Town of Abita Springs



MAYOR DANIEL J. CURTIS

NOTICE OF PUBLIC HEARING - TOWN COUNCIL MEETING TUESDAY, JUNE 15, 2021 6:00PM TOWN OF ABITA SPRINGS TOWN HALL 22161 Level St., Abita Springs, LA 70420

Posted: June 11, 2021 4:00pm

CALL TO ORDER: Mayor Curtis INVOCATION: Alderman Randolph PLEDGE OF ALLEGIANCE: Alderman Patterson

PUBLIC HEARING: INSTRUMENT 2021-003 AN ORDINANCE AMENDING ORDINANCE #506 OF THE TOWN OF ABITA SPRINGS ADOPTING AN OPERATING BUDGET OF REVENUE AND EXPENDITURES FOR THE YEAR BEGINNING JANUARY 01, 2020, AND ENDING DECEMBER 31, 2020, ADJUSTMENT TO SECTIONS V., XI., AND XII. AND TO PROVIDE FOR RELATED MATTERS.

MAYOR'S ANNOUNCEMENTS: Presentation of Audit

ROLL CALL:

CALL FOR AGENDA MODIFICATIONS Accept May 13 and18, 2021 Town Council Meeting Minutes Accept April 2021 Financial Report

OLD BUSINESS:

1.) CONSIDERATION OF INSTRUMENT 2021-003 AN ORDINANCE AMENDING ORDINANCE #506 OF THE TOWN OF ABITA SPRINGS ADOPTING AN OPERATING BUDGET OF REVENUE AND EXPENDITURES FOR THE YEAR BEGINNING JANUARY 01, 2020, AND ENDING DECEMBER 31, 2020, ADJUSTMENT TO SECTIONS V., XI., AND XII. AND TO PROVIDE FOR RELATED MATTERS.

NEW BUSINESS:

1.) INTRODUCTION OF INSTRUMENT 2021-004 AN ORDINANCE TO AMEND THE ABITA SPRINGS CODE OF ORDINANCES TO AMEND AND REORDAIN SECTIONS 9-306 AND 9-802 RELATIVE TO HISTORIC DISTRICT JURISDICTION AND STANDARDS FOR PLANNED UNIT DEVELOPMENTS, AND TO PROVIDE FOR RELATED MATTERS

2.) INTRODUCTION OF INSTRUMENT 2021-005 AN ORDINANCE TO AMEND AND REORDAIN SECTION 9-215 OF THE TOWN OF ABITA SPRINGS CODE OF ORDINANCES TO CREATE A LOW-DENSITY RESIDENTIAL ZONING CLASSIFICATION AND TO PROVIDE FOR RELATED MATTERS.

3.) Consideration of A Resolution of The Board of Alderman of the Town of Abita Springs Informing the Louisiana Department of Environmental Quality of Actions Taken as Outlined in the MWPP and to Provide for Related Matters

4.) Consideration of a resolution of the board of aldermen, pledging revenue from the town of abita springs ad valorem taxes, general alimony millage, to be transferred from the town's general fund to the town's utility sinking fund and dedicating the revenue from the utility fund to repay the louisiana clean water revolving fund loan and to provide for related matters.

5.) Adopt a resolution to levy the millages on the 2021 tax roll and to provide for related matters

6.) Consideration of a resolution by the board of aldermen of the town of abita springs selecting the st tammany farmer as the town's official journal

OPEN/GENERAL ANNOUNCEMENTS:

ADJOURNMENT

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE, PLEASE CONTACT US AT (985) 892-0711. PLEASE CONTACT TOWN HALL AT THE SAME NUMBER FOR ADDITIONAL INFORMATION REGARDING THIS AGENDA.

Town of Abita Springs



MAYOR DANIEL J. CURTIS

INSTRUMENT 2021-003

THE FOLLOWING ORDINANCE WAS MOVED FOR INTRODUCTION BY ALDERMAN PATTERSON, SECONDED BY ALDERMAN MURPHY, MOVED FOR ADOPTION BY ALDERMAN AND SECONDED FOR ADOPTION BY ALDERMAN.

