

**Minden City Council  
REGULAR SESSION**



**Tuesday, September 3, 2024 – 6:00 p.m.  
City Hall – Council Chambers**

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**AGENDA ITEMS**

**Prayer: Andy Pendergrass  
Pledge: Carlton Myles**

**Call Meeting to Order  
Welcome: Mayor Nick Cox  
Additions to Agenda:  
Public Comments**

**(To allow comments on any of the following items prior to action.)**

- (1) Adopt Minutes of the Minden City Council Regular Session Held on August 5, 2024**
- (2) Opt In to or Out of the Governor’s Office of Homeland Security and Emergency Preparedness’ Temporary Housing and Shelter Assistance Program**
- (3) Adopt Ordinance No. 1146 – An Ordinance to Amend Chapter 90 – Utilities, Article IV. – Rates and Charges, Section 90-138(b). – Service to Electric Vehicles through City-Owned Electric Vehicle Charging Station(s), of the Code of Ordinances, City of Minden, State of Louisiana**
- (4) Adopt Resolution – Municipal Water Pollution Prevention**
- (5) Appointment – Minden Main Street/Downtown Development Board**
- (6) Reappointment – Minden Main Street/Downtown Development Board**
- (7) Personnel – Minden Fire Department New Hire**
- (8) Personnel – Minden Police Department New Hire**
- (9) Budget/Financial Report for July 2024**
- (10) Fire Report for August 2024**
- (11) Police Report for July 2024**

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**Announcements – Council Comments – Adjournment**

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# Minden City Council

## Regular Session

Tuesday, September 3, 2024

Minden City Hall – Council Chambers

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### Agenda Fact Sheet

#### Agenda Item:

( 1 ) Adopt Minutes of Minden City Council Regular Session Held on August 5, 2024

#### Discussion:

See attached.

#### Suggested Wording of Motion:

“I move to adopt the minutes of the Minden City Council Regular Session held on August 5, 2024, as presented.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_

PROCEEDINGS OF THE CITY OF MINDEN, STATE OF LOUISIANA, TAKEN  
IN REGULAR SESSION HELD ON AUGUST 5, 2024

The Minden City Council met at City Hall in Minden, Louisiana, beginning at 6:00 p.m. with the following members present: Mayor Nick Cox, Carlton Myles, Levon Thomas, Latasha Mitchell, Michael Roy, and Andy Pendergrass. Absence(s): None. The meeting began with a Public Hearing on the proposed 2024-2025 City of Minden Budget. An invitation was extended for comments and/or questions on the proposed budget. No comments were offered. Mayor Cox declared the Public Hearing closed and the Minden City Council Regular Session convened.

Mayor Cox welcomed everyone to the meeting. Prayer was offered by Michael Roy and the Pledge of Allegiance was led by Andy Pendergrass. It is noted for the record that Mayor Cox allowed both council and public comments prior to every vote.

Michael Roy moved to adopt the minutes of the Minden City Council Regular Session held on July 1, 2024, as presented. The motion was duly seconded by Latasha Mitchell and the vote was unanimously in favor. Abstention(s): None. Absence(s): None.

Upon motion by Michael Roy and duly seconded by Andy Pendergrass, the council unanimously adopted a Resolution Adopting the City of Minden 2024-2025 Budget, as presented. Abstention(s): None. Absence(s): None.

Latasha Mitchell moved to authorize the City Clerk to advertise for bids for the 2024-2025 Street Improvements Project, which includes the following streets: East and West Street, Guy Miller Road, Jennifer Circle, Kitchens Court, Laurel Circle, Mignon Street, and Woodhaven Drive. The motion was duly seconded by Andy Pendergrass and the vote was unanimously in favor. Abstention(s): None. Absence(s): None.

Carlton Myles moved to award Bid No. 04-2024 – Minden Public Works Facilities to the lowest qualified bidder meeting all requirements, Perryman Welding. The motion was duly seconded by Levon Thomas and the vote was unanimously in favor. Abstention(s): None. Absence(s): None.

Upon motion by Andy Pendergrass and duly seconded by Carlton Myles, the council unanimously adopted Ordinance No. 1145 – Levying Tax Mills for the Year 2024, as presented. Abstention(s): None. Absence(s): None.

Upon motion by Michael Roy and duly seconded by Andy Pendergrass, the council unanimously appointed Tommy Davis to the Minden Municipal Fire and Police Civil Service Board, as presented. Abstention(s): None. Absence(s): None.

City Clerk Melaney Langford presented the Budget/Financial Report for the month of June 2024. No motion was required.

Fire Chief Brian Williams presented the Fire Report for the month of July 2024. No motion was required.

