



Alabama Department of Environmental Management
adem.alabama.gov

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August 2, 2022

Roger Weatherwax, Mayor
City of Moulton
720 Seminary Street
Moulton, AL 35650

RE: Draft Permit
NPDES Permit No. AL0020672
Moulton WWTP
Lawrence County, Alabama

Dear Hon. Weatherwax:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within **30 days** of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

Please be aware that Parts I.C.1.c and I.C.2.e of your permit require participation in the Department's Alabama Environmental Permitting and Compliance System (AEPACS) for submittal of DMRs and SSOs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. SSO hotline notifications and hard copy Form 415 SSO reports may be used only with the written approval from the Department. AEPACS allows ADEM to electronically validate and acknowledge receipt of the data. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. Please note that all AEPACS users can create the electronic DMRs and SSOs; however, only AEPACS users with certifier permissions will be able to submit the electronic DMRs and SSOs to ADEM.

Our records indicate that you have utilized the Department's web-based electronic environmental (E2) reporting system for submittal of discharge monitoring reports (DMRs) and sanitary sewer overflow (SSO) notifications/reports. The Department transitioned from the E2 Reporting System to the Alabama Environmental Permitting and Compliance System (AEPACS) for the submittal of DMRs and SSOs on November 15, 2021. AEPACS is an electronic system that allows facilities to apply for and maintain permits as well as submit other required applications, registrations, and certifications. In addition, the system allows facilities to submit required compliance reports or other information to the Department. The Department has used the E2 User account information to set up a similar User Profile in AEPACS based on the following criteria:



1. The user has logged in to E2 since October 1, 2019; and
2. The E2 user account is set up using a unique email address.

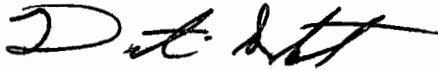
E2 users that met the above criteria will only need to establish an ADEM Web Portal account (<https://prd.adem.alabama.gov/awp>) under the same email address as their E2 account to have the same permissions in AEPACS as they did in E2. They will also automatically be linked to the same facilities they were in E2.

Please also be aware that Part IV. of your permit requires that you develop, implement, and maintain a Sanitary Sewer Overflow Response Plan.

The Alabama Department of Environmental Management encourages you to voluntarily consider pollution prevention practices and alternatives at your facility. Pollution Prevention may assist you in complying with effluent limitations, and possibly reduce or eliminate monitoring requirements.

Should you have any questions, please contact the undersigned dastokes@adem.alabama.gov

Sincerely,



Dustin Stokes
Municipal Section
Water Division

Enclosure

cc: Environmental Protection Agency Email
Ms. Elaine Snyder/U.S. Fish and Wildlife Service
Ms. Elizabeth Brown/Alabama Historical Commission
Advisory Council on Historic Preservation
Department of Conservation and Natural Resources



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: CITY OF MOULTON
720 SEMINARY STREET
MOULTON, AL 35650

FACILITY LOCATION: MOULTON WWTP (1.25 MGD)
120 BEACON STREET
MOULTON, ALABAMA
LAWRENCE COUNTY

PERMIT NUMBER: AL0020672

RECEIVING WATERS: CROW BRANCH

In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1388 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, Code of Alabama 1975, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, Code of Alabama 1975, §§22-22A-1 to 22-22A-17, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

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PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 0011 : Outfall

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

| Parameter | Quantity or Loading | | Units | Quality or Concentration | | | Units | Sample Freq See note (1) | Sample Type | Seasonal See note (2) |
|---|-----------------------------|----------------------------|---------|--------------------------|-----------------------------|----------------------------|-------|-----------------------------|--------------------|--------------------------|
| Oxygen, Dissolved (DO) (00300) Effluent Gross Value | ***** | ***** | ***** | 6.0 Minimum Daily | ***** | ***** | mg/l | 3X Weekly test | Grab | Not Seasonal |
| pH (00400) Effluent Gross Value | ***** | ***** | ***** | 6.0 Minimum Daily | ***** | 8.5 Maximum Daily | S.U. | 3X Weekly test | Grab | Not Seasonal |
| Solids, Total Suspended (00530) Effluent Gross Value | 312 Monthly Average | 469 Weekly Average | lbs/day | ***** | 30.0 Monthly Average | 45.0 Weekly Average | mg/l | 3X Weekly test | 24-Hr Composite | Not Seasonal |
| Solids, Total Suspended (00530) Raw Sew/Influent | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | mg/l | 3X Weekly test | 24-Hr Composite | Not Seasonal |
| Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value | 10.4 Monthly Average | 15.6 Weekly Average | lbs/day | ***** | 1.0 Monthly Average | 1.5 Weekly Average | mg/l | 3X Weekly test | 24-Hr Composite | Not Seasonal |
| Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value | 83.4 Monthly Average | 125 Weekly Average | lbs/day | ***** | 8.0 Monthly Average | 12.0 Weekly Average | mg/l | 3X Weekly test | 24-Hr Composite | Not Seasonal |
| Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | mg/l | Monthly | 24-Hr Composite | Not Seasonal |
| Phosphorus, Total (As P) (00665) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | mg/l | Monthly | 24-Hr Composite | Not Seasonal |
| Copper Total Recoverable (01119) Effluent Gross Value | ***** | ***** | ***** | ***** | (Report) Monthly Average | 0.052 Maximum Daily | mg/l | Monthly | Grab | Not Seasonal |

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

- (1) Sample Frequency – See also Part I.B.2
- (2) S = Summer (May – November)
W = Winter (December – April)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
- (3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “*9” on the monthly DMR.
- (4) A measurement of TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR.

DSN 0011 (Continued): Outfall

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

| Parameter | Quantity or Loading | | Units | Quality or Concentration | | | Units | Sample Freq See note (1) | Sample Type | Seasonal See note (2) |
|--|-----------------------------|----------------------------|---------|------------------------------------|-----------------------------|----------------------------|-----------|-----------------------------|--------------------|--------------------------|
| Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value | (Report) Monthly Average | (Report) Maximum Daily | MGD | ***** | ***** | ***** | ***** | Daily | Continuous | Not Seasonal |
| Chlorine, Total Residual (50060) See notes (3, 4) Effluent Gross Value | ***** | ***** | ***** | ***** | ***** | 0.019 Maximum Daily | mg/l | 3X Weekly test | Grab | Not Seasonal |
| E. Coli (51040) Effluent Gross Value | ***** | ***** | ***** | ***** | 126 Monthly Average | 298 Maximum Daily | col/100mL | 3X Weekly test | Grab | ECS |
| E. Coli (51040) Effluent Gross Value | ***** | ***** | ***** | ***** | 548 Monthly Average | 2507 Maximum Daily | col/100mL | 3X Weekly test | Grab | ECW |
| BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value | 52.1 Monthly Average | 78.1 Weekly Average | lbs/day | ***** | 5.0 Monthly Average | 7.5 Weekly Average | mg/l | 3X Weekly test | 24-Hr Composite | W |
| BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value | 31.2 Monthly Average | 46.9 Weekly Average | lbs/day | ***** | 3.0 Monthly Average | 4.5 Weekly Average | mg/l | 3X Weekly test | 24-Hr Composite | S |
| BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | mg/l | 3X Weekly test | 24-Hr Composite | Not Seasonal |
| BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal | ***** | ***** | ***** | 85.0 Monthly Average Minimum | ***** | ***** | % | Monthly | Calculated | Not Seasonal |
| Solids, Suspended Percent Removal (81011) Percent Removal | ***** | ***** | ***** | 85.0 Monthly Average Minimum | ***** | ***** | % | Monthly | Calculated | Not Seasonal |

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

(1) Sample Frequency – See also Part I.B.2

(2) S = Summer (May – November)

W = Winter (December – April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “*9” on the monthly DMR.

(4) A measurement of TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR.

2. DSN 001P : PFAS

This is an administrative outfall designation. Outfall 001P is the same physical outfall as Outfall 0011. Discharge from this outfall shall be limited and monitored by the Permittee as specified below:

| Parameter (4) | Quantity or Loading (2) (3) | | Units | Quality or Concentration (2) (3) | | | Units | Sample Freq See note (1) | Sample Type | Seasonal See note |
|---|-----------------------------|----------------------------|---------|----------------------------------|-----------------------------|----------------------------|-------|-----------------------------|-------------|----------------------|
| Perfluorooctanoic Acid (51521) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorobutanoic Acid (51522) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorooctanesulfonamide (51525) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorooctane Sulfonate (51526) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluoropentanoic Acid (51623) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorohexanoic Acid (51624) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluoroheptanoic Acid (51625) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorononanoic Acid (51626) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorodecanoic Acid (51627) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

- (1) Sample Frequency – See also Part I.B.2
- (2) The Permittee shall use EPA approved methods with the lowest detection levels or an equivalent method that has been approved by the Department.
- (3) Sampling shall be conducted when the WWTP effluent would be expected to include decant water from the lagoon or water from the lagoon that has been processed through the filtration system that includes Foam Fractionation, Granulated Activated Carbon (GAC), and other treatment methods. If routing of wastewater from the lagoon to the POTW does not occur at any time during the monitoring period, monitoring is not required, and “*9” should be reported on the DMR
- (4) See Part IV.H

DSN 001P (Continued): PFAS

This is an administrative outfall designation. Outfall 001P is the same physical outfall as Outfall 0011. Discharge from this outfall shall be limited and monitored by the Permittee as specified below:

| Parameter (4) | Quantity or Loading (2) (3) | | Units | Quality or Concentration (2) (3) | | | Units | Sample Freq See note (1) | Sample Type | Seasonal See note |
|---|-----------------------------|----------------------------|---------|----------------------------------|-----------------------------|----------------------------|-------|-----------------------------|-------------|----------------------|
| Perfluoroundecanoic Acid (51628) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorododecanoic Acid (51629) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorotridecanoic Acid (51630) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorotetradecanoic Acid (51631) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorobutane Sulfonate (51632) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorohexane Sulfonate (51633) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |
| Perfluorodecane Sulfonate (51635) Effluent Gross Value | (Report) Monthly Average | (Report) Weekly Average | lbs/day | ***** | (Report) Monthly Average | (Report) Weekly Average | ng/l | Monthly | Grab | Not Seasonal |

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

- (1) Sample Frequency – See also Part I.B.2
- (2) The Permittee shall use EPA approved methods with the lowest detection levels or an equivalent method that has been approved by the Department.
- (3) Sampling shall be conducted when the WWTP effluent would be expected to include decant water from the lagoon or water from the lagoon that has been processed through the filtration system that includes Foam Fractionation, Granulated Activated Carbon (GAC), and other treatment methods. If routing of wastewater from the lagoon to the POTW does not occur at any time during the monitoring period, monitoring is not required, and “*9” should be reported on the DMR
- (4) See Part IV.H

DSN 001T : Toxicity

This is an administrative outfall designation. Outfall 001T is the same physical outfall as Outfall 0011. Discharge from this outfall shall be limited and monitored by the Permittee as specified below:

| Parameter | Quantity or Loading | | Units | Quality or Concentration | | | Units | Sample Freq See note (1) | Sample Type | Seasonal See note |
|--|---------------------|--------------------|---------------|--------------------------|-------|-------|-------|-----------------------------|-------------|----------------------|
| Toxicity, Pimephales Acute (61427) Effluent Gross Value | ***** | 0 Single Sample | pass=0;fail=1 | ***** | ***** | ***** | ***** | See Permit Requirements | Grab | ***** |

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

(1) Sample Frequency – See also Part I.B.2

See Permit Requirements for Effluent Toxicity Testing in Part IV.B.