AN ORDINANCE AMENDING TOWN OF ABITA SPRINGS ORDINANCE #506 AN OPERATING BUDGET OF REVENUE AND EXPENDITURES FOR THE YEAR BEGINNING JANUARY 01, 2020 AND ENDING DECEMBER 31, 2020, ADJUSTMENT TO SECTIONS V., XI., XIII., AND XVIII. AND TO PROVIDE FOR RELATED MATTERS.

BE IT ORDAINED by the Board of Aldermen of the Town of Abita Springs that Budget Ordinance No. 506 for fiscal year 2020 is hereby amended in that budget adjustment regarding the Sections as set forth hereinafter be adopted for the 2020 Fiscal Year Budget.

IT IS FURTHER ORDAINED, that in Section V. that the figures be changed to read as follows:

• On page 1, line 40, delete the dollar amount "\$1,724,200.00" and in lieu thereof insert "\$1,070,000.00."

IT IS FURTHER ORDAINED, that in Section XI. that the figures be changed to read as follows:

• On page 2, line 82, delete the dollar amount "\$116,300.00" and in lieu thereof insert "\$69,000.00."

IT IS FURTHER ORDAINED, that in Section XIII. that the figures be changed to read as follows:

• On page 2, line 92, delete the dollar amount "\$36,400.00" and in lieu thereof insert "\$17,000.00."

IT IS FURTHER ORDAINED, that in Section XVIII. that the figures be changed to read as follows:

- On page 2, line 112, delete the dollar amount "\$335,500.00" and in lieu thereof insert "\$384,000.00."
- On page 2, line 113, delete the dollar amount "\$335,500.00" and in lieu thereof insert "\$384,000.00."

NOW THEREFORE BE IT ORDAINED, that in all other respects Ord #506 remains in full force and effect.

The Ordinance being submitted to a vote, the vote thereon was as follows:

32		
33	AYES:	
34	NAYS:	
35	ABSENT:	
36	ABSTENTIONS:	
37		
38		
39	And this Ordina	ance was declared adopted thisth day of 2021.
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44	Janet Dufrene, Town Clerk	Honorable Daniel J. Curtis, Mayor
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INSTRUMENT 2021-004

AN ORDINANCE TO AMEND THE ABITA SPRINGS CODE OF ORDINANCES TO REORDAIN SECTIONS
 9-306 AND 9-802 RELATIVE TO HISTORIC DISTRICT JURISDICTION AND STANDARDS FOR
 PLANNED UNIT DEVELOPMENTS, AND TO PROVIDE FOR RELATED MATTERS.

IT IS HEREBY ORDAINED that Section 9-306 of the Town of Abita Springs Code of Ordinances be amended and reordained to read as follows:

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1 2

10 Sec. 9-306. - Jurisdiction.

The historic district commission's jurisdiction shall be limited to the historic district and to 11 those corridors which enter the Town of Abita Springs; such corridors are Louisiana 12 13 Highway 59, Louisiana Highway 36, Louisiana Highway 435, Harrison Avenue and any future extension of Harrison Avenue, and the Tammany Trace any within the corporate limits of the 14 Town of Abita Springs and which are zoned C Commercial, C-2 Commercial, Residential, 15 Planned Unit Development, and those properties which are in the Residential Commercial 16 Overlay District. The corridor shall be defined as any squares and/or tracts of land along 17 and/or bordering LA Hwy 36, LA Hwy 59, LA Hwy 435 the Tammany Trace, Harrison Avenue 18 19 and Harrison extension to LA Hwy 36 and any future extension of Harrison Avenue. The historic district commission shall be concerned with those elements of development, 20 21 redevelopment, rehabilitation on the preservation that affect visual quality of the historic district. It shall not consider detailed design, interior arrangement, or the building features 22 not subject to public view nor shall it make any requirement except for the purpose of 23 24 preventing development or demolition obviously incongruous to the historic district surrounding. 25

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BE IT FURTHER ORDAINED that Section 9-802 of the Town of Abita Springs Code of Ordinances be amended and reordained to read as follows:

30 Sec. 9-802. - Standards for planned unit developments.

31 The planned unit development must meet the following standards:

(13) The regulations of the historic district shall be applicable to properties situated along
 those corridors as set out in section 9-306 of this code.