The Police Report for the month of June 2024 was unanimously accepted, as presented, by motion of Andy Pendergrass and second by Carlton Myles. Abstention(s): None. Absence(s): None.

Interim Airport Manager Molly Fowler announced that the 101<sup>st</sup> Airborne Division of the United States Army will be hosting a military training operation at the Minden Airport.

Announcements and council comments were heard. The meeting was then adjourned.

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Nicholas A. Cox, Mayor

ATTEST:

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Melaney Langford, City Clerk

# Minden City Council

## Regular Session

Tuesday, September 3, 2024

Minden City Hall – Council Chambers

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### Agenda Fact Sheet

#### Agenda Item:

- (2) Opt In to or Out of the Governor’s Office of Homeland Security and Emergency Preparedness’ Temporary Housing and Shelter Assistance Program

#### Discussion:

Per LA R.S. 29:726 that was signed into law in 2022, the Parish of Webster and municipalities located within Webster Parish must complete the Governor’s Office of Homeland Security and Emergency Preparedness’ Temporary Housing and Shelter Assistance Program Expedited Temporary Housing Assistance Waiver of Land Use/Permitting Form prior to September 1<sup>st</sup> of each year.

#### Suggested Wording of Motion:

“I move to opt **IN TO** the Governor’s Office of Homeland Security and Emergency Preparedness’ Temporary Housing and Shelter Assistance Program, as presented.”

OR

“I move to opt **OUT OF** the Governor’s Office of Homeland Security and Emergency Preparedness’ Temporary Housing and Shelter Assistance Program, as presented.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_



**Governor's Office of Homeland Security  
and Emergency Preparedness**

Temporary Housing and Shelter Assistance Program  
Expedited Temporary Housing Assistance  
Waiver of Land Use/Permitting Form

This waiver of land use/permitting form addresses the requirement in the following statute:

***La. R.S. 29: 726(F)(3)(b)(iii)(aa):***

The parish governing authority has submitted a certification to GOHSEP that the local governing authority will waive any land use regulation relative to permitting for mobile homes, recreational vehicles, and other temporary housing directly adjacent to the survivor's damaged dwelling to allow for **expedited temporary housing assistance in the parish.**

|                                      |                 |                                    |
|--------------------------------------|-----------------|------------------------------------|
| Date _____                           |                 |                                    |
| First Name _____                     | Last Name _____ | Title of Authorized Official _____ |
| Email _____                          | Phone # _____   |                                    |
| Local Governing Authority Name _____ |                 |                                    |
| Mailing Address _____                |                 |                                    |
| City _____                           | State _____     | Zip _____                          |
| Parish Location _____                |                 |                                    |

*\* Parishes and municipalities shall be given the opportunity to change the selection regarding the waiver each year.*

**Opt In to allow for expedited temporary housing assistance:**

In accordance with La. R.S. 29: 726(F)(3)(b)(iii)(aa) and La. R.S. 29: 726(F)(4) (Act 526, 2022), I hereby certify, as the governing authority for the above listed parish/municipality, to **waive any land use regulations** relative to permitting for the temporary placement and occupancy of mobile homes, recreational vehicles (RV's), and/or other temporary housing directly adjacent to the disaster survivor's damaged dwelling to allow for expedited temporary housing assistance in parish/municipality referenced above.

**Opt Out of allowing for expedited temporary housing assistance:**

In accordance with La. R.S. 29: 726(F)(3)(b)(iii)(aa) and La. R.S. 29: 726(F)(4) (Act 526, 2022), I hereby certify, as the governing authority for the above listed parish/municipality, to **opt out of waiving any land use regulations** relative to permitting for the temporary placement and occupancy of mobile homes, recreational vehicles (RV's), and/or other temporary housing directly adjacent to the disaster survivor's damaged dwelling to allow for expedited temporary housing assistance in parish/municipality referenced above.

\_\_\_\_\_  
Signature of Authorized Official

Minden City Council  
Regular Session  
Tuesday, September 3, 2024  
Minden City Hall – Council Chambers

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Agenda Fact Sheet

Agenda Item:

- (3) Adopt Ordinance No. 1146 – An Ordinance to Amend Chapter 90 – Utilities, Article IV. – Rates and Charges, Section 90-138(b). – Service to Electric Vehicles through City-Owned Electric Vehicle Charging Station(s), of the Code of Ordinances, City of Minden, State of Louisiana

Discussion:

See attached.

