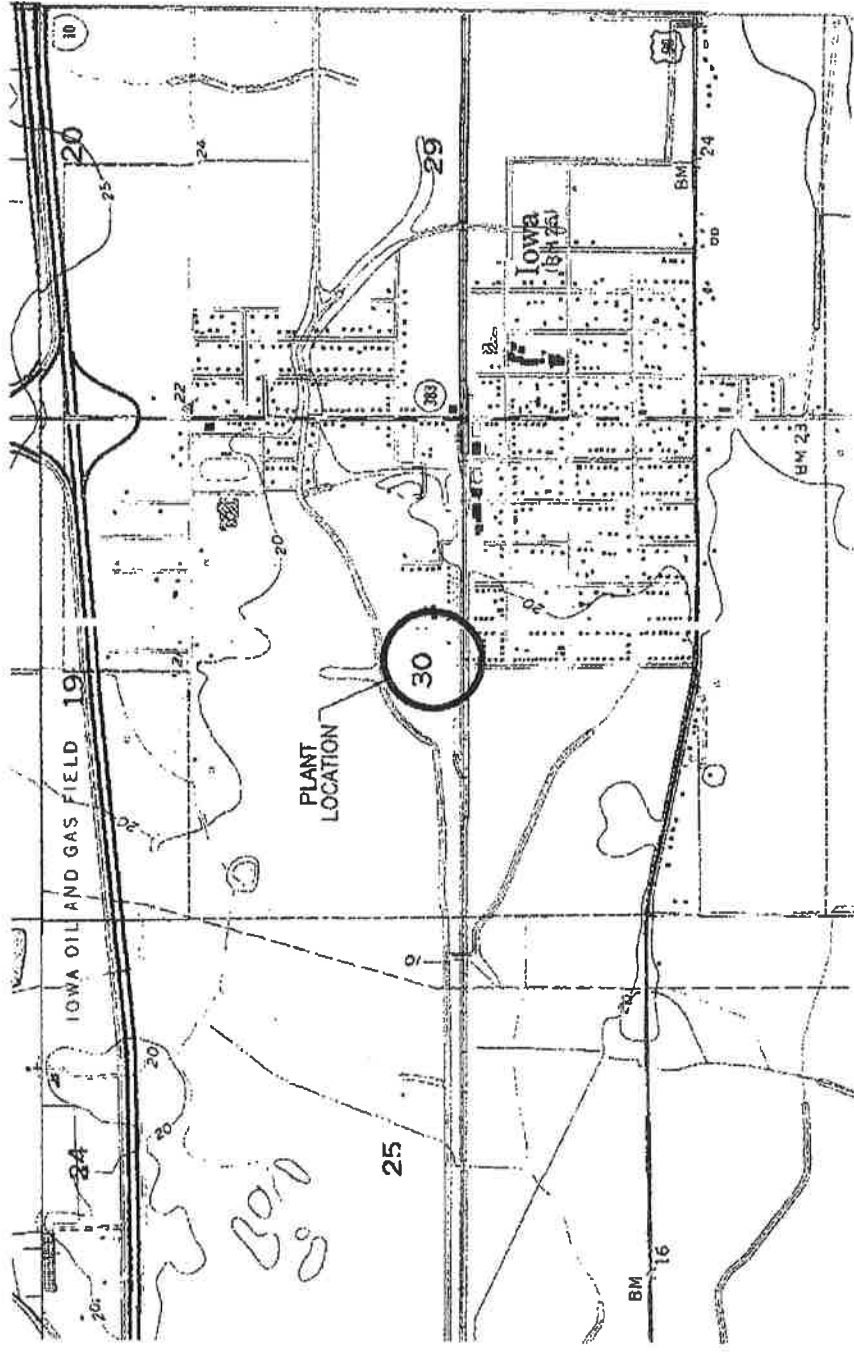
Passed by a majority/unanimous vote of the Town Councilmen on this 11<sup>th</sup> day of February, Two Thousand and Nineteen.