BE IT FURTHER ORDAINED that in all other respects Section 9-306 and 9-802 shall remain
 unchanged and in full force and effect.

An Ordinance introduced by Alderman ______ and seconded by Alderman ______ on this
day of ______ 2021.

 41
 This Ordinance was adopted on a motion of Alderman ______ seconded by Alderman

 42
 ______ on this ______ day of ______ 2021.

44 45 The vote was:

46 47 YEAS:

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- 47 TEAS: 48 NAYS:
- 48 NAYS: 49 ABSENT:
- 50 ABSTAIN:
- 51
- 51 52 53 54 55 56 51 52 HONORABLE DANIEL J. CURTIS, MAYOR 55 56

JANET DUFRENE, TOWN CLERK

Town of Abita Springs



MAYOR DANIEL J. CURTIS

A RESOLUTION OF THE BOARD OF ALDERMAN OF THE TOWN OF ABITA SPRINGS INFORMING THE LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY OF ACTIONS TAKEN AS OUTLINED IN THE MWPP AND TO PROVIDE FOR OTHER RELATED MATTERS

WHEREAS, the Town of Abita Springs informs the Louisiana Department of Environmental Quality that no actions were required or taken by the Board of Alderman.

WHEREAS, the Town of Abita Springs is in receipt of the Municipal Water Pollution Prevention Environmental Audit Report which is attached to this resolution.

WHEREAS, the report set forth no specific actions to maintain permit requirements contained in the Louisiana Pollution Discharge Elimination System (LPDES) permit number LA 0032352.

NOW THEREFORE BE IT RESOLVED, that the Town of Abita Springs Board of Alderman does hereby acknowledge receipt of the Municipal Water Pollution Prevention Environmental Audit Report wherein no problems were identified.

This resolution	on adop	ted on a motion of Alderman	, seconded by Alderman
on the	_day of	2021.	

Vote was:

YEAS: NAYS: ABSENT: ABSTAIN:

Attest:

Janet Dufrene, Town Clerk

Honorable Daniel J. Curtis, Mayor

LOUISIANA MUNICIPAL WATER POLLUTION PREVENTION MWPP	DEQ LOUISIANA
Facility Name:	POTW, Town of Abita Springs
LPDES Permit Number:	LA
Agency Interest (AI) Number:	98804
Address:	West end of Orme Street, Abita Springs, LA 70420
	PO Box 461 Abita Springs, LA 70420
	22161 Level Street Abita Springs, LA 70420
Parish:	St. Tammany Parish
(Person Completing Form) Name:	Kristin M. Tortorich
Title:	Director of Public Works
Date Completed:	6/1/2021

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 <u>specific</u> 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.

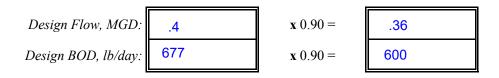
PART 1: INFLUENT FLOW/LOADINGS (all plants)

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

Column 1 Average Monthly Flow (million gallons per day, MGD)		Column 2 Average Monthly BOD5 Concentration (mg/l)		Column 3 Average Monthly BOD5 Loading (pounds per day, lb/day)
0.188	X	110.0	x 8.34 =	172
0.169	X	100.0	x 8.34 =	141
0.120	X	61.7	x 8.34 =	62
0.127	X	124.0	x 8.34 =	131
0.129	X	35.0	x 8.34 =	38
0.158	X	143.0	x 8.34 =	188
0.172	X	185.0	x 8.34 =	262
0.168	X	122.5	x 8.34 =	172
0.127	X	120.0	x 8.34 =	127
0.136	X	142.5	x 8.34 =	162
0.134	X	165.0	x 8.34 =	184
0.145	X	96.0	x 8.34 =	116

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.