Suggested Wording of Motion:

“I move to adopt Ordinance No. 1146 – An Ordinance to Amend Chapter 90 – Utilities, Article IV. – Rates and Charges, Section 90-138(b). – Service to Electric Vehicles through City-Owned Electric Vehicle Charging Station(s), of the Code of Ordinances, City of Minden, State of Louisiana, as presented.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_

ORDINANCE NO. 1146

**AN ORDINANCE TO AMEND CHAPTER 90 – UTILITIES, ARTICLE IV. – RATES AND CHARGES, SECTION 90-138(b). – SERVICE TO ELECTRIC VEHICLES THROUGH CITY-OWNED ELECTRIC VEHICLE CHARGING STATION(S), OF THE CODE OF ORDINANCES, CITY OF MINDEN, STATE OF LOUISIANA**

AN ORDINANCE amending Section 90-138(b). – Service to Electric Vehicles through City-Owned EV Charging Station(s) to adjust the multiplier number.

NOW THEREFORE, BE IT ORDAINED by the City Council of Minden, in legal session convened, as follows, to-wit:

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ARTICLE IV.

RATES AND CHARGES

**Section 90-138(b). – Service to Electric Vehicles through City-Owned EV Charging Station(s).**

The usage rate for electric energy provided by the City's municipal electric vehicle (EV) charging station(s) shall prevail:

- a) Commercial electric rate (per kwh for the first 50 kwh) plus Power Cost Adjustment (PCA) Rate multiplied by a factor of two (2). The so calculated rate will fluctuate monthly.

In addition to the usage rate, the following idling fee will apply:

- b) A \$0.30 idling fee per minute (after a 10-minute grace period after charging is complete). The idling fee shall not exceed \$30.00.

The City shall have the right to change the above-mentioned calculation formula at any time through newly-adopted ordinances. The City will make every effort to provide uninterrupted energy service (not guaranteed in emergencies) to its EV Charging Station(s).

**BE IT FURTHER ORDAINED** that if any provision of this ordinance or the application thereof to any person or circumstances is held to be invalid, illegal or unconstitutional, the remainder of this ordinance and the application of such provision to other persons or circumstances shall not be affected thereby.

**BE IT FURTHER ORDAINED** that all ordinances or parts of ordinances in conflict with the ordinance are hereby repealed.

**BE IT FURTHER ORDAINED** that this ordinance shall be binding and shall come into effect thirty (30) days after the first publication in the official journal of the City of Minden.

**BE IT FURTHER ORDAINED** that it is the intention of the City Council and it is hereby ordained that the provisions of this ordinance shall become and be made a part of the Code of Ordinances, City of Minden, Louisiana and the sections of this ordinance may be numbered to accomplish such intention.



PASSED AND ADOPTED by the Council of the City of Minden on this \_\_\_\_ day of \_\_\_\_\_, 2024, by the following vote and upon motion and second of \_\_\_\_\_ and \_\_\_\_\_, respectively:

AYE(S):

NAY(S):

ABSENCE(S):

ABSTENTION(S):

\_\_\_\_\_  
Nicholas A. Cox, Mayor

ATTEST:

\_\_\_\_\_  
Melaney Langford, City Clerk

# Minden City Council

## Regular Session

Tuesday, September 3, 2024

Minden City Hall – Council Chambers

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### Agenda Fact Sheet

#### Agenda Item:

(4) Adopt Resolution – Municipal Water Pollution Prevention

#### Discussion:

See attached.

#### Suggested Wording of Motion:

“I move to adopt the Resolution for Municipal Water Pollution Prevention, as presented.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_

RESOLUTION

MUNICIPAL WATER POLLUTION PREVENTION

**BE IT RESOLVED**, that the City of Minden, Louisiana informs the Louisiana Department of Environmental Quality that the following actions were taken by the Minden City Council:

1. Resolved the Municipal Water Pollution Prevention Environmental Audit Report, which is attached to this Resolution; and
2. Set forth the following actions necessary to maintain permit requirements contained in the Louisiana Pollutant Discharge Elimination System (LPDES), Number LA0038130, AI Number 19396.
  - a. Continued budget provisions for system rehabilitation.
  - b. Continued operator training and certification.