3. DSN 002S, 003S, 004S : Stormwater***

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfalls 002S, 003S, & 004S, which is described more fully in the Permittee's application as storm water outfalls A, B, & C, respectively. Such discharge shall be limited and monitored by the Permittee as specified below:

| Parameter | Quantity or Loading | | Units | Quality or Concentration | | | Units | Sample Freq See note (1) | Sample Type | Seasonal See note |
|--|---------------------|---------------------------|-------|---------------------------|-------|---------------------------|-----------|-----------------------------|-------------|----------------------|
| pH (00400) Storm Water | ***** | ***** | ***** | (Report) Minimum Daily | ***** | (Report) Maximum Daily | S.U. | Annually | Grab | Not Seasonal |
| Solids, Total Suspended (00530) Storm Water | ***** | ***** | ***** | ***** | ***** | (Report) Maximum Daily | mg/l | Annually | Grab | Not Seasonal |
| Oil & Grease (00556) Storm Water | ***** | ***** | ***** | ***** | ***** | 15 Maximum Daily | mg/l | Annually | Grab | Not Seasonal |
| Nitrogen, Ammonia Total (As N) (00610) Storm Water | ***** | ***** | ***** | ***** | ***** | (Report) Maximum Daily | mg/l | Annually | Grab | Not Seasonal |
| Nitrogen, Kjeldahl Total (As N) (00625) Storm Water | ***** | ***** | ***** | ***** | ***** | (Report) Maximum Daily | mg/l | Annually | Grab | Not Seasonal |
| Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water | ***** | ***** | ***** | ***** | ***** | (Report) Maximum Daily | mg/l | Annually | Grab | Not Seasonal |
| Phosphorus, Total (As P) (00665) Storm Water | ***** | ***** | ***** | ***** | ***** | (Report) Maximum Daily | mg/l | Annually | Grab | Not Seasonal |
| Flow, In Conduit or Thru Treatment Plant (50050) Storm Water | ***** | (Report) Maximum Daily | MGD | ***** | ***** | ***** | ***** | Annually | Calculated | Not Seasonal |
| E. Coli (51040) Storm Water | ***** | ***** | ***** | ***** | ***** | (Report) Maximum Daily | col/100mL | Annually | Grab | Not Seasonal |
| BOD, Carbonaceous 05 Day, 20C (80082) Storm Water | ***** | ***** | ***** | ***** | ***** | (Report) Maximum Daily | mg/l | Annually | Grab | Not Seasonal |

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

(1) Sample Frequency – See also Part I.B.2

See Permit Requirements for Stormwater in Part IV.G

***Storm water sampling and reporting for all outfalls may be accomplished by sampling the following designated outfall: Outfall 002S (representative of Outfalls 003S & 004S).

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

1. Representative Sampling

Sample collection and measurement actions shall be representative of the volume and nature of the monitored discharge and shall be in accordance with the provisions of this permit. The effluent sampling point shall be at the nearest accessible location just prior to discharge and after final treatment, unless otherwise specified in the permit.

2. Measurement Frequency

Measurement frequency requirements found in Provision I.A. shall mean:

- a. Seven days per week shall mean daily.
- b. Five days per week shall mean any five days of discharge during a calendar weekly period of Sunday through Saturday.
- c. Three days per week shall mean any three days of discharge during a calendar week.
- d. Two days per week shall mean any two days of discharge during a calendar week
- e. One day per week shall mean any day of discharge during a calendar week.
- f. Two days per month shall mean any two days of discharge during the month that are no less than seven days apart. However, if discharges occur only during one seven-day period in a month, then two days per month shall mean any two days of discharge during that seven day period.
- g. One day per month shall mean any day of discharge during the calendar month.
- h. Quarterly shall mean any day of discharge during each calendar quarter.
- i. The Permittee may increase the frequency of sampling, listed in Provisions I.B.2.a through I.B.2.h; however, all sampling results are to be reported to the Department.

3. Test Procedures

For the purpose of reporting and compliance, permittees shall use one of the following procedures:

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the permittee shall use the newly approved method.
- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the permittee during permit issuance, reissuance, modification, or during compliance schedule.

In either case the measured value should be reported if the analytical result is at or above the ML and "0" reported for values below the ML.

- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.

The Minimum Level utilized for procedures a and b above shall be reported on the permittee's DMR. When an EPA approved test procedure for analysis of a pollutant does not exist, the Director shall approve the procedure to be used.

4. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

- a. The facility name and location, point source number, date, time and exact place of sampling;
- b. The name(s) of person(s) who obtained the samples or measurements;
- c. The dates and times the analyses were performed;
- d. The name(s) of the person(s) who performed the analyses;
- e. The analytical techniques or methods used, including source of method and method number; and
- f. The results of all required analyses.

5. Records Retention and Production

- a. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
- b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

6. Reduction, Suspension or Termination of Monitoring and/or Reporting

- a. The Director may, with respect to any point source identified in Provision I.A. of this permit, authorize the permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I.A. of this permit.
- b. It remains the responsibility of the permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the permittee from the Director.

7. Monitoring Equipment and Instrumentation

All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements

- a. The permittee shall conduct the required monitoring in accordance with the following schedule:
 - (1) **MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY** shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.
 - (2) **QUARTERLY MONITORING** shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e., March, June, September and December DMRs).

- (3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
 - (4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.
- b. The permittee shall submit discharge monitoring reports (DMRs) in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. electronically.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's electronic system (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.

If the Department's electronic system is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the Department's electronic system resuming operation, the permittee shall enter the data into the Department's electronic system, unless an alternate timeframe is approved by the Department. A comment should be included on the electronic DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date), if applicable.
 - (2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.
 - (3) A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.

- (4) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
 - (5) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
 - (6) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:
- "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
- e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

**Alabama Department of Environmental Management
Office of Water Services, Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Certified and Registered Mail containing Discharge Monitoring Reports shall be addressed to:

**Alabama Department of Environmental Management
Office of Water Services, Water Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400**

- f. All other correspondence and reports required to be submitted by this permit, the AWPCA, and the Department's Rules shall be addressed to:

**Alabama Department of Environmental Management
Municipal Section, Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Certified and Registered Mail shall be addressed to:

**Alabama Department of Environmental Management
Municipal Section, Water Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400**

- g. If this permit is a reissuance, then the permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b. above.

2. Noncompliance Notifications and Reports

- a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:
- (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";
 - (2) Potentially threatens human health or welfare;

- (3) Threatens fish or aquatic life;
- (4) Causes an in-stream water quality criterion to be exceeded;
- (5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
- (6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
- (7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A. as a result of an unanticipated bypass or upset; or
- (8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state. (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision.)

The Permittee shall orally or electronically provide notification of any of the above occurrences, describing the circumstances and potential effects; to the Director or Designee within 24-hours after the Permittee becomes aware of the occurrence of such discharge. In addition to the oral or electronic notification, the Permittee shall submit a report to the Director or Designee, as provided in Provision I.C.2.c. or I.C.2.e., no later than five days after becoming aware of the occurrence of such discharge or occurrence.

- b. If, for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.
- c. Except for notifications and reports of notifiable SSOs which shall be submitted in accordance with the applicable Provisions of this permit, the Permittee shall submit the reports required under Provisions I.C.2.a. and b. to the Director or Designee on ADEM Form 421, available on the Department's website (<http://www.adem.state.al.us/DeptForms/Form421.pdf>). The completed Form must document the following information:
 - (1) A description of the discharge and cause of noncompliance;
 - (2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If the noncompliance is not corrected by the due date of the written report, then the Permittee shall provide an estimated date by which the noncompliance will be corrected; and
 - (3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge and to prevent its recurrence.
- d. Immediate notification

The Permittee shall provide notification to the Director, the public, the county health department, and any other affected entity such as public water systems, as soon as possible upon becoming aware of any notifiable sanitary sewer overflow. Notification to the Director shall be completed utilizing the Department's web-based electronic environmental SSO reporting system in accordance with Provision I.C.2.e.

- e. The Department is utilizing an electronic system for notification and submittal of SSO reports. Except as noted below, the Permittee must submit all SSO reports electronically in the Department's electronic system. If requested, waivers from utilization of the electronic system shall be submitted in accordance with ADEM Admin. Code 335-6-1-.04(6). The Department's electronic reporting system shall be utilized unless a written waiver has been granted. A waiver is not effective until receipt of written approval from the Department. Utilization of verbal notifications and hard copy SSO report submittals is allowed only if approved in writing by the Department. The Permittee shall include in the SSO reports the information requested by ADEM Form 415. In addition, the Permittee shall include the latitude and longitude of the SSO in the report except when the SSO is a result of an extreme weather event (e.g., hurricane). To participate in the electronic system for SSO reports, an account may be created at <https://aepacs.adem.alabama.gov/nviro/ncore/external/home>. If the electronic system is down (i.e., electronic submittal of SSO data cannot be completed due to technical problems originating with the Department's system), the Permittee is not relieved of its obligation to notify the Department or submit SSO reports to the Department by the required submittal date, and the Permittee shall submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include verbal reports, reports submitted via the SSO hotline, or reports submitted via fax, e-mail, mail, or hand-delivery such that they are

received by the required reporting date. Within five calendar days of the electronic system resuming operation, the Permittee shall enter the data into the electronic system, unless an alternate timeframe is approved by the Department. For any alternate notification, records of the date, time, notification method, and person submitting the notification should be maintained by the Permittee. If a Permittee is allowed to submit SSO reports via an alternate method, the SSO report must be in a format approved by the Department and must be legible.

- f. The Permittee shall maintain a record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall include this record in its **Municipal Water Pollution Prevention (MWPP) Annual Reports**, which shall be submitted to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The MWPP Annual Reports shall contain a list of all known wastewater discharge points that are not authorized as permitted outfalls and any discharges that occur prior to the headworks of the wastewater treatment plant covered by this permit. The Permittee shall also provide in the MWPP Annual Reports a list of any discharges reported during the applicable time period in accordance with Provision I.C.2.a. The Permittee shall include in its MWPP Annual Reports the following information for each known unpermitted discharge that occurred:
 - (1) The cause of the discharge;
 - (2) Date, duration and volume of discharge (estimate if unknown);
 - (3) Description of the source (e.g., manhole, lift station);
 - (4) Location of the discharge, by latitude and longitude (or other appropriate method as approved by the Department);
 - (5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody). Location should be shown on a USGS quad sheet or copy thereof; and
 - (6) Corrective actions taken and/or planned to eliminate future discharges.

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

The permittee shall give the Director written advance notice of any planned changes or other circumstances regarding a facility which may result in noncompliance with permit requirements.

2. Termination of Discharge

The permittee shall notify the Director, in writing, when all discharges from any point source(s) identified in Provision I. A. of this permit have permanently ceased. This notification shall serve as sufficient cause for instituting procedures for modification or termination of the permit.

3. Updating Information

- a. The permittee shall inform the Director of any change in the permittee's mailing address or telephone number or in the permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the permittee shall furnish the Director with an update of any information provided in the permit application.
- b. If the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

4. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director or his designee may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit, in whole or in part, or to determine compliance with this permit.

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

The permittee shall achieve compliance with the discharge limitations specified in Provision I. A. in accordance with the following schedule:

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. Facilities Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of the permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities only when necessary to achieve compliance with the conditions of the permit.

2. Best Management Practices

- a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.
- b. The permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.
- c. The permittee shall prepare, submit for approval and implement a Best Management Practices (BMP) Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

3. Certified Operator

The permittee shall not operate any wastewater treatment plant unless the competency of the operator to operate such plant has been duly certified by the Director pursuant to AWPCA, and meets the requirements specified in ADEM Administrative Code, Rule 335-10-1.