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 correspoding point total. Write the point total in the box below at the right.

months	0	1	2	3	4	5	6	7	8	9	10	11	12
points	0	0	0	0	0	5	5	5	5	5	5	5	5
					Write	e 0 or 5	in the	C poir	nt total	box	0	C Poir	nt Total

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

months	0	1	2	3	4	5	6	7	8	9	10	11	12
points	0	5	5	10	10	15	15	15	15	15	15	15	15
				Write	0, 5, 10	0 or 15	in the	D poir	nt total	box	0	D Poin	nt Total

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

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

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.

months	0	1	2	3	4	5	6	7	8	9	10	11	12
points	0	10	20	30	40	50	50	50	50	50	50	50	50
		W	/rite 0,	10, 20), 30, 4	0 or 50) in the	F poir	nt total	box	0	F Poir	nt 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)

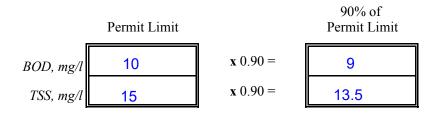
Also enter this value or 80, whichever is less, on the point calculation table on page 16.

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	1.9	9
March	1.2	6
April	27	12.5
May	ND	5.5
June	ND	ND
July	ND	2
August	ND	3
September	ND	ND
October	ND	2
November	ND	4
December	ND	ND

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



							Per	mit #:	LA	4			
C.	Continuous	Discha	rge to S	Surface	e Wate	r.							
i.	How many months did the effluent BOD (Column 1) exceed 90% of the permit limits? Circle the number of months and the correspoding point total. Write the point total in the box below at the right.												
	months 0 points 0	1 0	2 10	3 20	4 30	5 40	6 40	7 40	8 40	9 40	10 40	11 40	12 40
			Wri	te 0, 1	0, 20, 3	30 or 4	0 in th	e i poir	nt total	box	0	i Poin	t Total
ii.	How many number of 1 at the right.	nonths							-				
	months 0 points 0	1 5	2 5	3 10	4 10	5 10	6 10	7 10	8 10	9 10	10 10	11 10	12 10
				Wı	rite 0, 5	5, or 10) in the	ii poir	nt total	box	0	ii Poir	t Total
iii.	How many Circle the n the box belo	umber	of mon	ths and							-		
	months 0 points 0	1 0	2 10	3 20	4 30	5 40	6 40	7 40	8 40	9 40	10 40	11 40	12 40
			Write	e 0, 10,	, 20, 30) or 40	in the	iii poir	nt total	box	0	iii Poi	nt Total
iv.	How many number of a at the right.	nonths							-)W
	months 0 points 0	1 5	2 5	3 10	4 10	5 10	6 10	7 10	8 10	9 10	10 10	11 10	12 10
				Wr	ite 0, 5	, or 10	in the	iv poir	nt total	box	0	iv Poi	nt Total
v.	Add togethe	er each	point to	otal for	i throu	ugh iv	and pla	ace this	sum i	n the b	oox bel	ow at t	he right.
												ก	

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

TOTAL POINT VALUE FOR PART 2:

(max = 100)

0

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

\checkmark Check one box.	Yes	No No	If Yes, Please describe:
Type text here			

Permit #:

LA

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 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?

$\sqrt{\mathbf{Check}}$ one box.	Yes	No 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?

		2001		
Current Year	-	Answer to A	=	Age in years
2020	_	2001	_	19

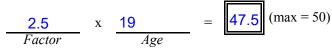
Enter Age in Part C below.

