

LOUISIANA
MUNICIPAL WATER
POLLUTION PREVENTION
MWPP



<i>Facility Name:</i>	Lucas Wastewater Treatment Plant
<i>LPDES Permit Number:</i>	LA0041394
<i>Agency Interest (AI) Number:</i>	AI88488
<i>Address:</i>	11301 East Kings Hwy
	Shreveport, LA 71115
<i>Parish:</i>	Caddo
<i>(Person Completing Form) Name:</i>	Derinda Banks, Wes Wyche
<i>Title:</i>	
<i>Date Completed:</i>	June & July, 2023

Permit #: LA0041394

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)
18.693	x	160	x 8.34 =	24,944
22.457	x	146	x 8.34 =	27,345
26.891	x	143	x 8.34 =	32,071
20.720	x	150	x 8.34 =	25,920
20.797	x	146	x 8.34 =	25,323
18.006	x	151	x 8.34 =	22,676
18.867	x	145	x 8.34 =	22,816
21.685	x	125	x 8.34 =	22,606
18.563	x	146	x 8.34 =	22,603
17.274	x	147	x 8.34 =	21,178
20.574	x	126	x 8.34 =	21,620
21.875	x	145	x 8.34 =	26,454

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:

30

x 0.90 =

27

Design BOD, lb/day:

34,655

x 0.90 =

31,199

Permit #:

LA0041394

- 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>	<u>0</u>	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 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>	<u>0</u>	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 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	<u>1</u>	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 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>	<u>0</u>	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 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 #: LA0041394

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	11	21
February	10	17
March	31	86
April	6	7
May	11	32
June	9	20
July	11	60
August	7	17
September	5	11
October	5	9
November	7	12
December	7	44

- 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

Permit #: **LA0041394**

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>	<u>0</u>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<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 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	<u>1</u>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<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 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>	<u>0</u>	<i>1</i>	<i>2</i>	<i>3</i>	<u>4</u>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<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 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	<i>1</i>	<i>2</i>	<i>3</i>	<u>4</u>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<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 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 #: LA0041394

D. Other Monitoring and Limitations

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

✓ Check one box.

☒

Yes

☐

No

If Yes, Please describe:

Yes, fecal coliform

- 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:

The fathead minnow test failed survival and growth. All followup retests passed.

- 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:

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY

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

$$\begin{array}{rclcl}
 & & 2007 & & \\
 \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\
 \hline
 2023 & & 2007 & & 16
 \end{array}$$

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
<u> </u>	Aerated Lagoon	2.0
<u> </u>	Stabilization Pond	1.5
<u> </u>	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 =

$$\frac{2.5}{\text{Factor}} \times \frac{16}{\text{Age}} = \boxed{40} \text{ (max = 50)}$$

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.

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:

21, see att. √ 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: 21 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:

24 √ 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: 24 Treatment Plant: _____

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

City of Shreveport Sewer System

- 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:

Derinda Banks, Lab Supervisor and St Doris Woods, Storm Water Supervisor

Describe the procedure for gathering, compiling and reporting:

A log of sanitary overflow or bypass is recorded, giving date of call, time, loca ,location, action and cause, receiving waters, environmental impact and gallons of loss.

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)

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

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: can be provided upon request

Design Flow: see above MGD

Design BOD: see above 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: 0 (max = 30)

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

Permit #: LA0041394

PART 7: OPERATOR CERTIFICATION AND EDUCATION

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

Name: Eric Howard

- B. What is his or her certification number:

Cert. #: 48997

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

Level Required: WWT Class IV

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

Level Certified: WWT Class IV

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

✓ Check one box. ☒ Yes = 0 points ☐ No = 50 points

Write 0 or 50 in the E point total box 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: Regulation of Louisiana Board of WW Operators

- 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: (max = 100)

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

Permit #: LA0041394

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?

Sewer charges
State revolving loans
Utility revenue bonds
General obligation bonds

PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

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

Cleaning mains, point repairs, repairing and routing manholes, TV inspections, replacement of collapsed lines, root control and degreasers.

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

This information is available from City wastewater staff.
Also see information posted at <https://cleanwatershreveport.com/consent-decree-public-repository>

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

see response to ii. above

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 type="checkbox"/> No |
| ii. Do you mow the dikes regularly (at least monthly), to the waters edge? | <input 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 type="checkbox"/> No |
| iv. Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Do you exercise all of your valves? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Are your control manholes in good structural shape? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii. Do you maintain at least 3 feet of freeboard in all of your ponds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii. Do you visit your pond system at least weekly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE The Lucas collection system has no treatment ponds, only dry basins which can be brought on line for temporary storage during emergency situations.