B. OTHER RESPONSIBILITIES

1. Duty to Mitigate Adverse Impacts

The permittee shall promptly take all reasonable steps to mitigate and minimize or prevent any adverse impact on human health or the environment resulting from noncompliance with any discharge limitation specified in Provision I. A. of this permit, including such accelerated or additional monitoring of the discharge and/or the receiving waterbody as necessary to determine the nature and impact of the noncomplying discharge.

2. Right of Entry and Inspection

- a. The permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:
 - (1) Enter upon the permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;
 - (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits;
 - (3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
 - (4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

C. BYPASS AND UPSET

1. Bypass

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:
 - (1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;

- (2) It enters the same receiving stream as the permitted outfall; and
- (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:
 - (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;
 - (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
 - (3) The permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the permittee is granted such authorization, and the permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.
- d. The permittee has the burden of establishing that each of the conditions of Provision II. C. 1. b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.

2. Upset

- a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:
 - (1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
 - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:

An upset occurred;

The Permittee can identify the specific cause(s) of the upset;

The Permittee's facility was being properly operated at the time of the upset; and

The Permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.

- b. The permittee has the burden of establishing that each of the conditions of Provision II. C. 2. a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I. A. of this permit.

D. DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES

1. Duty to Comply

- a. The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.
- b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a permittee in an enforcement action.
- c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
- d. The permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.

- e. Nothing in this permit shall be construed to preclude or negate the Permittee's responsibility to apply for, obtain, or comply with other Federal, State, or Local Government permits, certifications, or licenses or to preclude from obtaining other federal, state, or local approvals, including those applicable to other ADEM programs and regulations.

2. Removed Substances

Solids, sludges, filter backwash, or any other pollutant or other waste removed in the course of treatment or control of wastewaters shall be disposed of in a manner that complies with all applicable Department Rules.

3. Loss or Failure of Treatment Facilities

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I. A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

4. Compliance with Statutes and Rules

- a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.
- b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE

1. Duty to Reapply or Notify of Intent to Cease Discharge

- a. If the permittee intends to continue to discharge beyond the expiration date of this permit, the permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the permittee does not intend to continue discharge beyond the expiration of this permit, the permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.
- b. Failure of the permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

2. Change in Discharge

Prior to any facility expansion, process modification or any significant change in the method of operation of the permittee's treatment works, the permittee shall provide the Director with information concerning the planned expansion, modification or change. The permittee shall apply for a permit modification at least 180 days prior to any facility expansion, process modification, significant change in the method of operation of the permittee's treatment works, or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

3. Transfer of Permit

This permit may not be transferred or the name of the permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership, or control of the permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to

be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership, or control, he may decide not to modify the existing permit and require the submission of a new permit application.

4. Permit Modification and Revocation

- a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:
 - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
 - (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
 - (3) If modification or revocation and reissuance is requested by the permittee and cause exists, the Director may grant the request.
- b. This permit may be modified during its term for cause, including but not limited to, the following:
 - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;
 - (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
 - (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
 - (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
 - (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
 - (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
 - (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
 - (8) To agree with a granted variance under 301(c), 301(g), 301(h), 301(k), or 316(a) of the FWPCA or for fundamentally different factors;
 - (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
 - (10) When required by the reopener conditions in this permit;
 - (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
 - (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
 - (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
 - (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; or

5. Termination

This permit may be terminated during its term for cause, including but not limited to, the following:

- a. Violation of any term or condition of this permit;
- b. The permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;

- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the permittee.
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

6. Suspension

This permit may be suspended during its term for noncompliance until the permittee has taken action(s) necessary to achieve compliance.

7. Stay

The filing of a request by the permittee for modification, suspension, or revocation of this permit, in whole or in part, does not stay any permit term or condition.

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

If any applicable effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a), for a toxic pollutant discharged by the permittee and such standard or prohibition is more stringent than any discharge limitation on the pollutant specified in Provision I. A. of this permit, or controls a pollutant not limited in Provision I. A. of this permit, this permit shall be modified to conform to the toxic pollutant effluent standard or prohibition and the permittee shall be notified of such modification. If this permit has not been modified to conform to the toxic pollutant effluent standard or prohibition before the effective date of such standard or prohibition, the permittee shall attain compliance with the requirements of the standard or prohibition within the time period required by the standard or prohibition and shall continue to comply with the standard or prohibition until this permit is modified or reissued.

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

1. The permittee shall not allow the introduction of wastewater, other than domestic wastewater, from a new direct discharger prior to approval and permitting, if applicable, of the discharge by the Department.
2. The permittee shall not allow an existing indirect discharger to increase the quantity or change the character of its wastewater, other than domestic wastewater, prior to approval and permitting, if applicable, of the increased discharge by the Department.
3. The permittee shall report to the Department any adverse impact caused or believed to be caused by an indirect discharger on the treatment process, quality of discharged water or quality of sludge. Such report shall be submitted within seven days of the permittee becoming aware of the adverse impacts.

H. PROHIBITIONS

The permittee shall not allow, and shall take effective enforcement action to prevent and terminate, the introduction of any of the following into its treatment works by industrial users:

1. Pollutants which create a fire or explosion hazard in the treatment works;
2. Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;
3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;
4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;

5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40 °C (104 °F) unless the treatment plant is designed to accommodate such heat;
6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

Any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained or performed under the permit shall, upon conviction, be subject to penalties as provided by the AWPCA.

2. False Statements

Any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance shall, upon conviction, be subject to penalties as provided by the AWPCA.

3. Permit Enforcement

- a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA and as such any terms, conditions, or limitations of the permit are enforceable under state and federal law.
- b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes:
 - (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;
 - (2) An action for damages;
 - (3) An action for injunctive relief; or
 - (4) An action for penalties.
- c. If the permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the permittee has made a timely and complete application for reissuance of the permit:
 - (1) Initiate enforcement action based upon the permit which has been continued;
 - (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
 - (3) Reissue the new permit with appropriate conditions; or
 - (4) Take other actions authorized by these rules and AWPCA.

4. Relief from Liability

Except as provided in Provision II. C. 1. (Bypass) and Provision II. C. 2. (Upset), nothing in this permit shall be construed to relieve the permittee of civil or criminal liability under the AWPCA or FWPCA for noncompliance with any term or condition of this permit.

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities or penalties to which the permittee is or may be subject under Section 311 of the FWPCA, 33 U.S.C. Section 1321.

C. PROPERTY AND OTHER RIGHTS

This permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to persons or property or invasion of other private rights, or any infringement of federal, state, or local laws or regulations, nor does it authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any waters of the state or of the United States.

D. AVAILABILITY OF REPORTS

Except for data determined to be confidential under Code of Alabama 1975, Section 22-22-9(c), all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the Department. Effluent data shall not be considered confidential.

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

1. If this permit was issued for a new discharger or new source, this permit shall expire eighteen months after the issuance date if construction of the facility has not begun during the eighteen-month period.
2. If this permit was issued or modified to allow the discharge of increased quantities of pollutants to accommodate the modification of an existing facility, and if construction of this modification has not begun during the eighteen month period after issuance of this permit or permit modification, this permit shall be modified to reduce the quantities of pollutants allowed to be discharged to those levels that would have been allowed if the modification of the facility had not been planned.
3. Construction has begun when the owner or operator has:
 - a. Begun, or caused to begin as part of a continuous on-site construction program:
 - (1) Any placement, assembly, or installation of facilities or equipment; or
 - (2) Significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which are necessary for the placement, assembly, or installation of new source facilities or equipment; or
 - b. Entered into a binding contractual obligation for the purpose of placement, assembly, or installation of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under this paragraph.
4. Final plans and specifications for a waste treatment facility at a new source or new discharger, or a modification to an existing waste treatment facility must be submitted to and examined by the Department prior to initiating construction of such treatment facility by the permittee.
5. Upon completion of construction of waste treatment facilities and prior to operation of such facilities, the permittee shall submit to the Department a certification from a registered professional engineer, licensed to practice in the State of Alabama, that the treatment facilities have been built according to plans and specifications submitted to and examined by the Department.

F. COMPLIANCE WITH WATER QUALITY STANDARDS

1. On the basis of the permittee's application, plans, or other available information, the Department has determined that compliance with the terms and conditions of this permit should assure compliance with the applicable water quality standards.
2. Compliance with permit terms and conditions notwithstanding, if the permittee's discharge(s) from point sources identified in Provision I. A. of this permit cause or contribute to a condition in contravention of state water quality standards, the Department may require abatement action to be taken by the permittee in emergency situations or modify the permit pursuant to the Department's Rules, or both.
3. If the Department determines, on the basis of a notice provided pursuant to this permit or any investigation, inspection or sampling, that a modification of this permit is necessary to assure maintenance of water quality standards or compliance with other provisions of the AWPCA or FWPCA, the Department may require such modification and, in cases of emergency, the Director may prohibit the discharge until the permit has been modified.

G. GROUNDWATER

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater monitoring to properly assess the degree of the problem, and the Director may require that the permittee undertake measures to abate any such discharge and/or contamination.

H. DEFINITIONS

1. **Average monthly discharge limitation** - means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. **Average weekly discharge limitation** - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
3. **Arithmetic Mean** – means the summation of the individual values of any set of values divided by the number of individual values.
4. **AWPCA** - means the Alabama Water Pollution Control Act.
5. **BOD** – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. **Bypass** - means the intentional diversion of waste streams from any portion of a treatment facility.
7. **CBOD** – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. **Daily discharge** - means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. **Daily maximum** - means the highest value of any individual sample result obtained during a day.
10. **Daily minimum** - means the lowest value of any individual sample result obtained during a day.
11. **Day** - means any consecutive 24-hour period.
12. **Department** - means the Alabama Department of Environmental Management.
13. **Director** - means the Director of the Department.
14. **Discharge** - means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. **Discharge Monitoring Report (DMR)** - means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. **DO** – means dissolved oxygen.
17. **8HC** – means 8-hour composite sample, including any of the following:
 - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
 - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. **EPA** - means the United States Environmental Protection Agency.
19. **FC** – means the pollutant parameter fecal coliform.
20. **Flow** – means the total volume of discharge in a 24-hour period.
21. **FWPCA** - means the Federal Water Pollution Control Act.
22. **Geometric Mean** – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).

23. **Grab Sample** – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. **Indirect Discharger** – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. **Industrial User** – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category “Division D – Manufacturing” and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. **MGD** – means million gallons per day.
27. **Monthly Average** – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. **New Discharger** – means a person, owning or operating any building, structure, facility, or installation:
 - a) From which there is or may be a discharge of pollutants;
 - b) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
 - c) Which has never received a final effective NPDES permit for dischargers at that site.
29. **NH3-N** – means the pollutant parameter ammonia, measured as nitrogen.
30. **Notifiable sanitary sewer overflow** - means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
 - a) Reaches a surface water of the State; or
 - b) May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
31. **Permit application** - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
32. **Point source** - means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
33. **Pollutant** - includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
34. **Privately Owned Treatment Works** – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a “POTW”.
35. **Publicly Owned Treatment Works (POTW)** – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. **Receiving Stream** – means the “waters” receiving a “discharge” from a “point source”.
37. **Severe property damage** - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
38. **Significant Source** – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work’s capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. **TKN** – means the pollutant parameter Total Kjeldahl Nitrogen.
40. **TON** – means the pollutant parameter Total Organic Nitrogen.
41. **TRC** – means Total Residual Chlorine.