B. $\sqrt{}$ Check the type of treatment facility that is employed.

		FACTOR:
<u> </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 determint the total point value for Part 3.

TOTAL POINT VALUE FOR PART 3 =



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

D. Please attach a schematic of the treatment plant.

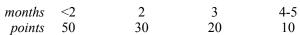
	Permit #: LA
PAI	RT 4: OVERFLOWS AND BYPASSES
A. i.	List the number of times in the last year there was an overflow, bypass or unpermitted discharge of untreated or incompletely treated wastewater due to heavy rain:
	0 \checkmark Check one box.0 = 0 points3 = 15 points1 = 5 points1 = 5 points4 = 30 points2 = 10 points5 or more = 50 points
ii.	List the number of bypasses, overflows or unpermitted discharges shown in A (i) that were withing the collection system and the number at the treatement plant
	Collection System: 0 Treatment Plant: 0
В. 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 \checkmark Check one box.0 = 0 points3 = 15 points1 = 5 points4 = 30 points2 = 10 points5 or more = 50 points
ii.	List the number of bypasses, overflows or unpermitted discharges shown in B (i) that were withing the collection system and the number at the treatement 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
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:
	Josh Mullan, Town of Abita Springs Foreman
	Describe the procedure for gathering, compiling and reporting:
	Fill out our reporting form and turn into Kristin Tortorich to report to DEQ

PART 5 SLUDGE STORAGE AND DISPOSAL SITES

A. Sludge Storgage

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.



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

A Point Total

0

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.



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



(max = 100)

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: 0

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

			Permit #:	LA	
PAI	RT 6: NEW DEVELO	PMENT			
A.	Please provide the followin were installed during the la		the total of all	sewer line exte	nsions which
	Design Population: n/a		_		
	Design Flow: n/a		MGD		
	Design BOD: n/a		mg/l		
B.	Has an industry (or other d in the past year, such that e significantly increased (5%	either flow or pollu			
	$\sqrt{\text{Check one box.}}$	$\Box Yes = 15 pot$	ints 🗸	No $= 0$ points	
	If Yes, Please describe:				
	List any new pollutants:				
	n/a				
C.	Is there any development (i 2-3 years, such that either f significantly increase?				
	Check one box.	\bigvee Yes = 15 por	ints	No $= 0$ points	
	If Yes, Please describe:	-			
	yes - new subdivision				
	List any new pollutants you n/a	u anticipate:			
D.	Add together the point valu	ie checked in B an	d C and place	the sum in the b	oox below.

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

TOTAL POINT VALUE FOR PART 6:

15 (max = 30)

	Permit #: LA
PA	RT 7: OPERATOR CERTIFICATION AND EDUCATION
A.	What was the name of the operator-in-charge for the reporting year?
	Name: William Travis
B.	What is his or her certification number: <i>Cert.</i> #: <u>11300</u>
C.	What level of certification is the operator-in-charge required to have to operate the wastewater treatment facility? Level Required: Level 2
D.	What is the level of certification of the operator-in-charge?
	Level Certified: Level 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?
	$\sqrt{\text{Check one box.}}$ 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?
	$\sqrt{\text{Check one box.}}$ Yes \square No
G.	How many hours of continuing education has the operator-in-charge completed over the last two calendar years?
	$\sqrt{\text{Check one box.}}$ > 12 hours = 0 points $(< 12 \text{ hours} = 50 \text{ points})$
	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?
	$\sqrt{\text{Check one box.}}$ Yes \bigvee No
	Explain: Must maintain certification as per state requirement
I.	What percentage of the continuing education expenses of the operator-in-charge were paid for:
	By the permittee? By the operator? 100
J.	Add together the E and G point vaules and place the sum in the box below at the right.
	TOTAL POINT VALUE FOR PART 7: 0 (max = 100)
	Also enter this value or 100, whichever is less, on the point calculation table on page 16.