Permit #: LA0041394

C. Treatment Plants

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

☒ Yes ☐ No (✓ Check one box.)

1/31/2022
Influent flow meter calibration date(s)

1/31/2022
Effluent flow meter calibration date(s)

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

Inflow and infiltration due to weather (rainfall). In addition, issues with the sludge processing facility inhibited the plant's ability to waste sludge at times, contributing to some of the TSS violations.

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

✓ Check one box.

☐

Yes

☒

No

If Yes, Please describe:

The City has retained consulting engineers to assist in the development of long term master plans for the future of both plants as well as the City's biosolids processing facility.

Permit #: LA0041394

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 have the MP2 preventive maintenance program on the computer. Also, all of our O&M manuals have maintenance procedures & preventive maintenance schedules. The dept. is in the process of transferring its PM program into Cityworks, which is the program utilized for the dept.'s work order system.

- 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:

Technically based local limits have been established for pollutants. An approved Pretreatment Program regulates discharges from industrial users.

- ii. Has it been necessary to enforce?

✓ Check one box.

☒

Yes

☐

No

If Yes, Please describe:

Facilities are issued Notice of Violations, Administrative Orders and fines for non-compliance of permit conditions.

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

Permit #: LA0041394

POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: <i>Influent Flow/Loadings</i>	<u>0</u>	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	<u>45</u>	100 points
Part 3: <i>Age of WWTF</i>	<u>40</u>	50 points
Part 4: <i>Overflows and Bypasses</i>	<u>100</u>	100 points
Part 5: <i>Ultimate Disposition of Sludge</i>	<u>0</u>	100 points
Part 6: <i>New Development</i>	<u></u>	30 points
Part 7: <i>Operator Certification Training</i>	<u>0</u>	100 points

TOTAL POINTS:

185

Lucas Wastewater Treatment Plant
AI 8848
Permit Number LA0041394

ATTACHMENT

Part 4.A.i. Of the 96 overflows reported in 2022 for the Lucas Collection Basin, heavy rain was listed as the primary cause on 21 occasions.

Part 4.B.i and ii. Of the 96 overflows reported in 2022 for the Lucas Collection Basin, 24 were reported as resulting (in whole or in part) from lift station or pumping failures/malfunctions, or line failures.

LOUISIANA
MUNICIPAL WATER
POLLUTION PREVENTION
MWPP



<i>Facility Name:</i>	North Regional Wastewater Treatment Plant
<i>LPDES Permit Number:</i>	LA0042188
<i>Agency Interest (AI) Number:</i>	AI 19627
<i>Address:</i>	2303 North Regional Road
	Shreveport, LA 71107
<i>Parish:</i>	Caddo
<i>(Person Completing Form) Name:</i>	Derinda Banks, Wes Wyche
<i>Title:</i>	
<i>Date Completed:</i>	June & July, 2023

Permit #: LA0042188

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)
2.888	x	172	x 8.34 =	4,143
4.413	x	156	x 8.34 =	5,741
5.931	x	121	x 8.34 =	5,985
3.463	x	120	x 8.34 =	3,466
2.966	x	144	x 8.34 =	3,562
2.425	x	144	x 8.34 =	2,912
2.202	x	132	x 8.34 =	2,424
2.704	x	113	x 8.34 =	2,549
2.402	x	144	x 8.34 =	2,885
2.171	x	139	x 8.34 =	2,517
2.985	x	124	x 8.34 =	3,087
3.671	x	102	x 8.34 =	3,123

13.93

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:	7	x 0.90 =	6.3
Design BOD, lb/day:	9,458	x 0.90 =	8,512

Permit #: **LA0042188**

- 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>	<u>0</u>	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 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>	<u>0</u>	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 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>	<u>0</u>	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 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>	<u>0</u>	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 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 #: LA0042188

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	2	7
February	2	6
March	3	6
April	2	7
May	2	3
June	2	3
July	2	2
August	2	3
September	3	4
October	2	3
November	2	2
December	2	2

- 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

Permit #:

LA0042188

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>	<u>0</u>	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 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>	<u>0</u>	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 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>	<u>0</u>	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 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>	<u>0</u>	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 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 #: LA0042188

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:

- 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:

Permit #:

LA0042188

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITY

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

$$\begin{array}{rcl}
 & & \underline{2007} \\
 \text{Current Year} & - & \text{Answer to A} = \text{Age in years} \\
 \underline{2023} & & \underline{2007} \qquad \underline{16}
 \end{array}$$

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 =

$$\frac{2.5}{\text{Factor}} \times \frac{16}{\text{Age}} = \boxed{40.0} \text{ (max = 50)}$$

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.