42. **TSS** – means the pollutant parameter Total Suspended Solids.
43. **24HC** – means 24-hour composite sample, including any of the following:
- a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
 - b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
 - c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. **Upset** - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
45. **Waters** - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
46. **Week** - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.
47. **Weekly (7-day and calendar week) Average** – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

I. SEVERABILITY

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. SLUDGE MANAGEMENT PRACTICES

1. Applicability

- a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural or non-agricultural land, and that is otherwise distributed, marketed, disposed in landfills, land applied to the ground surface, or incinerated.
- b. Provisions of Provision IV.A. do not apply to:
 - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.
 - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.

2. Submitting Information

- a. The permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
- b. The permittee shall give prior notice to the Director of at least 30 days of any change planned in the permittee's sludge disposal practices.

3. Reopener or Modification

- a. Upon review of information provided by the permittee in accordance with Provision IV.A.2. or, based upon the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate revised or additional requirements.
- b. If an improved "acceptable management practice" is identified or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit, then this permit shall be modified or revoked and reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the revised limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR A&I STREAM CLASSIFICATION

The permittee shall perform 24-hour acute toxicity screening tests on the wastewater discharges required to be tested for acute toxicity by Part I of this permit.

1. Test Requirements

- a. The samples shall be diluted using appropriate control water, to the Instream Waste Concentration (IWC) which is **99 percent** effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 7-day, 10-year flow period.
- b. Any test where survival in the effluent concentration is less than 90% and statistically lower than the control indicates acute toxicity and constitutes noncompliance with this permit.

2. General Test Requirements

- a. A grab sample shall be obtained for use in above biomonitoring tests. The holding time for each sample shall not exceed 36 hours. The control water shall be a water prepared in the laboratory in accordance with the EPA procedure described in EPA 821-R-02-012 or most current edition or another control water selected by the permittee and approved by the Department.
- b. Effluent toxicity tests in which the control survival is less than 90% or in which the other requirements of the EPA Test Procedure are not met shall be unacceptable and the permittee shall rerun the tests as soon as practical within the monitoring period.
- c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, shall be reported with an explanation of the tests performed and results.

- d. Toxicity tests shall be conducted for the duration of this permit in the month of **October**. Should results from the Annual Toxicity test indicate that Outfall 001 exhibits acute toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of January, April, July, and October.

3. Reporting Requirements

- a. The permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).
- b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in Section 2 and 7 shall be included with the DMR. The test results must be submitted to the Department no later than 28 days after the month in which the tests were performed.

4. Additional Testing Requirements

- a. If acute toxicity is indicated (noncompliance with permit limit), the permittee shall perform four additional valid acute toxicity tests in accordance with these procedures to determine the extent and duration of the toxic condition. The toxicity tests shall be performed once per week and shall be performed during the first four calendar weeks following the date on which the permittee became aware of the permit noncompliance and the results of these tests shall be submitted no later than 28 days following the month in which the tests were performed.
- b. After evaluation of the results of the follow-up tests, the Department will determine if additional action is appropriate and may require additional testing and/or toxicity reduction measures. The permittee may be required to perform a Toxicity Identification Evaluation (TIE) and/or a Toxicity Reduction Evaluation (TRE). The TIE/TRE shall be performed in accordance with the most recent protocols/guidance outlined by EPA (e.g., EPA/600/2-88/062, EPA/600/R-92/080, EPA/600/R-92/081, EPA/833/B-99/022 and/or EPA/600/6-91/005F, etc.).

5. Test Methods

The tests shall be performed in accordance with the latest edition of the "EPA Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms" and shall be performed using the fathead minnow (*Pimephales promelas*).

6. Effluent Toxicity Testing Reports

The following information shall be submitted with each discharge monitoring report unless otherwise directed by the Department. The Department may at any time suspend or reinstate this requirement or may increase or decrease the frequency of submittals.

a. Introduction

- (1) Facility Name, location and county
- (2) Permit number
- (3) Toxicity testing requirements of permit
- (4) Name of receiving water body
- (5) Contract laboratory information (if tests are performed under contract)
 - (i) Name of firm
 - (ii) Telephone number
 - (iii) Address
- (6) Objective of test

b. Plant Operations

- (1) Discharge operating schedule (if other than continuous)
- (2) Volume of discharge during sample collection to include Mean daily discharge on sample collection date (MGD, CFS, GPM)

- (3) Design flow of treatment facility at time of sampling
- c. Source of Effluent and Dilution Water
 - (1) Effluent samples
 - (i) Sampling point
 - (ii) Sample collection dates and times (to include composite sample start and finish times)
 - (iii) Sample collection method
 - (iv) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
 - (v) Sample temperature when received at the laboratory
 - (vi) Lapsed time from sample collection to delivery
 - (vii) Lapsed time from sample collection to test initiation
 - (2) Dilution Water Samples
 - (i) Source
 - (ii) Collection date(s) and time(s) (where applicable)
 - (iii) Pretreatment
 - (iv) Physical and chemical characteristics (pH, hardness, water temperature, alkalinity, specific conductance, etc.)
- d. Test Conditions
 - (1) Toxicity test method utilized
 - (2) End point(s) of test
 - (3) Deviations from referenced method, if any, and reason(s)
 - (4) Date and time test started
 - (5) Date and time test terminated
 - (6) Type and volume of test chambers
 - (7) Volume of solution per chamber
 - (8) Number of organisms per test chamber
 - (9) Number of replicate test chambers per treatment
 - (10) Test temperature, pH and dissolved oxygen as recommended by the method (to include ranges)
 - (11) Feeding frequency, and amount and type of food
 - (12) Light intensity (mean)
- e. Test Organisms
 - (1) Scientific name
 - (2) Life stage and age
 - (3) Source
 - (4) Disease treatment (if applicable)
- f. Quality Assurance
 - (1) Reference toxicant utilized and source
 - (2) Date and time of most recent acute reference toxicant test(s), raw data, and current cusum chart(s)
 - (3) Dilution water utilized in reference toxicant test

- (4) Results of reference toxicant test(s) (LC50, etc.), report concentration-response relationship and evaluate test sensitivity. The most recent reference toxicant test shall be conducted within 30 days of the routine.

- (5) Physical and chemical methods utilized

g. Results

- (1) Provide raw toxicity data in tabular form, including daily records of affected organisms in each concentration (including controls) and replicate
- (2) Provide table of endpoints: LC50, NOEC, Pass/Fail (as required in the applicable NPDES permit)
- (3) Indicate statistical methods used to calculate endpoints
- (4) Provide all physical and chemical data required by method
- (5) Results of test(s) (LC50, NOEC, Pass/Fail, etc.), report concentration-response relationship (definitive test only), report percent minimum significant difference (PMSD).

h. Conclusions and Recommendations

- (1) Relationship between test endpoints and permit limits
- (2) Action to be taken

Adapted from "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms", Fifth Edition, October 2002 (EPA 821-R-02-012), Section 12, Report Preparation.

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "*9" or "NODI = 9" (if hard copy) should be reported on the DMR forms.
2. Testing for TRC shall be conducted according to either the amperometric titration method or the DPD colorimetric method as specified in Section 408(C) or (E), Standards Methods for the Examination of Water and Wastewater, 18th edition. If chlorine is not detected prior to actual discharge to the receiving stream using one of these methods (i.e., the analytical result is less than the detection level), the Permittee shall report on the DMR form "*B", "NODI = B" (if hard copy), or "0". The Permittee shall then be considered to be in compliance with the daily maximum concentration limit for TRC.
3. This permit contains a maximum allowable TRC level in the effluent. The Permittee is responsible for determining the minimum TRC level needed in the chlorine contact chamber to comply with E.coli limits. The effluent shall be dechlorinated if necessary to meet the maximum allowable effluent TRC level.
4. The sample collection point for effluent TRC shall be at a point downstream of the chlorine contact chamber (downstream of dechlorination, if applicable). The exact location is to be approved by the Director.

D. PLANT CLASSIFICATION

The Permittee shall report to the Director within 30 days of the effective date of this permit, the name, address and operator number of the certified wastewater operator in responsible charge of the facility. Unless specified elsewhere in this permit, this facility shall be classified in accordance with ADEM Admin. Code R. 335-10-1-.03.

E. SANITARY SEWER OVERFLOW RESPONSE PLAN

1. SSO Response Plan

Within 120 days of the effective date of this Permit, the Permittee shall develop a Sanitary Sewer Overflow (SSO) Response Plan to establish timely and effective methods for responding to notifiable sanitary sewer overflows. The SSO Response Plan shall address each of the following:

a. General Information

- (1) Approximate population of City/Town, if applicable
- (2) Approximate number of customers served by the Permittee
- (3) Identification of any subbasins designated by the Permittee, if applicable

- (4) Identification of estimated linear feet of sanitary sewers
- (5) Number of Pump/Lift Stations in the collection system
- b. Responsibility Information
 - (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
 - (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)
- c. SSO and Surface Water Assessment
 - (1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)
 - (2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.
 - (3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include the following: <http://adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf> and <http://adem.alabama.gov/wqmap>.
 - (4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated
- d. Public Reporting of SSOs
 - (1) Contact information for the public to report an SSO to the Permittee, during both normal and outside of normal business hours (e.g., telephone number, website, email address, etc.)
 - (2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)
 - (3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary
- e. Procedures to immediately notify the Department, the county health department, and other affected entities (such as public water systems) upon becoming aware of notifiable SSOs
- f. Public Notification Methods for SSOs
 - (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)
 - (i) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)
 - (2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)

- (3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO
- g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum
 - (1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
 - (2) Procedures for collection and proper disposal of the SSO, if feasible.
 - (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.
 - (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.
- h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.

2. SSO Response Plan Implementation

Except as otherwise required by this Permit, the Permittee shall fully implement the SSO Response Plan as soon as practicable, but no later than 180 days after the effective date of this Permit.

3. Department Review of the SSO Response Plan

- a. When requested by the Director or his designee, the Permittee shall make the SSO Response Plan available for review by the Department.
- b. Upon review, the Director or his designee may notify the Permittee that the SSO Response Plan is deficient and require modification of the Plan.
- c. Within thirty days of receipt of notification, or an alternate timeframe as approved by the Department, the Permittee shall modify any SSO Response Plan deficiency identified by the Director or his designee and shall certify to the Department that the modification has been made.

4. SSO Response Plan Administrative Procedures

- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.
- b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.
- c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.
- d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.

F. POLLUTANT SCANS

The Permittee shall sample and analyze for the pollutants listed in 40 CFR 122 Appendix J Table 2. The Permittee shall provide data from a minimum of three samples collected within the four and one-half years prior to submitting a permit application. Samples must be representative of the seasonal variation in the discharge from each outfall.

G. MAJOR SOURCE STORMWATER REQUIREMENTS

1. Prohibitions

- a. The Permittee shall not allow the discharge of non-storm water into permitted storm water outfall(s) unless said discharge is already subject to an NPDES permit.
- b. Pollutants removed in the course of treatment or control shall be disposed in a manner that complies with all applicable Department rules and regulations.

2. Operational and Management Practices

The permittee shall prepare and implement a Storm Water Pollution Prevention (SWPP) Plan within one year of the effective date of this permit.

