



**City of Hammond
Water & Sewer Department
Garry Knight, Superintendent**

**Mayson H. Foster
Mayor**

P.O. Box 2788 Hammond, LA 70704-2788 • PH (985) 277-5961 • FAX (985) 277-5958

September 12, 2013

To: City Council
From: Garry Knight, Superintendent Water and Sewer
Re: Municipal Water Pollution Prevention Yearly Report

Enclosed are copies of the MWPP yearly reports for 2012-2013 on the City of Hammond Wastewater Treatment Plant.

These reports summarize the performance of our treatment plants and problems that affect proper treatment of our wastewater.

Louisiana Department of Environmental Quality has included in our permit that the governing body in the City of Hammond review and pass a resolution on these reports.

If you have any questions, please call my office.

Garry Knight
Superintendent Water and Sewer

cc: T.C. Spangler, Jr.

LOUISIANA

MUNICIPAL WATER POLLUTION PREVENTION

MWPP



Facility Name:

CITY OF HAMMOND/SOUTH
SLOUGH WETLAND WASTEWATER
ASSIMILATION PROJECT

LWDPS Permit Number:

LA0032328

NPDES Permit Number:

AGENCY INTEREST (AI)
NUMBER: 19578

Address:

Physical Address: 1801 Natchez St.

Mailing Address: P.O. Box 2788

Hammond, LA 70404

Parish:

Tangipahoa

(Person Completing Form) Name:

Garry Knight

Title:

Superintendent: Water & Sewer
Department

Date Completed:

September 01, 2013

Instructions to the Operator-in-Charge

- 1. Complete only the sections of the Environmental Audit which apply to your wastewater treatment system. Leave sections that do not apply blank and enter a "0" for the point value.**
- 2. Parts 1 through 7 contain questions for which points may be generated. These points are intended to communicate to the department and the governing body or owner what actions will be necessary to prevent effluent violations. Place the point totals from parts 1 through 7 on the Point Calculation page.**
- 3. Add up the point totals.**
- 4. Submit the Environmental Audit to the governing body or owner for their review and approval.**
- 5. The governing body must pass a resolution which contains the following items:**
 - a. The resolution or letter must acknowledge the governing body or owner has reviewed the Environmental Audit.**
 - b. The resolution must indicate specific 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.**

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

PART 1: INFLUENT FLOW/LOADINGS

Part 1: Influent Flow/Loadings (All plants)

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

Col. 1 Average Monthly Flow (million gallons per day, MGD)		Col. 2 Average Monthly BOD ₅ Concentration (mg/l)		Col. 3 Average Monthly BOD ₅ Loading (pounds per day)
5.10	X	165.60	X 8.34 =	7,043.63
5.80	X	147.60	X 8.34 =	7,139.71
3.00	X	170.20	X 8.34 =	4,258.40
2.60	X	159.00	X 8.34 =	3,447.76
3.60	X	168.30	X 8.34 =	5,053.04
6.10	X	144.80	X 8.34 =	7,366.56
6.90	X	113.50	X 8.34 =	6,531.47
2.90	X	164.90	X 8.34 =	3,988.27
4.80	X	152.30	X 8.34 =	6,096.87
6.70	X	148.10	X 8.34 =	8,275.53
3.40	X	106.50	X 8.34 =	3,019.91
3.60	X	195.80	X 8.34 =	5,878.70

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

B. List the design flow and design BOD loading for your facility in the blanks below. If you are not aware of these design quantities, refer to your Operation and Maintenance Manual (O & M) or contact your consulting engineer.

Design Flow, MGD	6.00	X 0.90 =	5.40
Design BOD, lb/day	9,608.00	X 0.90 =	8,647.20

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

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

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

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

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

D. How many months did the monthly flow (Col. 1) to the WWTP exceed the design flow?

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

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

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

E. How many months did the monthly BOD loading (Col. 3) to the WWTP exceed 90% of the design loading?

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

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

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

F. How many times did the monthly BOD loading (Col. 3) to the WWTP exceed the design loading?

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

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

Write 0, 10, 20, 30, 40, or 50 in the F point total box 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 on the point calculation table on page 16.

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

PART 2: EFFLUENT QUALITY/PLANT PERFORMANCE

A. List the monthly average effluent BOD and TSS concentrations produced by your facility during the last reporting year.

Month	Column 1 Avg. Monthly BOD (mg/l)	Column 2 Avg. Monthly TSS (mg/l)
October 2012	24.40	17.30
November 2012	42.90	19.90
December 2012	34.60	28.80
January 2013	32.70	16.50
February 2013	38.10	14.50
March 2013	28.90	28.90
April 2013	31.30	25.40
May 2013	28.10	16.90
June 2013	41.30	15.40
July 2013	49.60	19.90
August 2012	20.30	19.60
September 2012	23.90	11.60

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

	Permit Limit		90% of Permit Limit
BOD, mg/l	30.00	X 0.90 =	27.00
TSS, mg/l	90.00	X 0.90 =	81.00

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

C. Continuous Discharge to Surface Water

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

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

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

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

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

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

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

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

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

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

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

Write 0, 5, or 10 in the iv point total box 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 on the point calculation table on page 16.