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:

3, see att. ✓ 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: 3 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:

4, see att. ✓ 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: 4 Treatment Plant: _____

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

City of Shreveport Sewer System

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

TOTAL POINT VALUE FOR PART 4: 45 (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:

Derinda Banks, Lab Manager and Doris Woods, Stormwater Supervisor

Describe the procedure for gathering, compiling and reporting:

A log of sanitary overflow or bypass is recorded, giving date of call, time, loca ,location action and cause, receiving waters, environmental impact and gallons of loss.

Permit #: LA0042188

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	<u>>6</u>
<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	<u>>36</u>
<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)

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

Permit #: LA0042188

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: can be provided upon request

Design Flow: see above MGD

Design BOD: see above 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 #: LA0042188

PART 7: OPERATOR CERTIFICATION AND EDUCATION

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

Name: Marvin Inman

- B. What is his or her certification number:

Cert.#: 17603

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

Level Required: WWT Class IV

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

Level Certified: WWT Class IV

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

✓ Check one box. ☒ Yes = 0 points ☐ No = 50 points

Write 0 or 50 in the E point total box 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 an training for wastewater treatment plant employees?

✓ Check one box. ☒ Yes ☐ No

Explain: Regulation of Louisiana Board of WW Operators

- 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: (max = 100)

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

Permit #: LA0042188

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?

Sewer charges
State Revolving Loans
Utility Bonds
General obligation bonds

PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

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

Cleaning mains, point repairs, repairing and grouting manholes, TV inspections, replacement of collapsed lines, root control and degreaser treatments

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

This information is available from City wastewater staff. Also see information posted at <https://cleanwatershreveport.com/consent-decree-public-repository>

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

See response to ii. above

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 type="checkbox"/> No |
| ii. Do you mow the dikes regularly (at least monthly), to the waters edge? | <input 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 type="checkbox"/> No |
| iv. Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Do you exercise all of your valves? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Are your control manholes in good structural shape? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii. Do you maintain at least 3 feet of freeboard in all of your ponds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii. Do you visit your pond system at least weekly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Permit #: LA0042188

C. Treatment Plants

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

☒ Yes ☐ No (✓ Check one box.)

1/31/2022
Influent flow meter calibration date(s)

1/31/2022
Effluent flow meter calibration date(s)

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

The plant can be affected by large inflows during periods when Red River is at or near flood stage.

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

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

The City has retained consulting engineers to assist in the development of long term master plans for the future of both plants as well as the City's biosolids processing facility.

Permit #: LA0042188

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 have the MP2 preventive maintenance program on the computer. Also, all of our O&M manuals have maintenance procedures & preventive maintenance schedules. The department is in the process of transferring its preventive maintenance program into Cityworks.

- 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:

Technically based local limits have been established for pollutants. An approved Pretreatment Program reg regulates discharges from industrial users.

- ii. Has it been necessary to enforce?

✓ Check one box.

☒

Yes

☐

No

If Yes, Please describe:

Facilities are issued Notice of Violations, Administrative Orders and fines for non-compliance of permit conditions.

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

Permit #:

LA0042188

POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: <i>Influent Flow/Loadings</i>	0	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	0	100 points
Part 3: <i>Age of WWTF</i>	40	50 points
Part 4: <i>Overflows and Bypasses</i>	45	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:

85

N. Regional Wastewater Treatment Plant
AI 19627
Permit Number LA0042188

ATTACHMENT

Part 4.A.i. Of the 14 overflows reported in 2022 for the N. Regional Collection Basin, heavy rain was listed as the primary cause on 3 occasions.

Part 4.B.i and ii. Of the 14 overflows reported in 2022 for the N. Regional Collection Basin, 4 were reported as resulting from equipment or line failures or malfunctions.