- a. In the SWPP Plan, the Permittee shall:
 - (1) Assess the treatment plant site by developing and presenting site drainage maps, materials inventory, and best management operational practices. The plan shall also include a description of all spill or leak sources;
 - (2) Describe mechanisms and procedures to prevent the contact of sewage sludge, screenings, raw or partially treated wastewater, or any other waste product or pollutant with storm water discharged from the facility;
 - (3) Provide for daily inspection on workdays of any structures that function to prevent storm water pollution or that remove pollutants from storm water;
 - (4) Provide for daily inspection of the facility in general to ensure that the SWPP Plan is continually implemented and effective;
 - (5) Include a Best Management Practices (BMP) Plan that, as a minimum, addresses housekeeping, preventative maintenance, spill prevention and response, and non-storm water discharges;
 - (6) Describe mechanisms and procedures to provide sediment control sufficient to prevent or control storm water pollution storm water by particles resulting from soil or sediment migration from the site due to significant clearing, grading, or excavation activities;
 - (7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and
 - (8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-.09.
- b. The Director or his designee may notify the permittee at any time that the SWPP Plan is deficient and will require correction of the deficiency. The permittee shall correct any SWPP Plan deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.
- c. Administrative Procedures
 - (1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.
 - (2) A log of daily inspections required by Provision IV.G.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.
 - (3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.

3. Monitoring Requirements

- a. Storm water discharged through each storm water outfall shall be sampled once per calendar year, using first flush grab samples (FFGS) collected during the first 30 minutes of discharge.
- b. The total volume of storm water discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for the storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained in accordance with

Provision I.B.5. of this permit. The volume may be measured using flow measurement devices or may be estimated using any method approved in writing by the Department.

H. PERFLUORINATED CHEMICALS

1. Reopener Clause

This permit may be revoked and reissued or modified if new information becomes available. This information may include but is not limited to: new laws, regulations, policies, or additional technology requirements.

2. The Permittee shall implement the October 18, 2021 Moulton WWTP – PFC Remediation and Removal From Lagoon report unless modifications are approved by the Department in writing.

3. Within 90 days of the effective date of this permit and continuing every 90 days until closure of the lagoon, the Permittee shall prepare and submit Progress Reports prepared by an Alabama Registered Professional Engineer detailing the facility's PFC remediation and removal and PFAS treatment. The Reports shall specifically address the quantity and quality of decant water and/or processed water from the lagoon. The Report shall outline a monitoring plan (including proposed frequencies) for testing treated lagoon water prior to being routed to the POTW. Once discharge to the POTW begins, the report should include all results of the monitoring plan. Additionally, the Report shall include the location of the foam disposal during the Foam Fractionation process.

4. The Permittee shall maintain records pertaining to lagoon decanting and PFAS treatment system. The records shall include the date and time periods of decanting plan and the volume of water being decanted or processed through the PFAS treatment system. These records shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

FACT SHEET
APPLICATION FOR
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
PERMIT TO DISCHARGE POLLUTANTS TO WATERS OF
THE STATE OF ALABAMA

Date Prepared: June 17, 2022

By: Dustin Stokes

NPDES Permit No. AL0020672

1. Name and Address of Applicant:

City of Moulton
720 Seminary Street
Moulton, AL 35650

2. Name and Address of Facility:

Moulton WWTP
120 Beacon Street
Moulton, AL 35650

3. Description of Applicant's Type of Facility and/or Activity Generating the Discharge:

Discharge Type(s): Surface Water
Treatment Method(s): Mechanical (WWTP)

4. Applicant's Receiving Waters

| Feature ID | Receiving Water | Classification |
|------------|-----------------|---|
| 001 | Crow Branch | Agricultural and Industrial Water Supply (A&I) |

For the Outfall latitude and longitude see the permit application.

5. Permit Conditions:

See attached Rationale and Draft Permit.

6. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

The Alabama Department of Environmental Management proposes to issue this NPDES permit subject to the limitations and special conditions outlined above. This determination is tentative.

Interested persons are invited to submit written comments on the draft permit to the following address:

Jeffery W. Kitchens, Chief
ADEM-Water Division
1400 Coliseum Blvd
[Mailing Address: Post Office Box 301463; Zip 36130-1463]
Montgomery, Alabama 36110-2400
(334) 271-7823

water-permits@adem.alabama.gov

All comments received prior to the closure of the public notice period (see public notice for date) will be considered in the formulation of the final determination with regard to this permit.

b. Public Hearing

A written request for a public hearing may be filed within the public notice period and must state the nature of the issues proposed to be raised in the hearing. A request for a hearing should be filed with the Department at the following address:

Jeffery W. Kitchens, Chief
ADEM-Water Division
1400 Coliseum Blvd
[Mailing Address: Post Office Box 301463; Zip 36130-1463]
Montgomery, Alabama 36110-2400
(334) 271-7823
water-permits@adem.alabama.gov

The Director shall hold a public hearing whenever it is found, on the basis of hearing requests, that there exists a significant degree of public interest in a permit application or draft permit. The Director may hold a public hearing whenever such a hearing might clarify one or more issues involved in the permit decision. Public notice of such a hearing will be made in accordance with ADEM Admin. Code r. 335-6-6-.21.

c. Issuance of the Permit

All comments received during the public comment period shall be considered in making the final permit decision. At the time that any final permit decision is issued, the Department shall prepare a response to comments in accordance with ADEM Admin. Code r. 335-6-6-.21. **The permit record, including the response to comments, will be available to the public via the eFile System <http://app.adem.alabama.gov/eFile/> or an appointment to review the record may be made by writing the Permits and Services Division at the above address.**

Unless a request for a stay of a permit or permit provision is granted by the Environmental Management Commission, the proposed permit contained in the Director's determination shall be issued and effective, and such issuance will be the final administrative action of the Alabama Department of Environmental Management.

d. Appeal Procedures

As allowed under ADEM Admin. Code chap. 335-2-1, any person aggrieved by the Department's final administrative action may file a request for hearing to contest such action. Such requests should be received by the Environmental Management Commission within thirty days of issuance of the permit. Requests should be filed with the Commission at the following address:

Alabama Environmental Management Commission
1400 Coliseum Blvd
[Mailing Address: Post Office Box 301463; Zip 36130-1463]
Montgomery, Alabama 36110-2400

All requests must be in writing and shall contain the information provided in ADEM Admin. Code r. 335-2-1-.04.

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0020672**

Date: June 17, 2022

Permit Applicant: City of Moulton
720 Seminary Street
Moulton, AL 35650

Location: **Moulton WWTP**
120 Beacon Street
Moulton, AL 35650

Draft Permit is: Initial Issuance:
Reissuance due to expiration: **X**
Modification of existing permit:
Revocation and Reissuance:

Basis for Limitations: Water Quality Model:
Reissuance with no modification: DO, pH, TSS, NH₃-N, TKN, TRC, E. coli, CBOD, CBOD % Removal, TSS % Removal
Instream calculation at 7Q10: 99%
Toxicity based: TRC
Secondary Treatment Levels: TSS, TSS % Removal, CBOD % Removal
Other (described below): DO, pH, NH₃-N, TKN, CBOD, E. coli, Copper

Design Flow in Million Gallons per Day: 1.25 MGD

Major: Yes

Description of Discharge:

| Feature ID | Description | Receiving Water | WBC | 303(d) | TMDL |
|------------|----------------------|-----------------|--|--------|------|
| 001 | Effluent Discharge | Crow Branch | Agricultural and Industrial Water Supply (A&I) | No | Yes |
| 002 | Stormwater Discharge | Crow Branch | Agricultural and Industrial Water Supply (A&I) | No | Yes |
| 003 | Stormwater Discharge | Crow Branch | Agricultural and Industrial Water Supply (A&I) | No | Yes |
| 004 | Stormwater Discharge | Crow Branch | Agricultural and Industrial Water Supply (A&I) | No | Yes |

Discussion:

This is a permit reissuance due to expiration. Limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD), Total Ammonia-Nitrogen (NH₃-N), Total Kjeldahl Nitrogen (TKN), and Dissolved Oxygen (DO) were developed based on a memo that was completed by ADEM's Water Quality Branch (WQB) on May 31, 2022.

The monthly average limits for CBOD summer (May-November) and winter (December-April) are 3.0 mg/L and 5.0 mg/L, respectively. Note that, per the Permittee's request, the seasons have changed from the previous Permit, which defined summer as April-October and winter as November-May. The monthly average limit for NH₃-N is 1.0 mg/L. The monthly average limit for TKN is 8.0 mg/L. The daily minimum DO limit is 6.0 mg/L.

The pH daily minimum and daily maximum limits of 6.0 and 8.5 S.U, respectively, were developed to be supportive of the water-use classification of the receiving stream. The Total Residual Chlorine (TRC) limit of 0.019 mg/L (daily maximum) is based on EPA's recommended water quality values and on the current Toxicity Rationale, which considers the available dilution in the receiving stream. In accordance with a letter dated August 11, 1998 from EPA Headquarters and a 1991 memorandum from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a Total Residual Chlorine measurement below 0.05 mg/L shall be considered below detection for compliance purposes. Monitoring for TRC is only applicable if chlorine is utilized for disinfection purposes.

The Moulton WWTP discharge is included in the Big Nance Pathogens TMDL which establishes fecal coliform limits for the Moulton WWTP. The Department has received correspondence from EPA indicating that, for waters with pathogen TMDLs already established, the Department may replace the fecal coliform limits with *Escherichia coli* (E. coli) limits. Therefore, the permit contains the in-stream water quality standards for E. coli in lieu of the in-stream water quality standards for fecal coliform. The TMDL imposes fecal coliform limits consistent with the Fish and Wildlife water-use classification. Therefore, this permit reissuance will include E. coli limits which are consistent with requirements of the Fish and Wildlife water-use classification.

For Fish and Wildlife, the limits for May – October are 126 col/100ml (monthly average) and 298 col/100ml (daily maximum), while the limits for November – April are 548 col/100ml (monthly average) and 2507 col/100ml (daily maximum).

The Total Suspended Solids (TSS) and TSS % removal limits of 30.0 mg/L monthly average and 85.0%, respectively, are based on the requirements of 40 CFR part 133.102 regarding Secondary Treatment. A minimum percent removal limit of 85.0% is imposed for CBOD also in accordance with 40 CFR 133.102 regarding Secondary Treatment.

This permit requires the Permittee to monitor and report the nutrient-related parameters of Nitrate plus Nitrite Nitrogen (NO₂+NO₃-N) and Total Phosphorus (TP). Monitoring for these nutrient related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

Toxicity testing is imposed for survival. Acute toxicity testing with one species (*Pimephales*) is required on an annual basis at the calculated Instream Waste Concentration (IWC) of 99 percent.

Because this is a major facility, the Department completed a reasonable potential analysis (RPA) of the discharge based on the application data, DMR data, and background data from station MFBN-5. The RPA indicates whether pollutants in treated effluent have potential to contribute to excursions of Alabama's in-stream water quality standards. Based on the analytical data submitted by the Permittee, it appears reasonable potential may exist to cause an in-stream water quality criteria exceedance for copper. As a result, the Department is imposing a daily maximum discharge limitation for Total Recoverable Copper of 0.052 mg/L.

The permit requires monitoring for multiple PFAS due to previous receipt of materials which contained PFAS. Currently there are no established PFAS instream water quality criteria. If EPA establishes PFAS water quality criteria, the permit will be reviewed to determine if modifications are necessary.

