

LOUISIANA
MUNICIPAL WATER
POLLUTION PREVENTION
MWPP



<i>Facility Name:</i>	CITY OF HAMMOND/SOUTH SLOUGH WETLAND WASTEWATER PROJECT
<i>LPDES Permit Number:</i>	LA0032328
<i>Agency Interest (AI) Number:</i>	AGENCY INTEREST (AI) NUMBER: 19578
<i>Address:</i>	Physical Address: 1801 Natchez St.
	Mailing Address: P.O. Box 2788
	Hammond[, LA 70404
<i>Parish:</i>	Tangipahoa
<i>(Person Completing Form) Name:</i>	Garry Knight
<i>Title:</i>	Superintendent: Water & Sewer Department
<i>Date Completed:</i>	September 1, 2014

INSTRUCTIONS

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

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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.

Column 1 Average Monthly Flow (million gallons per day, MGD)	x	Column 2 Average Monthly BOD5 Concentration (mg/l)	x 8.34 =	Column 3 Average Monthly BOD5 Loading (pounds per day, lb/day)
4.0	x	35.1	x 8.34 =	23.8
4.0	x	32.2	x 8.34 =	18.4
2.6	x	34.3	x 8.34 =	9.3
2.9	x	38.8	x 8.34 =	16.8
2.9	x	42.3	x 8.34 =	8.9
3.2	x	58.9	x 8.34 =	15.9
7.3	x	31.9	x 8.34 =	11.5
3.4	x	17.1	x 8.34 =	13.2
5.3	x	13.9	x 8.34 =	11.0
5.6	x	19.7	x 8.34 =	12.4
7.1	x	12.1	x 8.34 =	9.4
3.7	x	25.8	x 8.34 =	10.1

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>	30.00	x 0.90 =	27.00
<i>Design BOD, lb/day:</i>	90.00	x 0.90 =	81.00

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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 10 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: 10 (max = 80)

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

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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)
August 2013	35.1	23.8
September 2013	32.2	18.4
October 2013	34.3	9.3
November 2013	38.8	16.8
December 2013	42.3	8.9
January 2014	58.9	15.9
February 2014	31.9	11.5
March 2014	17.1	13.2
April 2014	13.9	11.0
May 2014	19.7	12.4
June 2014	12.1	9.4
Julyh 2014	25.8	10.1

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

	Permit Limit		90% of Permit Limit
<i>BOD, mg/l</i>	30.00	x 0.90 =	27.00
<i>TSS, mg/l</i>	90.00	x 0.90 =	81.00

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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 40 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 10 ii Point Total

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

<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 0 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: 50 (max = 100)

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

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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:

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:

- 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?

2006

$$\begin{array}{rcccl}
 \text{Current Year} & - & \text{Answer to A} & = & \text{Age in years} \\
 \hline
 2014 & & 2006 & & 8 \\
 \hline
 \end{array}$$

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 checked="" type="checkbox"/>	Aerated Lagoon	2.0
<input 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 =

$$\frac{2.00}{\text{Factor}} \times \frac{8}{\text{Age}} = \boxed{16} \text{ (max = 50)}$$

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.

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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.

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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.

Design Population: 29,200

Design Flow: 7.33 MGD

Design BOD: 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)?

✓ 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.

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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: Vernon Banks

B. What is his or her certification number:

Cert.#: 16-335

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

Level Required: Class 4

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

Level Certified: Class 4

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: All operators must become certiefic 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 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.

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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?

Sewer treatment fees, connection fees and construction bonds secured by property taxes.

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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.

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

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

Upgrade construction on stations 40 and 2 is being done at this time.

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

I/I study repairs have begun on collection system. Due to be completed by Mid 2015.

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

√ Check one box.

- | | | |
|---|---|--|
| i. Do you have duckweed buildup in the ponds? | <input checked="" type="checkbox"/> Yes | <input 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 |

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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

06/25/2014

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?

I/I; electrical power outages; insufficient aeration; short-circuiting of influent to effluent discharge due to high flow; high ammonia concentration levels in final effluent; failure of MIOX disinfection system

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

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

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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:

All equipment has preventative maintenance manuals that are followed.

- 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:

See attachment

- 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.)