Permit #:	LA
PART 8: FINANCIAL STATUS	

A. Are User-Charge Revenues sufficient to cover operation and maitenance expenses?

\mathbf{V} Check one box. \mathbf{V} i es \mathbf{V} i No, now are Owin costs jinance	$\sqrt{\text{Check one box.}}$	Ves Yes	No No	If No, How are O&M costs financed
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B. What financial resources do you have available to pay for your wastewater improvements and reconstruction needs?

Currently seeking funds for improvements

PART 9: SUBJECTIVE EVALUATION

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

Relining collection lines and installing new manholesere

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

New Pumps have been installed.

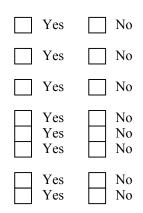
iii. What collection system improvements does the community have under construction for the next 5 years?

All lift stations are ungoing a rehab that will include but not be limited to the following: new rails, pumps, liner.

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

- i. Do you have duckweed buildup in the ponds?
- **ii.** Do you mow the dikes regularly (at least monthly), to the waters edge?
- iii. Do you have bushes or trees growing on the dikes or in the ponds?
- iv. Do you have excess sludge buildup (> lfoot) on the bottom of any of your ponds?
- v. Do you excersise all of your valves?
- vi. Are your control manholes in good structural shape?
- vii. Do you maintain at least 3 feet of freeboard in all of your ponds?
- viii. Do you visit your pond system at least weekly?

 $\sqrt{\text{Check one box.}}$



Permit #:	LA	
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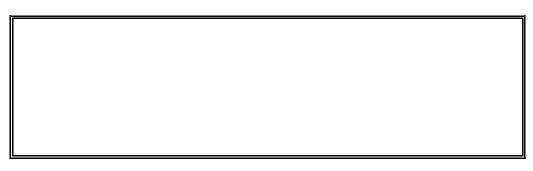
- C. Treatment Plants
- i. Have the influent and effluent flow meters been calibrated in the last year?

Yes \square No ($$ Check one box.)	
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Influent flow meter calibration date(s)

1/18/2021 Effluent flow meter calibration date(s)

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



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

\checkmark Check one box.	Yes No	If Yes, Please describe:
Currently evaluating		

	Permit #: LA
D.	Preventive Maintenance
i.	Does your plant have a written plan for preventive maintenance on major equipment items?
	\checkmark Check one box. \square Yes \bowtie No If Yes, Please describe:
	We are working to put preventive maintenance plan measures in place.
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 X 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 X 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?
	$\sqrt{\text{Check one box.}}$ Yes \square No If Yes, Please describe:
	Sec. 6-202 Use of sewers. No person shall discharge or cause to be discharged any stormwater, surface water, groundwater, roof run-off, subsurface drainage, cooling water, or unpolluted industrial process water to any sanitary sewer. Unpolluted industrial process waters shall be considered those wastes with BOD and suspended solids concentrations less than those of the sewage treatment plant effluent.
ii.	Has it been necessary to enforce?
	$\sqrt{\text{Check one box.}}$ Yes X No If Yes, Please describe:
iii.	Any additional comments about your treatment plant or collection system? (Attach additional sheets if necessary.)

The Wastewater Treatment Plant has issues that can only be addressed by taking the plant offline for an extended period of time.

POINT CALCULATION TABLE

	Actual Values	Maximum
Part 1: Influent Flow/Loadings	0	80 points
Part 2: Effluent Quality / Plant Performance	0	100 points
Part 3: Age of WWTF	47.5	50 points
Part 4: Overflows and Bypasses	0	100 points
Part 5: Ultimate Disposition of Sludge	0	100 points
Part 6: New Development	15	30 points
Part 7: Operator Certification Training	0	100 points

TOTAL POINTS:

62.5	

ATTACHMENT 3

SAMPLE MWPP RESOLUTION

Resolved that the village/town/city of <u>Type text here</u> informs the Louisiana Department of Environmental Quality that the following actions were taken by (governing body).