The October 18, 2021 Moulton WWTP – PFC Remediation and Removal From Lagoon report outlines the Permittee's plan for closure of the lagoon adjacent to the mechanical plant. Phase 1 of the project includes "solids removal and disposal from the lagoon". The report indicates that all filtrate wastewater will be circulated

back through the lagoon and all removed solids will be transported to Morris Farm Landfill during this phase. Phase 2 of the project includes the "treatment of liquid and disposal to the [Publicly Owned Treatment Works] (POTW)". The report indicates that "Phase 2 will not begin until Phase 1 is complete" and includes "pumping the treated water from Phase 1 out of the lagoon through a filtration system that includes Foam Fractionation, Granulated Active Carbon, and other treatment methods. Following treatment, the treated wastewater will be discharged through the POTW". Phase 3 of the project is soil testing. The report indicates that "soil testing should begin after all water is removed from the lagoon". Phase 4 of the project is to "install and develop groundwater monitoring wells and implement a sampling schedule".

In addition to the PFAS monitoring, within 90 days of the effective date of this permit and continuing every 90 days until closure of the lagoon, the Permittee shall prepare and submit Progress Reports prepared by an Alabama Registered Professional Engineer detailing the facility's PFC remediation and removal and PFAS treatment. The Reports shall specifically address the quantity and quality of decant water and/or processed water from the lagoon. The Report shall outline a monitoring plan (including proposed frequencies) for testing treated lagoon water prior to being routed to the POTW. Once discharge to the POTW begins, the report should include all results of the monitoring plan. Additionally, the Report shall include the location of the foam disposal during the Foam Fractionation process. Permittee shall maintain records pertaining to lagoon decanting and PFAS treatment system. The records shall include the date and time periods of decanting plan and the volume of water being decanted or processed through the PFAS treatment system. These records shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

The monitoring frequency for DO, pH, TSS, NH₃-N, TKN, TRC, E. coli and CBOD is thrice per month. The monitoring frequency for Copper, NO₂+NO₃-N, TP, and PFAS is once per month. TSS % removal and CBOD % removal are to be calculated once per month. Flow is to be continuously monitored daily.

Storm water runoff monitoring is being imposed by this permit based on 40 CFR Part 122. The designated outfalls for storm water runoff monitoring are 002S, 003S, and 004S. However, storm water sampling and reporting for all outfalls may be accomplished by sampling outfall 002S, as it is representative of all other storm water outfalls. Storm water runoff is to be monitored annually.

Crow Branch is a Tier I stream and is not listed on the most recent 303(d) list. The Department notes that there is an Organic Enrichment/Dissolved Oxygen (OE/DO) TMDL for Big Nance Creek; however, the Moulton WWTP discharge is not included in the TMDL as a significant contributor. There is also a Pesticides TMDL for Big Nance Creek that does not include point sources. Additionally, there is a Siltation TMDL for Big Nance Creek; however, no reductions are required. The E. coli limits imposed in the permit are consistent with the Big Nance Pathogens TMDL.

ADEM Administrative Rule 335-6-10-.12 requires applicants for new or expanded discharges to Tier II waters demonstrate that the proposed discharge is necessary for important economic or social development in the area in which the waters are located. The application submitted by the facility is not for a new or expanded discharge to a Tier II water body, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Prepared by: Dustin Stokes

LANCE R. LEFLEUR
DIRECTOR



KAY IVEY
GOVERNOR

Alabama Department of Environmental Management
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Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

May 31, 2022

MEMORANDUM

TO: Nicholas Lowe, Industrial/Municipal Branch

FROM: James Mooney, Water Quality Branch

RE: Moulton WWTP (AL0020672) Wasteload Allocation

A seasonal WLA was requested on March 14, 2022 for the existing Moulton WWTP discharge to Crow Branch. The Water Quality Branch (WQB) is reviewing the available water quality data for Crow Branch and Muddy Fork and evaluating the potential need for collection of additional instream data to update the existing water quality model. When an updated model is available, the Municipal Section will be notified. The WQB recommends that the Moulton WWTP NPDES permit be reissued with the existing effluent limitations at this time.

Moulton WWTP NPDES# AL0020672
Qw = 1.25 MGD

| Current Permit Limits | | |
|---------------------------|--------|--------|
| Parameter | Summer | Winter |
| CBOD ₅ (mg/L) | 3 | 5 |
| NH ₃ -N (mg/L) | 1 | 1 |
| TKN (mg/L) | 8 | 8 |
| Minimum DO (mg/L) | 6 | 6 |

Birmingham Branch
110 Vulcan Road
Birmingham, AL 35209-4702
(205) 942-6168
(205) 941-1603 (FAX)

Decatur Branch
2715 Sandlin Road, S.W.
Decatur, AL 35603-1333
(256) 353-1713
(256) 340-9359 (FAX)



Mobile Branch
2204 Perimeter Road
Mobile, AL 36615-1131
(251) 450-3400
(251) 479-2593 (FAX)

Mobile-Coastal
4171 Commanders Drive
Mobile, AL 36615-1421
(251) 432-6533
(251) 432-6598 (FAX)

TOXICITY AND DISINFECTION RATIONALE

| | | |
|--|-----------------|--|
| Facility Name: | Moulton WWTP | |
| NPDES Permit Number: | AL0020672 | |
| Receiving Stream: | Crow Branch | |
| Facility Design Flow (Q _w): | 1.250 MGD | |
| Receiving Stream 7Q ₁₀ : | 0.029 cfs | |
| Receiving Stream 1Q ₁₀ : | 0.022 cfs | |
| Winter Headwater Flow (WHF): | 0.10 cfs | |
| Summer Temperature for CCC: | 28 deg. Celsius | |
| Winter Temperature for CCC: | 18 deg. Celsius | |
| Headwater Background NH ₃ -N Level: | 0.11 mg/l | |
| Receiving Stream pH: | 7.0 s.u. | |
| Headwater Background FC Level (summer): | N/A. | (Only applicable for facilities with diffusers.) |
| (winter) | N/A. | |

The Stream Dilution Ratio (SDR) is calculated using the 7Q₁₀ for all stream classifications.

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 98.52\%$$

AMMONIA TOXICITY LIMITATIONS

Toxicity-based ammonia limits are calculated in accordance with the *Ammonia Toxicity Protocol* and the *General Guidance for Writing Water Quality Based Toxicity Permits*.

If the Limiting Dilution is less than 1%, the waterbody is considered stream-dominated and the CMC applies.

If the Limiting Dilution is greater than 1%, the waterbody is considered effluent-dominated and the CCC applies.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 98.52\% \quad \text{A\&I Stream; CMC Applies} \end{aligned}$$

| | |
|---|---|
| Criterion Maximum Concentration (CMC): | CMC = $0.411 / (1 + 10^{(7.204 - \text{pH})}) + 58.4 / (1 + 10^{(\text{pH} - 7.204)})$ |
| Criterion Continuous Concentration (CCC): | CCC = $[0.0577 / (1 + 10^{(7.688 - \text{pH})}) + 2.487 / (1 + 10^{(\text{pH} - 7.688)})] * \text{Min}[2.85, 1.45 * 10^{(0.028 * (25 - T))}]$ |

| | <u>CMC</u> | <u>CCC</u> |
|---|------------|------------|
| Allowable Summer Instream NH ₃ -N: | 36.09 mg/l | 2.48 mg/l |
| Allowable Winter Instream NH ₃ -N: | 36.09 mg/l | 4.72 mg/l |

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 36.7 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 37.9 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

The ammonia limits established in the permit will be the lesser of the DO-based ammonia limit (from the wasteload allocation model) or the toxicity limits calculated above.

| | <u>DO-based NH₃-N limit</u> | <u>Toxicity-based NH₃-N limit</u> |
|--------|--|--|
| Summer | 1.00 mg/l NH ₃ -N | 36.70 mg/l NH ₃ -N |
| Winter | 1.00 mg/l NH ₃ -N | 37.90 mg/l NH ₃ -N |

Summer: The DO based limit of 1.00 mg/l NH₃-N applies.

Winter: The DO based limit of 1.00 mg/l NH₃-N applies.

TOXICITY TESTING REQUIREMENTS (REFERENCE: MUNICIPAL BRANCH TOXICITY PERMITTING STRATEGY)

The following factors trigger toxicity testing requirements:

1. Facility design flow is equal to or greater than 1.0 MGD (major facility).
2. There are significant industrial contributors (SID permits).

Acute toxicity testing is specified for A&I receiving streams, or for stream dilution ratios of 1% or less.

Chronic toxicity testing is specified for all other situations requiring toxicity testing.

Acute toxicity testing is required

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{1Q_{10} + Q_w} = 98.88\%$$

Note: This number will be rounded up for toxicity testing purposes.

MAXIMUM ALLOWABLE CHLORINATION LIMITS

Toxicity-based chlorine limits are calculated in accordance with the General Guidance for Writing Water Quality Based Toxicity Permits.

Chlorine has been shown to be acutely toxic at 0.019 mg/l and chronically toxic at 0.011 mg/l.

| | | |
|------------------------------------|--------------------|---------------|
| Maximum allowable TRC in effluent: | Not Applicable | (0.011)/(SDR) |
| Maximum allowable TRC in effluent: | 0.019 mg/l (acute) | (0.019)/(SDR) |

NOTE: A maximum chlorine limit will be imposed such that the instream concentration will not exceed acutely toxic concentrations in A & I streams and chronically toxic concentrations in all other streams, but may not exceed 1.0 mg/l.

Prepared By: Dustin Stokes Date: 7/26/2022

TOXICITY AND DISINFECTION RATIONALE

| | | |
|---|-----------------|--|
| Facility Name: | Moulton WWTP | |
| NPDES Permit Number: | AL0020672 | |
| Receiving Stream: | Crow Branch | |
| Facility Design Flow (Q_w): | 1.250 MGD | |
| Receiving Stream $7Q_{10}$: | 0.029 cfs | |
| Receiving Stream $1Q_{10}$: | 0.022 cfs | |
| Winter Headwater Flow (WHF): | 0.10 cfs | |
| Summer Temperature for CCC: | 28 deg. Celsius | |
| Winter Temperature for CCC: | 18 deg. Celsius | |
| Headwater Background NH_3 -N Level: | 0.11 mg/l | |
| Receiving Stream pH: | 7.0 s.u. | |
| Headwater Background FC Level (summer): | N./A. | (Only applicable for facilities with diffusers.) |
| (winter) | N./A. | |

DISINFECTION REQUIREMENTS

Bacteria limits are required, and will be the water quality limit for the receiving stream, except where diffusers are used the limit may be adjusted for the dilution provided by the diffuser.