The aforesaid resolution, having been submitted to a vote by motion and second of \_\_\_\_\_ and \_\_\_\_\_, respectively, was voted on as follows:

AYE(S):

NAY(S):

ABSENCE(S):

ABSTENTION(S):

**WHEREUPON**, the resolution was declared adopted on the \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Nicholas A. Cox, Mayor

ATTEST:

\_\_\_\_\_  
Melaney Langford, City Clerk

# LOUISIANA

## MUNICIPAL WATER POLLUTION PREVENTION

### MWPP



Facility Name:

Minden Wastewater  
Treatment Facility

LPDES Permit Number:

LA 0038130

Agency Interest (AI) Number:

19396

Address:

PO Box 580

Parish:

Webster

(Person Completing Form) Name:

STUART  
Simonton

Title:

Superintendent

Date Completed:

8/29/2024

# 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.

Permit #:

0

**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.

| <b>Column 1</b><br>Average Monthly Flow (million gallons per day, MGD) |   | <b>Column 2</b><br>Average Monthly BOD5 Concentration (mg/l) |          | <b>Column 3</b><br>Average Monthly BOD5 Loading (pounds per day, lb/day) |
|--|---|--|----------|--|
| 1.295  | x | 34.5   | x 8.34 = | 372.61   |
| 1.473  | x | 39.1   | x 8.34 = | 480.34   |
| 1.980  | x | 21.7   | x 8.34 = | 358.34   |
| 2.407  | x | 34.5   | x 8.34 = | 692.57   |
| 1.620  | x | 59.2   | x 8.34 = | 799.84   |
| 2.166  | x | 34.8   | x 8.34 = | 628.64   |
| 1.503  | x | 36.8   | x 8.34 = | 461.29   |
| 1.433  | x | 42.3   | x 8.34 = | 505.54   |
| 1.237  | x | 56.6   | x 8.34 = | 583.92   |
| 1.061  | x | 58.9   | x 8.34 = | 521.19   |
| 1.080  | x | 34.3   | x 8.34 = | 308.95   |
| 1.061  | x | 56.4   | x 8.34 = | 499.07   |

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

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

Design Flow, MGD:

2.44

x 0.90 =

2.196

Design BOD, lb/day:

5200

x 0.90 =

4680

Permit #:

0

- 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.

|        |   |   |   |   |   |   |   |   |   |   |    |    |    |
|--------|---|---|---|---|---|---|---|---|---|---|----|----|----|
| 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 0 or 5 in the C point total box  C Point Total

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

|        |   |   |   |    |    |    |    |    |    |    |    |    |    |
|--------|---|---|---|----|----|----|----|----|----|----|----|----|----|
| 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 or 15 in the D point total box  D Point Total

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

|        |   |   |   |   |   |    |    |    |    |    |    |    |    |
|--------|---|---|---|---|---|----|----|----|----|----|----|----|----|
| 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 |

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

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

|        |   |    |    |    |    |    |    |    |    |    |    |    |    |
|--------|---|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 |

Write 0, 10, 20, 30, 40 or 50 in the F point total box  F Point Total

- G. Add together each point total for C through F and place this sum in the box below at the right.

TOTAL POINT VALUE FOR PART 1:  (max = 80)

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

Permit #:

0

**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<br>Average Monthly<br>BOD (mg/l) | Column 2<br>Average Monthly<br>TSS (mg/l) |
|-------|---|---|
| NOV   | 2.40                                      | 1.77                                      |
| Dec   | 1.54                                      | 1.00                                      |
| JAN   | 4.02                                      | 4.53                                      |
| Feb   | 4.61                                      | 1.51                                      |
| MAR   | 4.86                                      | 1.31                                      |
| April | 3.53                                      | 1.34                                      |
| MAY   | 4.17                                      | 1.00                                      |
| June  | 4.64                                      | 1.25                                      |
| July  | 3.24                                      | 1.43                                      |
| Aug   | 2.97                                      | 1.97                                      |
| SEPT  | 2.14                                      | 3.04                                      |
| OCT.  | 2.96                                      | 2.95                                      |

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

|           | Permit Limit |          | 90% of<br>Permit Limit |
|-----------|--------------|----------|------------------------|
| BOD, mg/l | 10.00        | x 0.90 = | 9.00                   |
| TSS, mg/l | 15.00        | x 0.90 = | 13.50                  |



Permit #:

0

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.

|        |          |   |    |    |    |    |    |    |    |    |    |    |    |
|--------|----------|---|----|----|----|----|----|----|----|----|----|----|----|
| months | <u>0</u> | 1 | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | <u>0</u> | 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 0 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.

|        |          |   |   |    |    |    |    |    |    |    |    |    |    |
|--------|----------|---|---|----|----|----|----|----|----|----|----|----|----|
| months | <u>0</u> | 1 | 2 | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | <u>0</u> | 5 | 5 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

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

|        |          |   |    |    |    |    |    |    |    |    |    |    |    |
|--------|----------|---|----|----|----|----|----|----|----|----|----|----|----|
| months | <u>0</u> | 1 | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | <u>0</u> | 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.

|        |          |   |   |    |    |    |    |    |    |    |    |    |    |
|--------|----------|---|---|----|----|----|----|----|----|----|----|----|----|
| months | <u>0</u> | 1 | 2 | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| points | <u>0</u> | 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:** 0 (max = 100)

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

Permit #:

0

**D. Other Monitoring and Limitations**

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

√ Check one box.