  
\_\_\_\_\_  
*Cynthia Mallett*  
CLERK

# Schematic of Treatment Plant



TOWN OF IOWA, LOUISIANA  
SEWER TREATMENT PLANT LOCATION



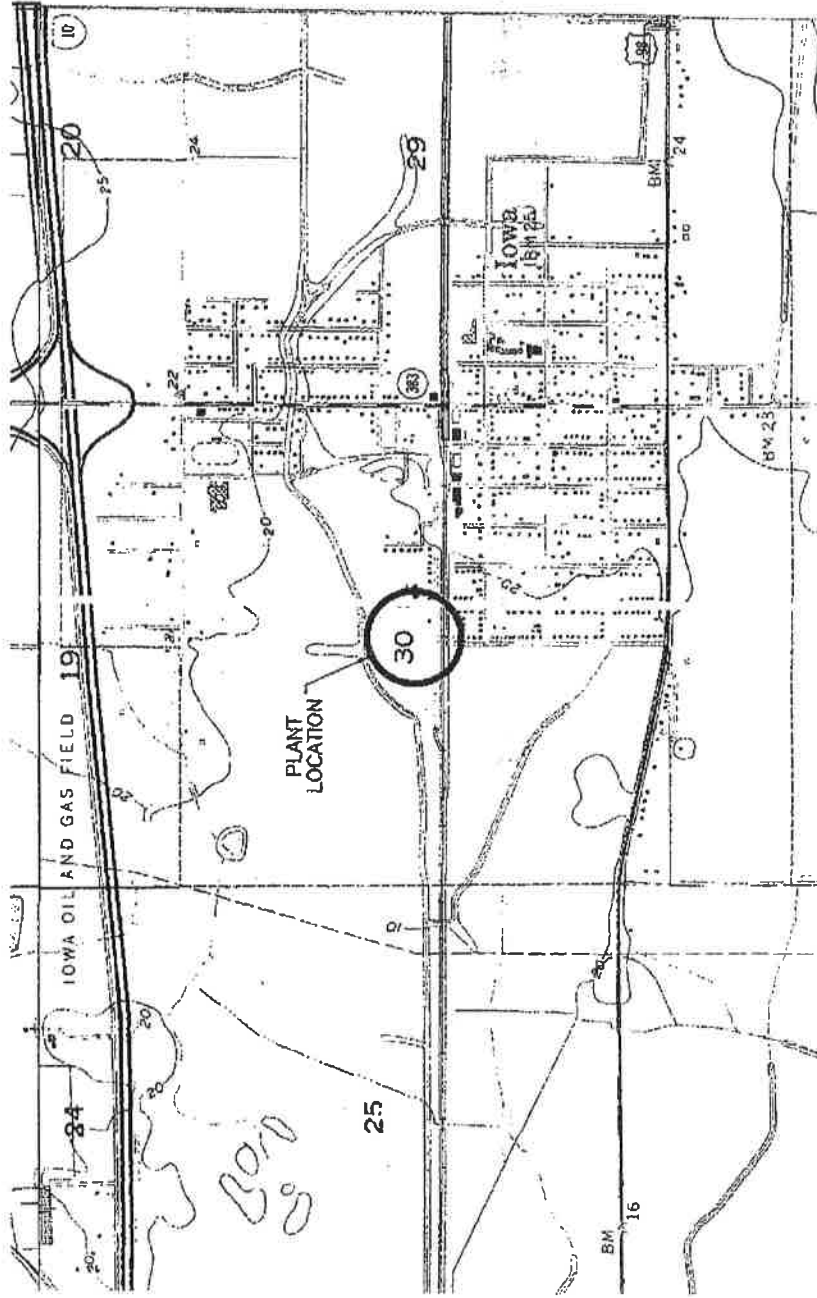
SCALE: 1" = 1000'  
DATE: 01-28-88

LAKE CHARLES, LOUISIANA

CIVIL & CONSULTING ENGINEERS

D. W. JESSEN & ASSOCIATES

TOWN OF IOWA, LOUISIANA  
SEWER TREATMENT PLANT LOCATION



SCALE 1" = 1000'  
DATE 01-29-00

LAKE CHARLES, LOUISIANA

CIVIL & CONSULTING ENGINEERS

D. W. JESSEN & ASSOCIATES