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

D. Other Monitoring and Limits

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

✓ Check one box Yes No If yes, please describe:

SEE ATTACHED NON-COMPLIANCE REPORTS

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:

In May 2012, biomonitoring testing for P. promelas failed. Retest No. 1 in June 2013 also failed. Retest No.2 in July 2013 and Retest No. 3 in August 2013 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:

Copper Metal loading exceeded in June 2013.

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

PART 3: AGE OF THE WASTEWATER TREATMENT FACILITIES

A. What year was the wastewater treatment plant constructed or last major expansion/improvements completed? 2006

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

2013 - 2006 = 7 years

Enter Age in Part C below.

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

		Factor
<u> </u>	Mechanical Treatment Plant (Trickling filter, activated sludge, etc.) Specify Type <u> </u>	2.5
<u> ✓ </u>	Aerated Lagoon	2.0
<u> </u>	Stabilization Pond	1.5
<u> </u>	Other (Specify) <u> </u>	1.0

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

TOTAL POINT VALUE FOR PART 3 = $\frac{2.00}{\text{FACTOR}} \times \frac{7}{\text{AGE}} =$ 14.00 (max = 50)

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

D. Please attach a schematic of the treatment plant.

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

PART 4: OVERFLOWS AND BYPASSES

A. (1) List the number of times in the last year there was an overflow, bypass, or unpermitted discharge of untreated or incompletely treated wastewater due to heavy rain: 50
(Circle One) 0 = 0 points 1 = 5 points 2 = 10 points
 3 = 15 points 4 = 30 points 5 or more = 50 points

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

Collection System 5 Treatment Plant 0

B. (1) List the number of times in the last year there was a bypass or overflow of untreated or incompletely treated wastewater due to equipment failure, either at the treatment plant or due to pumping problems in the collection system: 50
(Circle One) 0 = 0 points 1 = 5 points 2 = 10 points
 3 = 15 points 4 = 30 points 5 or more = 50 points

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

Collection System 5 Treatment Plant 0

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

City Gravity Sewer

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

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

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

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

Garry Knight

Describe the procedure for gathering, compiling, and reporting:

Customer complaints and problems found by operators have work orders made to be repaired by water and sewer crews. Large bypasses are reported by phone to Enforcement with follow up letter.

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

PART 5: SLUDGE STORAGE AND DISPOSAL SITES

A. Sludge Storage

How many months of sludge storage capacity does your wastewater treatment facility have available, either on-site or off-site? Our plant doesn't process sludge

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

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

Write 0, 10, 20, 30, or 50 in the A point total box 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? 0

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

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

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

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

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

Also enter this value 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: 29,200.00

Design Flow: 7.33 MGD

Design BOD₅: 300.00 mg/l

B. Has an industry (or other development) moved into the community or expanded production in the past year, such that either flow or pollutant loadings to the sewerage system were significantly increased (5% or greater)?

(Circle One)

No = 0 points

Yes = 15 points

Describe: _____

List any new pollutants: Y

C. Is there any development (industrial, commercial, or residential) anticipated in the next 2-3 years, such that either flow or pollutant loadings to the sewerage system could significantly increase?

(Circle One)

No = 0 points

Yes = 15 points

Describe: _____

List any new pollutants that you anticipate: _____

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

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

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

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

PART 7: OPERATOR CERTIFICATION AND EDUCATION

- A. What was the name of the operator-in-charge for the reporting year? Vernon Banks Name
- B. What is his/her certification number? 16-335 Cert. #
- C. What level of certification is the operator-in-charge required to have to operate the wastewater treatment plant? Class 4 Level Required
- D. What is the level of certification of the operator-in-charge? Class 4 Level Certified
- E. Was the operator-in-charge of the report year certified at least at the grade level required in order to operate this plant? Check one box 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 or more = 0 points Less than 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 operators must become certified to level required within one year. The city will pay for operators to attend classes.

- 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 this sum in the box below at the right:

TOTAL POINT VALUE FOR PART 7 (max = 100)

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

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

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 being financed?

Explain:

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

Sewer Treatment Fees, Connection Fees, and Construction Bonds Secured by Property Taxes.

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

PART 9: SUBJECTIVE EVALUATION

A. Collection System Maintenance

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

The city continues to perform repairs to the city's collection system in areas where problems appear.

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

City has upgraded lift station 42 and has budgeted (2013-14) upgrades to stations 40,2

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

City of Hammond has completed a I/I study of our collection system in September '2013 we will be taking bids to make repairs based on findings of I/I study project cost of project is \$5 million dollar

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

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

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

C. Treatment Plants

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

Influent flow meter calibration dates(s):	Effluent flow meter calibration date(s):
N/A	January 16, 2013

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

I/I, Electrical power outages; Insufficient aeration; Influent being short-circuited to effluent discharge due in high flow; High ammonia concentration in final effluent

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

Yes No If yes, describe:

D. Preventive Maintenance

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

Yes No If yes, describe:

All equipment has preventative maintenance manuals that are followed.