Yes

No

*If Yes, Please describe:*

- ii.** At any time in the past year was there a "failure" of a Biomonitoring (Whole Effluent Toxicity) test of the effluent?

√ Check one box.

Yes

No

*If Yes, Please describe:*

- iii.** At any time in the past year was there an exceedance of a permit limit for a toxic substance?

√ Check one box.

Yes

No

*If Yes, Please describe:*

Permit #:

0

**PART 3. AGE OF THE WASTEWATER TREATMENT FACILITY**

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

1987

Current Year - Answer to A = Age in years

2023 - 1987 = 36

Enter Age in Part C below.

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

**FACTOR:**

- Mechanical Treatment Plant (trickling filter, activated sludge, etc...) Specify Type: Activated Sludge 2.5
- Aerated Lagoon 2.0
- Stabilization Pond 1.5
- Other Specify Type: \_\_\_\_\_ 1.0

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

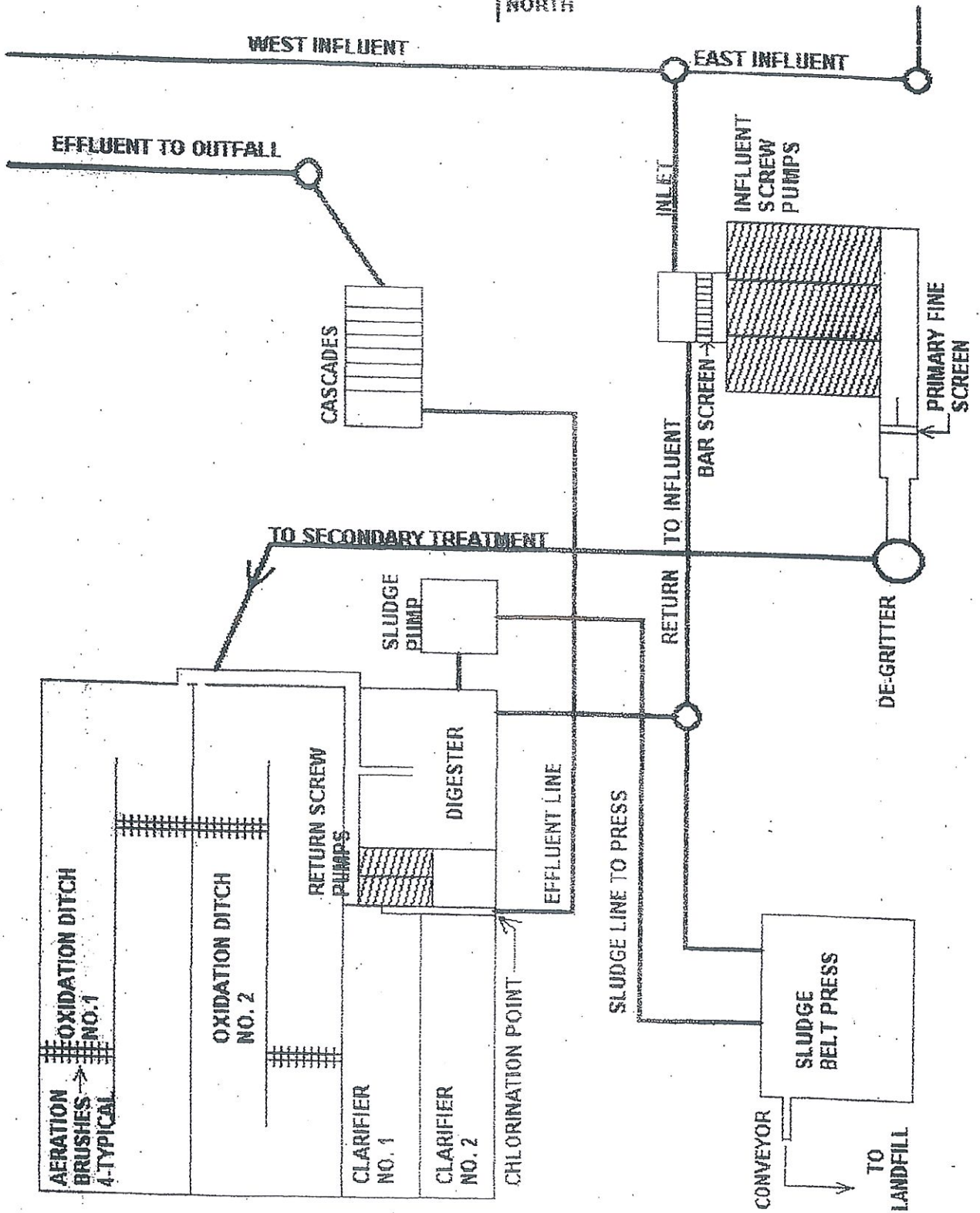
**TOTAL POINT VALUE FOR PART 3 =**

$$\frac{2.5}{\text{Factor}} \times \frac{36}{\text{Age}} = \boxed{90} \text{ (max = 50)}$$

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.