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)

Applicable Stream Classification: **Fish & Wildlife, Agricultural & Industrial Water Supply**

Disinfection Type: **Chlorination**

Limit calculation method: **Limits based on meeting stream standards at the point of discharge.**

| | Stream Standard (colonies/100ml) | Effluent Limit (colonies/100ml) |
|---|-------------------------------------|------------------------------------|
| <u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u> | | |
| Monthly limit as monthly average (November through April): | 548 | 548 |
| Monthly limit as monthly average (May through October): | 126 | 126 |
| Daily Max (November through April): | 2507 | 2507 |
| Daily Max (May through October): | 298 | 298 |
| <u>Enterococci (applies to Coastal)</u> | | |
| Monthly limit as geometric mean (November through April): | Not applicable | Not applicable |
| Monthly limit as geometric mean (May through October): | Not applicable | Not applicable |
| Daily Max (November through April): | Not applicable | Not applicable |
| Daily Max (May through October): | Not applicable | Not applicable |

Facility Name: Moulton WWTP

NPDES No.: AL0020672

6/19/2017

| $Q_d \cdot C_d + Q_{d2} \cdot C_{d2} + Q_s \cdot C_s = Q_r \cdot C_r$ | | | | | | | | | | Enter Max Daily Discharge as reported by Applicant (C _d) Max (C _d) | Enter Avg Daily Discharge as reported by Applicant (C _d) Ave (C _d) | Partition Coefficient (Stream / Lake) |
|---|--------------------------------|----------------|--------|---|---|---|---|---|---|--|--|---------------------------------------|
| ID | Pollutant | Carcinogen Yes | Type | Background from upstream source (C _d) Daily Max (C _d) | Background from upstream source (C _d) Monthly Ave (C _d) | Background from upstream source (C _d) Daily Max (C _d) | Background from upstream source (C _d) Monthly Ave (C _d) | Background from upstream source (C _d) Daily Max (C _d) | Background from upstream source (C _d) Monthly Ave (C _d) | | | |
| 1 | Antimony | | Metals | 0 | 0 | 0 | 0 | 5.18 | 5.18 | | | |
| 2 | Arsenic** | YES | Metals | 0 | 0 | 0 | 0 | 0 | 0.574 | | | |
| 3 | Beryllium | | Metals | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4 | Cadmium** | | Metals | 0 | 0 | 0.263 | 0.056 | 0 | 0 | 0.236 | | |
| 5 | Chromium / Chromium III** | | Metals | 0 | 0 | 5.657 | 0.238 | 0 | 0 | 0.210 | | |
| 6 | Chromium / Chromium VI** | | Metals | 0 | 0 | 1.4 | 0.69 | 0 | 0 | | | |
| 7 | Copper** | | Metals | 0 | 0 | 2.912 | 0.728 | 17 | 7.6 | 0.386 | | |
| 8 | Lead** | | Metals | 0 | 0 | 1.01 | 0.252 | 0 | 0 | 0.206 | | |
| 9 | Mercury** | | Metals | 0 | 0 | 0 | 0 | 0 | 0 | 0.302 | | |
| 10 | Nickel** | | Metals | 0 | 0 | 1.226 | 0.409 | 9.7 | 5.3 | 0.505 | | |
| 11 | Selenium | | Metals | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 12 | Silver | | Metals | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 13 | Thallium | | Metals | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 14 | Zinc** | | Metals | 0 | 0 | 11.667 | 2.917 | 40 | 34.1 | 0.330 | | |
| 15 | Cyanide | | Metals | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 16 | Total Phenolic Compounds | | Metals | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 17 | Hardness (As CaCO3) | | Metals | 0 | 0 | 0 | 0 | 154000 | 150900 | | | |
| 18 | Acrolein | | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 19 | Acrylonitrile* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 20 | Aldrin | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 21 | Benzene* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 22 | Bromoform* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 23 | Carbon Tetrachloride* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 24 | Chlordane | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 25 | Dibromobenzene | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 26 | Chlorobromomethane* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 27 | Chlorobenzene | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 28 | 2-Chloro-Ethylvinyl Ether | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 29 | Chloroform* | YES | VOC | 0 | 0 | 0 | 0 | 31 | 28.2 | | | |
| 30 | 4,4'-DDD | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 31 | 4,4'-DDE | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 32 | 4,4'-DDT | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 33 | Dichlorobromomethane* | YES | VOC | 0 | 0 | 0 | 0 | 2.2 | 2.03 | | | |
| 34 | 1,1-Dichloroethane | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 35 | 1,2-Dichloroethane* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 36 | Trans-1, 2-Dichloro-Ethylene | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 37 | 1,1-Dichloroethylene* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 38 | 1,2-Dichloropropane | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 39 | 1,1,1-Trichloroethylene | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 40 | Dieldrin | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 41 | Ethylbenzene | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 42 | Methyl Bromide | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 43 | Methyl Chloride | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 44 | Methylene Chloride* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 45 | 1,1,1,2,2-Tetrachloro-Ethane* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 46 | Tetrachloro-Ethylene* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 47 | Toluene | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 48 | Toxaphene | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 49 | Tributyltin (TBT) | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 50 | 1,1,1-Trichloroethane | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 51 | 1,1,1-Trichloroethane* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 52 | Trichloroethylene* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 53 | Vinyl Chloride* | YES | VOC | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 54 | p-Chloro-m-Cresol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 55 | 2-Chlorophenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 56 | 2,4-Dichlorophenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 57 | 2,4-Dimethylphenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 58 | 4,6-Dinitro-o-Cresol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 59 | 2,4-Dinitrophenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 60 | 4,6-Dinitro-2-methylphenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 61 | Dioxin (2,3,7,8-TCDD) | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 62 | 2-Nitrophenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 63 | 4-Nitrophenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 64 | Pentachlorophenol* | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 65 | Phenol | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 66 | 2,4,6-Trichlorophenol* | YES | Acids | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 67 | Acenaphthene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 68 | Acenaphthylene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 69 | Anthracene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 70 | Benzo(a)Anthracene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 71 | Benzo(a)Pyrene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 72 | Benzo(b)Fluoranthene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 73 | 3,4-Benzo-Fluoranthene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 74 | Benzo(g,h,i)Perylene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 75 | Benzo(k)Fluoranthene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 76 | Bis (2-Chlorophenyl) Methane | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 77 | Bis (2-Chloroethoxy) Ether* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 78 | Bis (2-Chloroethoxy) Ether | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 79 | Bis (2-Ethoxyethyl) Phthalate* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 80 | 4-Bromophenyl Phenyl Ether | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 81 | Butyl Benzyl Phthalate | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 82 | 2-Chlorophenyl Phenyl Ether | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 83 | 4-Chlorophenyl Phenyl Ether | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 84 | Chrysene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 85 | Di-N-Butyl Phthalate | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 86 | Di-N-Octyl Phthalate | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 87 | Dibenz(a,h)Anthracene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 88 | 1,2-Dichlorobenzene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 89 | 1,3-Dichlorobenzene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 90 | 1,4-Dichlorobenzene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 91 | 3,3-Dichlorobenzidine* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 92 | Diethyl Phthalate | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 93 | Dimethyl Phthalate | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 94 | 2,4-Dinitrotoluene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 95 | 2,6-Dinitrotoluene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 96 | 1,2-Diphenylhydrazine | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 97 | Endosulfan (alpha) | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 98 | Endosulfan (beta) | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 99 | Endosulfan sulfate | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 100 | Endrin | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 101 | Endrin Aldehyde | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 102 | Fluoranthene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 103 | Fluorene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 104 | Heptachlor | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 105 | Heptachlor Epoxide | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 106 | Hexachlorobenzene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 107 | Hexachlorobutadiene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 108 | Hexachlorocyclohexane (alpha) | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 109 | Hexachlorocyclohexane (beta) | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 110 | Hexachlorocyclohexane (gamma) | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 111 | Hexachlorocyclopentadiene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 112 | Hexachloroethane | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 113 | Endrin(1, 2, 3-CK)Pyrene* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 114 | Isophorone | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 115 | Naphthalene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 116 | Nitrobenzene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 117 | N-Nitrosodi-N-Propylamine* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 118 | N-Nitrosodi-N-Methylamine* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 119 | N-Nitrosodi-N-Phenylamine* | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 120 | PCB-1016 | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 121 | PCB-1221 | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 122 | PCB-1232 | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 123 | PCB-1242 | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 124 | PCB-1248 | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 125 | PCB-1254 | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 126 | PCB-1260 | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 127 | Phenanthrene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 128 | Pyrene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 129 | 1, 2, 4-Trichlorobenzene | YES | Bases | 0 | 0 | 0 | 0 | 0 | 0 | | | |

| | |
|---|---|
| 1.25 | Enter C _d = wastewater discharge flow from facility (MGD) |
| 1.93403625 | Q _d = wastewater discharge flow (cfs) (this value is calculated from the MGD) |
| 0 | Enter flow from upstream discharge Q _{d2} = background stream flow in MGD above point of discharge |
| 0 | Q _{d2} = background stream flow from upstream source (cfs) |
| 0.029 | Enter TQ10, Q _s = background stream flow in cfs above point of discharge |
| 0.022 | Enter or estimated, TQ10, Q _s = background stream flow in cfs above point of discharge (TQ10 estimated at 75% of TQ10) |
| 18.4 | Enter Mean Annual Flow, Q _s = background stream flow in cfs above point of discharge |
| 0.096 | Enter TQ2, Q _s = background stream flow in cfs above point of discharge (For LWF class streams) |
| Enter to Left | Enter C _s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data) |
| Q _d + Q _{d2} + Q _s | Q _s = resultant in-stream flow, after discharge |
| Calculated on other | C _s = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs) |
| 152 | Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham) |
| 7.00 u.u. | Enter, Background pH above point of discharge |
| YES | Enter, is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals) |