2. 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

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

E. Sewer Use Ordinance

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

Yes No If yes, describe:

See Attached.

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

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

Facility Name

CITY OF HAMMOND/SOUTH SLOUGH WETLAND
WASTEWATER
ASSIMILATION PROJECT

POINT CALCULATION TABLE

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

Actual Values	Actual Values	Maximum
Part 1: Influent Flow/Loadings	<u>10</u>	80 Points
Part 2: Effluent Quality/Plant Performance	<u>50</u>	100 Points
Part 3: Age of WWTT	<u>14</u>	50 Points
Part 4: Overflows and Bypasses	<u>100</u>	100 Points
Part 5: Ultimate Disposition of Sludge	<u>0</u>	100 Points
Part 6: New Development	<u>0</u>	30 Points
Part 7: Operator Certification Training	<u>0</u>	100 Points

TOTAL POINTS

174

ATTACHMENT 3

SAMPLE MWPP RESOLUTION

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

1. Reviewed the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution.
2. Set forth the following actions necessary to maintain permit requirements contained in the Louisiana Water Discharge Permit System (LWDPS) number LA0032328.

(Please be specific in listing the actions that will be taken to address the problems identified in the audit report.)

a.

b.

c.

d.

etc.

Passed by a majority/unanimous (circle one) vote of the _____ on _____ (date).

CLERK

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 8/12

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 9/6/12

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
pH, 9.06	9.00	8/30/12	24 hr	Faulty pH electrode	Replaced electrode
pH, 9.30	9.00	8/31/12	24 hr	Faulty pH electrode	Replaced electrode

1. Unable to collect Fecal coliform samples on 8/29-30-31/12 due to high water at collection point caused by Hurricane Isaac
2. Unable to analyze for Total Residual Chlorine on 8/29-30-31/12 due to high water at collection point caused by Hurricane Isaac

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 11/12

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 12/6/12

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD, conc., 50.0 mg/L	45 mg/L	11/12 -16/12	5 days	High ammonia	Lo temp. is cause; can't control
BOD, conc., 54.9 mg/L	45 mg/L	11/26 - 30/12	5 days	"	"
BOD, conc., 40.9 mg/L	30 mg/L	11/1 - 30/12	30 days	"	"

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 12/12

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 1/7/13

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD, conc., 48.9 mg/L	45 mg/L	12/3 - 7/12	5 days	High ammonia	Lo temp. is cause; can't control
BOD, conc., 33.9 mg/L	30 mg/L	12/1 - 31/12	30 days	"	"
Fecal coliform, 466 CFU	400 CFU	12/10 - 14/12	5 days	MIOX SYSTEM FAILURE	Repaired MIOX system

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 1/13

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 2/7/13

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD, conc., 50.6 mg/L	45 mg/L	1/7 - 11/13	5 days	High flow; low retention time	Cannot control

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 2/13

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 3/7/13

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 54.7 mg/L	45 mg/L	2/4 - 8/13	5 days	High flow; low retention time	Cannot control
BOD conc., 52.9 mg/L	45 mg/L	2/11 - 15/13	5 days	"	"
BOD conc., 38.5 mg/L	30 mg/L	2/1 - 28/13	28 days	"	"
BOD load., 2430 lb/day	2002 lb/day	2/1 - 28/13	28 days	"	"

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 3/13

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 4/8/13

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc.,49.2 mg/L	45 mg/L	3/25 - 29/13	5 days	Unknown	Cannot remediate

NON-COMPLIANCE REPORT

TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 4/13

Authorized Signature: _____
Garry Knight, Superintendent

Date: 5/7/13

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 32.6 mg/L	30 mg/L	4/1 - 30/13	30 days	High flow due to rain resulting in short-circuiting of influent	Cannot remediate

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 6/13

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 7/8/13

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 51.7 mg/L	45 mg/L	6/10-14/13	5 days	High flow due to rain resulting in short-circuiting of influent	Cannot remediate
BOD conc., 47.5 mg/L	45 mg/L	6/24-28/13	5 days	Reduced retention time	Increased retention time
BOD conc., 41.3 mg/L	30 mg/L	6/1-30/13	30 days	High flows/reduced retention time	Increased retention time
Copper, total, load., 1.02 lb/d	0.85 lb/d	6/1-30/13	30 days	Unknown	Cannot remediate

NON-COMPLIANCE REPORT

**TO: Surveillance Division
Office of Water Resources
P.O. Box 44091
Baton Rouge, Louisiana 70804-4091**

FROM: Permit Number: LA0032328/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 7/13

**Authorized Signature: _____
Garry Knight, Superintendent**

Date: 8/8/13

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 59.4 mg/L	45 mg/L	7/1-5/13	5 days	Reduced retention time & high ammonia	Increase retention time
BOD conc., 53.3 mg/L	45 mg/L	7/8-12/13	5 days	"	"
BOD conc., 52.1 mg/L	45 mg/L	7/22-26-13	5 days	"	"
BOD conc., 48.0 mg/L	30 mg/L	7/1-31/13	31 days	High flows/reduced retention time / high ammonia	"