CITY OF MINDEN  
WASTEWATER TREATMENT PLANT  
MARCH 1999



Permit #:

0

**PART 4: OVERFLOWS AND BYPASSES**

**A.**

- i. List the number of times in the last year there was an overflow, bypass or unpermitted discharge of untreated or incompletely treated wastewater due to heavy rain:

2 √ Check one box.  0 = 0 points  3 = 15 points  
 1 = 5 points  4 = 30 points  
 2 = 10 points  5 or more = 50 points

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

Collection System: 2 Treatment Plant: 0

**B.**

- i. List the number of times in the last year there was an overflow, bypass or unpermitted discharge of untreated or incompletely treated wastewater due to equipment failure, either at the treatment plant or due to pumping problems in the collection system:

\_\_\_\_\_ √ Check one box.  0 = 0 points  3 = 15 points  
 1 = 5 points  4 = 30 points  
 2 = 10 points  5 or more = 50 points

- ii. List the number of bypasses, overflows or unpermitted discharges shown in B (i) that were within the collection system and the number at the treatment plant

Collection System: \_\_\_\_\_ Treatment Plant: \_\_\_\_\_

- 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: 10 (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:

STUART SIMONTON SUPERINTENDENT

Describe the procedure for gathering, compiling and reporting:

Collection system employees provide description, date and time as well as location + estimated amount of gallons that were discharged. WWTP Superintendent reports the information to DEQ via DMR.

Permit #: 0

**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 0 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 0 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:** 0 (max = 100)

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

Permit #:

0

**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: \_\_\_\_\_  
 Design Flow: NA MGD  
 Design BOD: \_\_\_\_\_ 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:

\_\_\_\_\_ NA \_\_\_\_\_  
 \_\_\_\_\_

- D. Add together the point value checked in B and C and place the sum in the box below.

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

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

Permit #:

0

**PART 7: OPERATOR CERTIFICATION AND EDUCATION**

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

Name:

Gary Floyd

B. What is his or her certification number:

Cert.#:

17066

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

Level Required:

3

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

Level Certified:

3

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 are required to comply with DHH standards concerning training hrs.

I. What percentage of the continuing education expenses of the operator-in-charge were paid for:

By the permittee?

100%

By the operator?

J. Add together the E and G point values and place the sum in the box below at the right.

TOTAL POINT VALUE FOR PART 7:

(max = 100)

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



Permit #:

0

**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?

Monthly sewer use fee based on water usage.  
Annual Industrial/Commercial sewer use fee.  
City sales tax. Divided between water, wastewater  
& collection depts.

Permit #:

0

**PART 9: SUBJECTIVE EVALUATION**

**A. Collection System Maintenance**

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

*Routine cleaning of sewer mains utilizing  
JET TRUCK.*

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

*Lift Station pumps are maintained and repaired  
AS Necessary. Hour meters are read and recorded Daily.*

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

?

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

√ Check one box.

- i. Do you have duckweed buildup in the ponds?  Yes  No
- ii. Do you mow the dikes regularly (at least monthly), to the waters edge?  Yes  No
- iii. Do you have bushes or trees growing on the dikes or in the ponds?  Yes  No
- iv. Do you have excess sludge buildup (> 1foot) on the bottom of any of your ponds?  Yes  No
- v. Do you exercise all of your valves?  Yes  No
- vi. Are your control manholes in good structural shape?  Yes  No
- vii. Do you maintain at least 3 feet of freeboard in all of your ponds?  Yes  No
- viii. Do you visit your pond system at least weekly?  Yes  No

Permit #:

0

C. Treatment Plants

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

Yes     No    (✓ Check one box.)

2/15/2023  
Influent flow meter calibration date(s)

2/15/2023  
Effluent flow meter calibration date(s)

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

Excessive flow rates due to inflow + INFILTRATION  
have on occasion exceeded the plant design  
Specifications.

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

✓ Check one box.

Yes

No

If Yes, Please describe:

Permit #:

0

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 repairs are logged for future reference. Plant has O+M manuals

- 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:

City Ordinance identifies All Acceptable limits for Substances regulated by our NPDES Permit.