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POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: <i>Influent Flow/Loadings</i>	10	80 points
Part 2: <i>Effluent Quality / Plant Performance</i>	50	100 points
Part 3: <i>Age of WWTF</i>	16	50 points
Part 4: <i>Overflows and Bypasses</i>	100	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:

176

NON-COMPLIANCE REPORT

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

FROM: Permit Number: LA00323228/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 6/14

Authorized Signature: Garry Knight, Superintendent **Date:** 7/3/14

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
Copper metal, load., 2.18 lb/d	0.85 lb/d	6/3/14	24 hrs.	High flow "	Unable to correct "
Copper metal, load., 2.18 lb/d	2.02 lb/d	6/1-30/14	30 days		

NON-COMPLIANCE REPORT

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

FROM: Permit Number: LA00323228/1135

Facility Name: City of Hammond South Slough Wetland

Month/Year: 5/14

Authorized Signature: _____ Date: 6/6/14

Garry Knight, Superintendent

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
Mercury metal load, 0.004 lb/d	0.002 lb/d	5/5-9/14	7 days	Unknown	Unable to correct

NON-COMPLIANCE REPORT

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

FROM: Permit Number: LA00323228/1135

Month/Year: 4/14

Facility Name: City of Hammond South Slough Wetland

Authorized Signature: Garry Knight, Superintendent **Date:** 5/9/14

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
Copper metal, load, 1.20 lb/d	0.85 lb/d	5/1/14	24 hrs.	High flow	Unable to correct

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: 2/14

Authorized Signature: _____ **Date: 2/6/14**
 Garry Knight, Superintendent

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 31.9 mg/L	30 mg/L	2/1 - 28/14	28 days	HIGH AMMONIA; HIGH FLOW	UNABLE TO CORRECT
BOD conc., 47.8 mg/L	45 mg/L	2/3 - 7/14	5 days	"	"
BOD load, 2391 lb/d	2002 lb/d	2/1 - 28/14	28 days	HIGH FLOW	"

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: 1/14

Authorized Signature: Garry Knight, Superintendent
 Date: 2/6/14

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 58.9 mg/L	30 mg/L	1/1 - 31/14	31 days	HIGH AMMONIA	UNABLE TO CORRECT
BOD conc., 62.6 mg/L	45 mg/L	12/30/13 - 1/3/14	5 days	"	"
BOD conc., 45.1 mg/L	45 mg/L	1/6 - 10/14	5 days	"	"
BOD conc., 58.2 mg/L	45 mg/L	1/13 - 17/14	5 days	"	"
BOD conc., 56.4 mg/L	45 mg/L	1/20 - 24/14	5 days	"	"
BOD conc., 66.8 mg/L	45 mg/L	1/27 - --31/14	5 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: 12/13

Authorized Signature: _____ **Date:** 1/7/14
 Garry Knight, Superintendent

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 56.5 mg/L	45 ng/L	12/23 – 12/27/13	5 days	HIGH AMMONIA	UNABLE TO CORRECT
BOD conc., 32.2 mg/L	30 mg/L	12/1-31/13	31 days	HIGH AMMONIA	UNABLE TO CORRECT
Fe cal coliform bacteria, 289CFU/100 mL		12/16 – 20/13	5 days	MIOX DIINFECTION SYSTEM BREAKDOWN	SYSTEM REPAIRED

NON-COMPLIANCE REPORT

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

FROM: Permit Number: LA0032328/1135

Month/Year: 11/13

Facility Name: City of Hammond South Slough Wetland

Authorized Signature: _____ Date: 12/9/13
 Garry Knight, Superintendent

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 38.8 mg/L	30 mg/L	11/1-30/13	30 days	HIGH AMMONIA	UNABLE TO CORRECT
BOD conc., 48.1 mg/L	45 mg/L	11/18 - 22/13	5 days	"	"
BOD conc., 68.4 mg/L	45 mg/L	11/25 - 29/13	5 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: 10/13

Date: 11/7/13

Authorized Signature: _____
 Garry Knight, Superintendent

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 32.2 mg/L	30 mg/L	9/1-30/13 10/1-30/13	30 days	HIGH AMMONIA	UNABLE TO CORRECT

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: 9/13

Authorized Signature: _____ **Date:** 10/4/13
 Garry Knight, Superintendent

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 46.3 mg/L	45 mg/L	9/2 - 6/13	5 days	High flow/reduced retention time/ high ammonia	Unable to correct
BOD conc., 32.2 mg/L	30 mg/L	9/1-30/13	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:** 8/13

Authorized Signature: _____ **Date:** 9/5/13
 Garry Knight, Superintendent

Type of Violation	Permit Limit	Date of Violation	Duration of Violation	Cause of Violation	Corrective Action
BOD conc., 68.4 mg/L	45 mg/L	8/12-16/13	5 days	High flow/reduced retention time/ high ammonia	Unable to correct
BOD conc., 48.0 mg/L	30 mg/L	8/1-31/13	31 days	“	“

SOUTH PLANT

