

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Permit #:</b> LAG481115                        |  | <b>Permittee:</b> DEPT OF PUBLIC SAFETY                                |  | <b>Facility:</b> DEPT OF PUBLIC SAFETY - STATE POLICE TROOP L          |  |
| <b>Major:</b> No                                  |  | <b>Permittee Address:</b> 2600 N CAUSEWAY BLVD<br>MANDEVILLE, LA 70471 |  | <b>Facility Location:</b> 2600 N CAUSEWAY BLVD<br>MANDEVILLE, LA 70471 |  |
| <b>Permitted Feature:</b> 001<br>External Outfall |  | <b>Discharge:</b> 001-S<br>Outfall 001                                 |  |  |  |

**Report Dates & Status**  
**Monitoring Period:** From 01/01/21 to 06/30/21 | **DMR Due Date:** 07/28/21 | **Status:** NetDMR Validated

**Considerations for Form Completion**  
 TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

**Principal Executive Officer**  
**First Name:** | **Title:** | **Telephone:**  
**Last Name:**

**No Data Indicator (NODI)**  
**Form NODI:** --

| Code    | Parameter Name                           | Monitoring Location | Season # | Param. NODI | Quantity or Loading |         |                |         |                  | Quality or Concentration |             |             |                |             | # of Ex.         | Frequency of Analysis | Sample Ty |                             |                             |            |
|---------|--|---------------------|----------|-------------|---------------------|---------|----------------|---------|------------------|--------------------------|-------------|-------------|----------------|-------------|------------------|-----------------------|-----------|-----------------------------|-----------------------------|------------|
|         |  |                     |          |             | Qualifier 1         | Value 1 | Qualifier 2    | Value 2 | Units            | Qualifier 1              | Value 1     | Qualifier 2 | Value 2        | Qualifier 3 |                  |                       |           | Value 3                     | Units                       |            |
| 00400   | pH                                       | 1 - Effluent Gross  | 0        | --          | Sample              | =       | 7.2            |         |                  |                          | Qualifier 1 | Value 1     | Qualifier 2    | Value 2     | Qualifier 3      | Value 3               | Units     | 0                           | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Permit Req.         | >=      | 6.0 INST MIN   |         |                  |                          |             |             |                |             | <=               | 9.0 INST MAX          | 12 - SU   |                             | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |
| 00530   | Solids, total suspended                  | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |             | =           | 30.0           |             | =                | 30.0                  | 19 - mg/L | 0                           | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |             | <=          | 30.0 MO AVG    |             | <=               | 45.0 DAILY MX         | 19 - mg/L |                             | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |
| 00600   | Nitrogen, total [as N]                   | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |             |             |                |             | =                | 24.5                  | 19 - mg/L | 0                           | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |             |             |                |             | Req Mon DAILY MX | 19 - mg/L             |           |                             | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |
| 00610   | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |             | =           | 4.54           |             | =                | 4.54                  | 19 - mg/L | 0                           | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |             | <=          | 5.0 MO AVG     |             | <=               | 10.0 DAILY MX         | 19 - mg/L |                             | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |
| 00665   | Phosphorus, total [as P]                 | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |             |             |                |             | =                | 9.97                  | 19 - mg/L | 0                           | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |             |             |                |             | Req Mon DAILY MX | 19 - mg/L             |           |                             | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |
| 50050   | Flow, in conduit or thru treatment plant | 1 - Effluent Gross  | 0        | --          | Sample              | =       | 1547.0         | =       | 1547.0           | 07 - gal/d               |             |             |                |             |                  |                       |           | 0                           | 01/6M - Once Every 6 Months | ES - ESTII |
|         |  |                     |          |             | Permit Req.         |         | Req Mon MO AVG |         | Req Mon DAILY MX | 07 - gal/d               |             |             |                |             |                  |                       |           |                             | 01/6M - Once Every 6 Months | ES - ESTII |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |
| X 74055 | Coliform, fecal general                  | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |             | >           | 2419.6         | >           | 2419.6           | 13 - #/100mL          | 0         | 01/6M - Once Every 6 Months | GR - GRAE                   |            |
|         |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |             | <=          | 200.0 MOAV GEO | <=          | 400.0 DAILY MX   | 13 - #/100mL          |           |                             | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |
| X 80082 | BOD, carbonaceous [5 day, 20 C]          | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |             | =           | 47.0           | =           | 47.0             | 19 - mg/L             | 1         | 01/6M - Once Every 6 Months | GR - GRAE                   |            |
|         |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |             | <=          | 10.0 MO AVG    | <=          | 15.0 DAILY MX    | 19 - mg/L             |           |                             | 01/6M - Once Every 6 Months | GR - GRAE  |
|         |  |                     |          |             | Value NODI          |         |                |         |                  |                          |             |             |                |             |                  |                       |           |                             |                             |            |