- 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.)

Permit #:

0

### POINT CALCULATION TABLE

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

TOTAL POINTS:

60

Minden City Council  
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Minden City Hall – Council Chambers

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Agenda Fact Sheet

Agenda Item:

(5) Appointment – Minden Main Street Program/Downtown Development Commission

Discussion:

Appointment of Kathy Cropper to fill the vacancy caused by the expiration of Teresa Little’s term on 09/08/2024. Mrs. Cropper’s term will begin on 09/09/2024 and expire on 09/08/2027.

See attached.

Suggested Wording of Motion:

“I move to approve the appointment of Kathy Cropper to the Minden Main Street Program/Downtown Development Commission for the term beginning September 9, 2024 and expiring September 8, 2027, as presented.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_



MINDEN MAIN STREET  
P. O. BOX 580 MINDEN, LA 71058-0580  
318-371-4258  
TAYLOR WREN, DOWNTOWN DEVELOPMENT DIRECTOR

August 29, 2024

Mayor Nicholas Cox  
City of Minden  
P. O. Box 580  
Minden, LA 71058

Dear Mayor Cox:

Due to the expiration of one of our members' terms, there is a vacancy on the Minden Main Street/Downtown Development Board.

I would like to recommend the appointment of Mrs. Kathy Cropper, Downtown Business and Property Owner, to fill this unexpired term. Mrs. Cropper's term will expire September 8, 2027.

Additionally, Board Member Claudine Thomas' term is expiring. Due to her filling an unexpired term previously, I would like to recommend the reappointment of Mrs. Thomas to the board.

Thank you for your consideration.

Sincerely,

*Taylor Wren*

Taylor Wren  
Main Street

Minden City Council  
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Agenda Fact Sheet

Agenda Item:

- (6) Reappointment – Minden Main Street Program/Downtown Development Commission

Discussion:

Reappointment of Claudine Thomas whose term expires on 09/08/2024. Her term will expire on 09/08/2027.

See attached.

Suggested Wording of Motion:

“I move to approve the reappointment of Claudine Thomas to the Minden Main Street Program/Downtown Development Commission for the term beginning on September 9, 2024 and expiring on September 8, 2027, as presented.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_





MINDEN MAIN STREET  
P. O. BOX 580 MINDEN, LA 71058-0580  
318-371-4258  
TAYLOR WREN, DOWNTOWN DEVELOPMENT DIRECTOR

August 29, 2024

Mayor Nicholas Cox  
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Dear Mayor Cox:

Due to the expiration of one of our members' terms, there is a vacancy on the Minden Main Street/Downtown Development Board.

I would like to recommend the appointment of Mrs. Kathy Cropper, Downtown Business and Property Owner, to fill this unexpired term. Mrs. Cropper's term will expire September 8, 2027.

Additionally, Board Member Claudine Thomas' term is expiring. Due to her filling an unexpired term previously, I would like to recommend the reappointment of Mrs. Thomas to the board.

Thank you for your consideration.

Sincerely,

*Taylor Wren*

Taylor Wren  
Main Street

Minden City Council  
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Agenda Fact Sheet

Agenda Item:

(7) Personnel – Minden Fire Department New Hire

Discussion:

Nathan Randle – Full-Time Firefighter/Operator – Minden Fire Department

See attached.

Suggested Wording of Motion:

“Upon the recommendation of Fire Chief Brian Williams, I move to confirm Nathan Randle as a full-time firefighter/operator in the Minden Fire Department, subject to passing all applicable tests.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_



## Memorandum

**To: Mayor Nick Cox and All Council Members**

**Cc: April Aguilar, HR**

**From: Brian R. Williams, Fire Chief**

**Date: August 29, 2024**

**Re: New Hire**

In regards to the current open Firefighter/Operator position, we received five applications. Our hiring committee met August 28, 2024 with the only applicant to show for the interview process. Two applicants withdrew their applications prior to the interview date and two others were no-shows. It is my recommendation that Candidate Nathan Randle, who has a passing Civil Service test score, be hired to fill the open vacancy.

If you have any questions or concerns, please don't hesitate to contact me.

**THANK YOU,**

**BRIAN R. WILLIAMS, FIRE CHIEF**

## OFFICE OF STATE EXAMINER STATEWIDE TESTING

### NOTIFICATION OF TEST SCORE

Dear Nathan Randle,

This is to certify that you have successfully passed the examination for entry level Firefighter administered on May 1, 2024, with a score of 77 percent. Your test score is valid beginning May 3, 2024. Therefore, your test score will expire on November 3, 2025.