- 1. Resolved 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 Pollution Discharge Elimination System (LPDES) permit, number LA______.

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

	a.		
	b.		
	С.		
	d.		
	etc		
Passe on	ed by a majority/unamious (circle o		

CLERK



A RESOLUTION TO LEVY THE MILLAGES ON THE 2021 TAX ROLL AND TO PROVIDE FOR RELATED MATTERS

BE IT RESOLVED, that the following millages are hereby levied on the 2021 tax roll on all property subject to taxation by the Town of Abita Springs:

MILLAGES

General Alimony (Abita Springs) T [op]	5048001	7.42 mils
Parks/Playgrounds & Street Lights	5048006	2.83 mils
Water, Sewer, Street Bonds	5048008	5.00 mils

BE IT FURTHER RESOLVED, that the proper administrative officials of the Parish of St. Tammany, State of Louisiana, be and they are hereby empowered, authorized, and directed to spread said taxes, as hereinabove set forth, upon the assessment roll of said Parish for the year 2021, and to make the collection of the taxes imposed for and on behalf of the taxing authority, according to law, and that the taxes herein levied shall become a permanent lien and privilege on all property subject to taxation as herein set forth, and collection thereof shall be enforceable in the manner provided by law.

The foregoing resolution was read in full; Alderman _____ moved to adopt, seconded by Alderman _____, the roll was called on the adoption thereof, and the resolution was adopted by the following votes:

YEAS: NAYS: ABSTAINED: ABSENT:

CERTIFICATE

I hereby certify that the foregoing is a true and exact copy of the resolution adopted at the board meeting held on June ____, 2021, at which meeting a quorum was present and voting.

Abita Springs, Louisiana, this _____th day of June 2021.

Janet Dufrene, Town Clerk



A RESOLUTION BY THE BOARD OF ALDERMEN OF THE TOWN OF ABITA SPRINGS SELECTING THE ST TAMMANY FARMER AS THE TOWN'S OFFICIAL JOURNAL

WHEREAS, the Board of Aldermen of the Town of Abita Springs shall select a newspaper as the Town's Official Journal at their first meeting in June of each year; and

WHEREAS, qualifying newspapers shall have been published in an office physically located in the parish in which the body is located for a period of five years preceding the selection; and

WHEREAS, The St. Tammany Farmer is the sole newspaper with its primary office physically located in St. Tammany Parish for the five years preceding the date of this resolution; and

THEREFORE, BE IT RESOLVED, by the Board of Aldermen of the Town of Abita Springs, selection is made of The St. Tammany Farmer as the Town's Official Journal for the term commencing June 15, 2021 until the first regular meeting of the Board of Alderman in June 2022.

The resolution having been adopted on motion of Alderman ______, seconded by Alderman ______, seconded by

YEAS: NAYS: ABSENT: ABSTAIN:

And the resolution was declared adopted on this day of , 2021.

ATTEST Janet Dufrene, Town Clerk

Res – Official Journal 2021

FARMER

May 25, 2021

Ms. Leanne Schaefer Director of Intergovernmental Affairs Town of Abita Springs P.O. Box 461 Abita Springs, LA 70420

Dear Ms. Schaefer:

We are happy to serve as the Official Journal for the Town of Abita Springs for the period of July 1, 2021 through June 30, 2022.

The St. Tammany Farmer meets all requirements to serve as an official journal, as specified under Louisiana R.S. 43:142, Qualifications of Newspaper.

Rate:

S4.62 per column inch S25 per affidavit upon request Please provide a list of offices that fall under your bid rate.

Copy Submission:

We can receive copy electronically in Word Format.

Deadlines:

3 days before publication date

Also included at no additional cost is the posting of the Town of Abita Springs notices online.

Thank you for the opportunity to respond to the bid request.

Sincerely,

luman

Classified Director The Advocate Baton Rouge – New Orleans – Acadiana jnewman@theadvocate.com