**Submission Note**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**

| Code  | Parameter Name                  | Monitoring Location | Field                                   | Type | Description   | Acknowledge |
|-------|---------------------------------|---------------------|---|------|---|-------------|
| 74055 | Coliform, fecal general         | 1 - Effluent Gross  | Quality or Concentration Sample Value 2 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |
| 74055 | Coliform, fecal general         | 1 - Effluent Gross  | Quality or Concentration Sample Value 3 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |
| 80082 | BOD, carbonaceous [5 day, 20 C] | 1 - Effluent Gross  | Quality or Concentration Sample Value 2 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |
| 80082 | BOD, carbonaceous [5 day, 20 C] | 1 - Effluent Gross  | Quality or Concentration Sample Value 3 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |

**Comments**

**Attachments**

| Name   | Type | Size     |
|--|------|----------|
| LaStateTroopL-SanitaryNonCompliance-2021.pdf | pdf  | 139945.0 |
| TroopLWasteWater-FromClient-06152021.pdf     | pdf  | 402833.0 |

Name: Louis Calato  
E-Mail: louis.calato@la.gov  
Date/Time: 2021-07-27 09:22 (Time Zone: -05:00)

**Report Last Signed By**

User: LSP\_TROOPL  
Name: Louis Calato  
E-Mail: louis.calato@la.gov  
Date/Time: 2021-07-27 12:21 (Time Zone: -05:00)

# Submission Receipt

Submission Date: 07-27-2021

Submitter Name: Louis Calato

Submitter Telephone: (985) 893-6250

# Attachment 1



## Non-Compliance Report Form

**Facility Name:** Department of Public Safety State Police Troop L

**Facility Address:** (Semi-Annual) 2600 N. Causeway Blvd., Mandeville, LA 70471

**Person Reporting:** Lt. Louis Calato      **Title:** Lieutenant

**Phone Number:** 985-893-6239      **Parish:** St. Tammany

**LPDES Number:** LAG481115      **AI#:** 22734

**Receiving Waters:** From Bayou Tete L' Ours via local Drainage in (subsegment 040808) of the Lake Pontchartrain Basin.

(Refer to Subject Line on Permit Cover Letter)

| <b>Date of Non-Compliance</b> | <b>Parameter/Description (e.g. TSS, Overflow)</b> | <b>Outfall No./Location (e.g. 001, 123 Main St.)</b> | <b>Permit Limit</b> | <b>Reported Value</b> |
|-------------------------------|---|--|---------------------|-----------------------|
| 031821                        | CBOD <sub>5</sub>                                 | Outfall 002  | 10                  | 47                    |
| 031821                        | Fecal Coliform                                    | Outfall 002  | 200                 | >2,419.6              |
|                               |   |  |                     |                       |
|                               |   |  |                     |                       |
|                               |   |  |                     |                       |

**Cause of Violation(s):** "Aerator system was working; however, not providing enough aeration to the system."

**Corrective Action/Preventative Measures/Remediation:** We are having the entire system cleaned out and will be resampling again in September 2021.

**Please submit as a PDF attachment in NetDMR or mail non-compliance reports to the following address:**  
**Office of Environmental Compliance**  
**Attn: Permit Compliance Unit**  
**P.O. Box 4312**  
**Baton Rouge, LA 70821-4312**

# Attachment 2



*JOHN BEL EDWARDS*  
GOVERNOR

*LAMAR A. DAVIS, COLONEL*  
DEPUTY SECRETARY

**State of Louisiana**  
*Department of Public Safety and Corrections*  
*Public Safety Services*

06/15/2021

Mrs. Nicole Riviere,

I am writing this letter in response to the two upsets we had on our sanitary wastewater sampling that did not pass on 03/18/2021. The two in question were **47 mg/L CBOD<sub>5</sub>** and **>2419.6 MPN/100ml Fecal Coliform**. Since that date, we contacted Curtis Environmental Utilities, Inc. to come out and access our septic system. During their inspection, it was found that our aerator system was working but not providing enough aeration to the system. They have also provided us information on possibly taking over complete daily operation of our system. This information has been sent up to LSP HQ for consideration. Also while they were onsite, they stated that us cleaning out the entire system was not the best option and could be impacting our numbers, until we can grow good organisms again. We didn't realize that this would affect our sanitary system this way. Since some time has passed, we hope that this remedy the issues that we are experiencing with our testing. Upon our next testing cycle, we will have to see if our numbers meet compliance, which we are hoping they will. Please let me know if you need anything else from us at this time.

Thank you for your assistance,

Lt. Louis Calato  
Troop L Executive Officer  
2600 N. Causeway Blvd.  
Mandeville, LA 70471  
985-893-6250

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