#### SPECIAL NOTES:

The Office of State Examiner did not verify that you meet any specific qualification requirements. You were, however, required to self-certify that you were a citizen of the United States, and of legal age at the time you applied to take this examination. Please keep this notification for your files as the Office of State Examiner will not issue duplicate copies. You may present a copy of your notification letter and a completed application (separate application form) to the department where you wish to be considered for employment.

The appointing authority for the jurisdiction in which you wish to be hired must determine if you meet its qualification requirements in order to be hired. Each department will require you to complete an application and attach necessary documentation to verify that you meet the board's requirements. Their procedure must be followed.

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Agenda Fact Sheet

Agenda Item:

(8) Personnel – Minden Police Department New Hire

Discussion:

Erikka Means – Full-Time Police Officer – Minden Police Department

See attached.

Suggested Wording of Motion:

“Upon the recommendation of Police Chief Jared McIver, I move to confirm Erikka Means as a full-time police officer in the Minden Police Department, subject to passing all applicable tests.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_



# MINDEN POLICE DEPARTMENT

520 BROADWAY  
MINDEN, LA 71055  
318-371-4226

## MEMO

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DEPT. 10

TO: Mayor Nick Cox and Council Members

*NAC*

Cc: April Aguilar

FROM: Chief Jared McIver

DATE: 7/28/2024

Re: Full Time Police Officer New Hire

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I, Chief Jared McIver, am submitting a written request to hire applicant, Erikka R. Smith, as a Minden Police Department full-time Officer at a starting rate of \$15.00 an hour, non-exempt hourly status. Erikka has successfully passed the civil service exam and is POST certified, Erikka follows all job description requirements and would be a great addition to the department.

Thank you in advance,

*Jared McIver*  
Chief Jared McIver

Ashley Krumholt  
Police Officer Exam Results  
Sep 8, 2023 at 10:40:56 AM  
erikkameans19@yahoo.com



OFFICE of  
STATE EXAMINER

### NOTIFICATION OF TEST SCORE

Dear Ericka Smith,

This is to certify that you have successfully passed the examination for entry level Police Officer administered on September 7, 2023, with a score of 93 percent. Your test score is valid beginning September 8, 2023. Therefore, your test score will expire on

The appointing authority for the jurisdiction in which you wish to be hired must determine if you meet its qualification requirements in order to be hired. Each department will require you to complete an application and attach necessary documentation to verify that you meet the board's requirements. Their procedure must be followed.

Minden City Council  
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Agenda Fact Sheet

Agenda Item:

(9) Budget/Financial Report for July 2024

Discussion:

Melaney Langford, City Clerk, will present the Budget/Financial Report for the month of July 2024.

Suggested Wording of Motion:

No motion is required.



# Minden City Council

## Regular Session

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### Agenda Fact Sheet

#### Agenda Item:

(10) Fire Report for August 2024

#### Discussion:

Brian Williams, Fire Chief, will present the Fire Report for the month of August 2024.

#### Suggested Wording of Motion:

No motion is required.

# Minden City Council

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### Agenda Fact Sheet

#### (11) Police Report

|   |                    |
|---|--------------------|
| City Fines .....                          | \$11,109.50        |
| District Attorney's Office .....          | \$0.00             |
| Crime Lab .....                           | \$490.00           |
| City Court.....                           | \$585.50           |
| Marshal's Office .....                    | \$540.00           |
| Indigent Defender.....                    | \$785.00           |
| Victim's Fund .....                       | \$0.00             |
| Clerk's Fund.....                         | \$36.00            |
| Community Service.....                    | \$0.00             |
| WARE Center .....                         | \$135.00           |
| LA Commission on Law Enforcement .....    | \$26.00            |
| Off-Duty Witness Fee .....                | \$217.00           |
| DARE.....                                 | \$0.00             |
| State Analysis.....                       | \$0.00             |
| Agency Analysis .....                     | \$0.00             |
| Court Case Mgmt. Information System ..... | \$54.00            |
| LA Traumatic Head & Spinal Cord Injury    |                    |
| Trust Fund.....                           | \$65.00            |
| Disability Affairs .....                  | \$0.00             |
| Judicial Building Fund.....               | \$180.00           |
| Judicial Education.....                   | \$6.50             |
| <b>TOTAL .....</b>                        | <b>\$14,229.50</b> |

#### Suggested Wording of Motion:

“I move to accept the Police Report for the month of July 2024, as presented.”

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_

AYE(S): \_\_\_\_\_ NAY(S): \_\_\_\_\_

ABSENCE(S): \_\_\_\_\_ ABSTENTION(S): \_\_\_\_\_