** Using Partition Coefficients

June 22, 2022

| Facility Name: Moulton WWTP | | | | | | | | | | | | | | | | | | |
|--------------------------------|------------------------------|-----|----------------|---|---|--|---|---------------------------|-----|---|--|--|---|---|-----|--|--|--|
| NPDES No.: AL0020672 | | | | | | | | | | | | | | | | | | |
| Freshwater A&I classification: | | | | | Freshwater: Acute (µg/l) C _a = 7Q10 for A&I > 24 hrs travel time to higher class | | | | | Background from upstream source (C _u) Monthly Ave | | Avg Daily Discharge as reported by Applicant (C _{avg}) | | Human Health Consumption Fish only (µg/l) Carcinogen C _a = Annual Average Non-Carcinogen C _a = 7Q10 | | | | |
| ID | Pollutant | RP? | Carcinogen yes | Background from upstream source (C _u) Daily Max | Max Daily Discharge as reported by Applicant (C _{avg}) | Water Quality Criteria (C _a) | Draft Permit Limit (C _{perm}) | 20% of Draft Permit Limit | RP? | Background from upstream source (C _u) Monthly Ave | Avg Daily Discharge as reported by Applicant (C _{avg}) | Water Quality Criteria (C _a) | Draft Permit Limit (C _{perm}) | 20% of Draft Permit Limit | RP? | | | |
| 1 | Antimony | | | 0 | 5.18 | | | | No | 0 | 5.18 | 3.73E+02 | 3.79E+02 | 7.58E+01 | No | | | |
| 2 | Arsenic | | YES | 0 | 0 | 592.334 | 601.216 | 120.2432568 | No | 0 | 0 | 3.03E-01 | 3.19E+00 | 6.37E+01 | No | | | |
| 3 | Beryllium | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 4 | Cadmium | | | 0 | 0 | 12.818 | 13.006 | 2.601226004 | No | 0 | 0 | | | | No | | | |
| 5 | Chromium Chromium III | | | 0 | 0 | 3823.008 | 3890.232 | 776.0464644 | No | 0 | 0 | | | | No | | | |
| 6 | Chromium Chromium VI | | | 0 | 0 | 16.000 | 16.219 | 3.243764091 | No | 0 | 0 | | | | No | | | |
| 7 | Copper | YES | | 0 | 17 | 51.369 | 52.116 | 10.4232018 | Yes | 0 | 7.9 | | | | No | | | |
| 8 | Lead | | | 0 | 0 | 493.023 | 500.400 | 100.0600209 | No | 0 | 0 | | | | No | | | |
| 9 | Mercury | | | 0 | 0 | 2.400 | 2.436 | 0.487197383 | No | 0 | 0 | 4.24E-02 | 4.31E-02 | 8.61E-03 | No | | | |
| 10 | Nickel | | | 0 | 9.7 | 1321.335 | 1341.129 | 266.2258607 | No | 0 | 5.3 | 9.93E+02 | 1.01E+03 | 2.02E+02 | No | | | |
| 11 | Selenium | | | 0 | 0 | 20.000 | 20.300 | 4.059978193 | No | 0 | 0 | 2.43E+03 | 2.47E+03 | 4.93E+02 | No | | | |
| 12 | Silver | | | 0 | 0 | 6.610 | 6.709 | 1.341785105 | No | 0 | 0 | | | | No | | | |
| 13 | Thallium | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 14 | Zinc | | | 0 | 40 | 556.311 | 513.728 | 102.7455799 | No | 0 | 34.1 | 1.48E+04 | 1.51E+04 | 3.02E+03 | No | | | |
| 15 | Cyanide | | | 0 | 0 | 22.000 | 22.330 | 4.455976013 | No | 0 | 0 | 9.33E+03 | 9.47E+03 | 1.89E+03 | No | | | |
| 16 | Total Phenolic Compounds | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 17 | Hardness (As CaCO3) | | | 0 | 154000 | | | | No | 0 | 150300 | | | | No | | | |
| 18 | Acrolein | | | 0 | 0 | | | | No | 0 | 0 | 5.43E+00 | 5.51E+00 | 1.10E+00 | No | | | |
| 19 | Acrylonitrile | YES | | 0 | 0 | | | | No | 0 | 0 | 1.44E-01 | 1.51E+00 | 3.03E-01 | No | | | |
| 20 | Aldrin | YES | | 0 | 0 | 3.000 | 3.045 | 0.608956729 | No | 0 | 0 | 2.94E-06 | 3.09E-04 | 6.18E-05 | No | | | |
| 21 | Benzene | YES | | 0 | 0 | | | | No | 0 | 0 | 1.55E-01 | 1.63E-02 | 3.25E-01 | No | | | |
| 22 | Bromofarm | YES | | 0 | 0 | | | | No | 0 | 0 | 7.88E-01 | 8.28E-02 | 1.65E-02 | No | | | |
| 23 | Carbon Tetrachloride | YES | | 0 | 0 | | | | No | 0 | 0 | 9.97E-01 | 1.01E-01 | 2.01E-02 | No | | | |
| 24 | Chlordane | YES | | 0 | 0 | 2.400 | 2.436 | 0.487197383 | No | 0 | 0 | 4.73E-04 | 4.87E-03 | 9.94E-04 | No | | | |
| 25 | Chlorobenzene | | | 0 | 0 | | | | No | 0 | 0 | 9.05E+02 | 9.20E+02 | 1.84E+02 | No | | | |
| 26 | Chlorodibromo-Methane | YES | | 0 | 0 | | | | No | 0 | 0 | 7.41E+00 | 7.79E+01 | 1.55E+01 | No | | | |
| 27 | Chloroethane | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 28 | 2-Chloro-Ethylvinyl Ether | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 29 | Chloroform | YES | | 0 | 31 | | | | No | 0 | 28.2 | 1.02E+02 | 1.07E+03 | 2.14E+02 | No | | | |
| 30 | 4,4'-DDD | YES | | 0 | 0 | | | | No | 0 | 0 | 1.81E-04 | 1.91E-03 | 3.81E-04 | No | | | |
| 31 | 4,4'-DDE | YES | | 0 | 0 | | | | No | 0 | 0 | 1.28E-04 | 1.35E-03 | 2.69E-04 | No | | | |
| 32 | 4,4'-DDT | YES | | 0 | 0 | 1.100 | 1.116 | 0.223288801 | No | 0 | 0 | 1.28E-04 | 1.35E-03 | 2.69E-04 | No | | | |
| 33 | Dichlorobromo-Methane | YES | | 0 | 2.2 | | | | No | 0 | 2.03 | 1.00E+01 | 1.06E+02 | 2.11E+01 | No | | | |
| 34 | 1,1-Dichloroethane | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 35 | 1,2-Dichloroethane | YES | | 0 | 0 | | | | No | 0 | 0 | 2.14E+01 | 2.25E+02 | 4.48E+01 | No | | | |
| 36 | Trans-1,2-Dichloro-Ethylene | | | 0 | 0 | | | | No | 0 | 0 | 5.91E+03 | 6.00E+03 | 1.20E+03 | No | | | |
| 37 | 1,1-Dichloroethylene | YES | | 0 | 0 | | | | No | 0 | 0 | 4.17E+03 | 4.38E+04 | 8.76E+03 | No | | | |
| 38 | 1,2-Dichloropropane | | | 0 | 0 | | | | No | 0 | 0 | 6.48E+00 | 6.62E+00 | 1.72E+00 | No | | | |
| 39 | 1,3-Dichloro-Propylene | | | 0 | 0 | | | | No | 0 | 0 | 1.23E+01 | 1.25E+01 | 2.49E+00 | No | | | |
| 40 | Dieldrin | YES | | 0 | 0 | 0.240 | 0.244 | 0.048719738 | No | 0 | 0 | 3.12E-05 | 3.28E-04 | 6.57E-05 | No | | | |
| 41 | Ethylbenzene | | | 0 | 0 | | | | No | 0 | 0 | 1.24E+03 | 1.26E+03 | 2.53E+02 | No | | | |
| 42 | Methyl Bromide | | | 0 | 0 | | | | No | 0 | 0 | 8.71E+02 | 8.84E+02 | 1.77E+02 | No | | | |
| 43 | Methyl Chloride | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 44 | Methylene Chloride | YES | | 0 | 0 | | | | No | 0 | 0 | 3.46E+02 | 3.63E+03 | 7.27E+02 | No | | | |
| 45 | 1,1,1,2-Tetrachloro-Ethane | YES | | 0 | 0 | | | | No | 0 | 0 | 2.33E+00 | 2.45E+01 | 4.91E+00 | No | | | |
| 46 | Tetrachloro-Ethylene | YES | | 0 | 0 | | | | No | 0 | 0 | 1.92E+00 | 2.02E+01 | 4.03E+00 | No | | | |
| 47 | Toluene | | | 0 | 0 | | | | No | 0 | 0 | 8.72E+03 | 8.95E+03 | 1.77E+03 | No | | | |
| 48 | Tosaphene | YES | | 0 | 0 | 0.730 | 0.741 | 0.146189204 | No | 0 | 0 | 1.62E-04 | 1.70E-03 | 3.40E-04 | No | | | |
| 49 | Tributyltin (TBT) | YES | | 0 | 0 | 0.460 | 0.467 | 0.093379498 | No | 0 | 0 | | | | No | | | |
| 50 | 1,1,1-Trichloroethane | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 51 | 1,1,2-Trichloroethane | YES | | 0 | 0 | | | | No | 0 | 0 | 9.10E+00 | 9.56E+01 | 1.91E+01 | No | | | |
| 52 | Trichloroethylene | YES | | 0 | 0 | | | | No | 0 | 0 | 1.75E+01 | 1.84E+02 | 3.67E+01 | No | | | |
| 53 | Vinyl Chloride | YES | | 0 | 0 | | | | No | 0 | 0 | 1.42E+00 | 1.50E+01 | 3.00E+00 | No | | | |
| 54 | p-Chloro-M-Cresol | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 55 | 2-Chlorophenol | | | 0 | 0 | | | | No | 0 | 0 | 8.71E+01 | 8.84E+01 | 1.77E+01 | No | | | |
| 56 | 2,4-Dichlorophenol | | | 0 | 0 | | | | No | 0 | 0 | 1.72E+02 | 1.75E+02 | 3.49E+01 | No | | | |
| 57 | 2,4-Dimethylphenol | | | 0 | 0 | | | | No | 0 | 0 | 4.98E+02 | 5.05E+02 | 1.01E+02 | No | | | |
| 58 | 4,6-Dinitro-O-Cresol | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 59 | 2,4-Dinitrophenol | | | 0 | 0 | | | | No | 0 | 0 | 3.11E+03 | 3.16E+03 | 6.32E+02 | No | | | |
| 60 | 4,6-Dinitro-2-methylphenol | YES | | 0 | 0 | | | | No | 0 | 0 | 1.65E+02 | 1.74E+03 | 3.48E+02 | No | | | |
| 61 | Dioxin (2,3,7,8-TCDD) | YES | | 0 | 0 | | | | No | 0 | 0 | 2.67E-08 | 2.80E-07 | 5.61E-08 | No | | | |
| 62 | 4-Nitrophenol | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 63 | 4-Nitrophenol | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 64 | Pentachlorophenol | YES | | 0 | 0 | 8.723 | 8.854 | 1.770824627 | No | 0 | 0 | 1.77E+00 | 1.86E+01 | 3.72E+00 | No | | | |
| 65 | Phenol | | | 0 | 0 | | | | No | 0 | 0 | 5.00E+06 | 5.07E+06 | 1.01E+06 | No | | | |
| 66 | 2,4,6-Trichlorophenol | YES | | 0 | 0 | | | | No | 0 | 0 | 1.41E+00 | 1.49E+01 | 2.97E+00 | No | | | |
| 67 | Acenaphthene | | | 0 | 0 | | | | No | 0 | 0 | 5.79E+02 | 5.87E+02 | 1.17E+02 | No | | | |
| 68 | Acenaphthylene | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 69 | Anthracene | | | 0 | 0 | | | | No | 0 | 0 | 2.33E+04 | 2.37E+04 | 4.74E+03 | No | | | |
| 70 | Benidine | | | 0 | 0 | | | | No | 0 | 0 | 1.16E-04 | 1.18E-04 | 2.35E-05 | No | | | |
| 71 | Benzo(A)Anthracene | YES | | 0 | 0 | | | | No | 0 | 0 | 1.07E-02 | 1.12E-01 | 2.24E-02 | No | | | |
| 72 | Benzo(A)Pyrene | YES | | 0 | 0 | | | | No | 0 | 0 | 1.07E-02 | 1.12E-01 | 2.24E-02 | No | | | |
| 73 | Benzo(B)Fluoranthene | | | 0 | 0 | | | | No | 0 | 0 | 1.07E-02 | 1.08E-02 | 2.16E-03 | No | | | |
| 74 | Benzo(GH)Perylene | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 75 | Benzo(K)Fluoranthene | | | 0 | 0 | | | | No | 0 | 0 | 1.07E-02 | 1.08E-02 | 2.16E-03 | No | | | |
| 76 | Bis (2-Chloroethoxy) Methane | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 77 | Bis (2-Chloroethyl)-Ether | YES | | 0 | 0 | | | | No | 0 | 0 | 3.07E-01 | 3.23E+00 | 6.46E-01 | No | | | |
| 78 | Bis (2-Chloro-Propyl) Ether | | | 0 | 0 | | | | No | 0 | 0 | 3.78E+04 | 3.84E+04 | 7.67E+03 | No | | | |
| 79 | Bis (2-Ethylhexyl) Phthalate | YES | | 0 | 0 | | | | No | 0 | 0 | 1.28E+00 | 1.35E+01 | 2.70E+00 | No | | | |
| 80 | 4-Bromobenzyl Phenyl Ether | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 81 | Butyl Benzyl Phthalate | | | 0 | 0 | | | | No | 0 | 0 | 1.13E+03 | 1.14E+03 | 2.29E+02 | No | | | |
| 82 | 2-Chloronaphthalene | | | 0 | 0 | | | | No | 0 | 0 | 9.24E+02 | 9.36E+02 | 1.86E+02 | No | | | |
| 83 | 4-Chlorophenyl Phenyl Ether | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 84 | Chrysene | YES | | 0 | 0 | | | | No | 0 | 0 | 1.07E-02 | 1.12E-01 | 2.24E-02 | No | | | |
| 85 | Di-N-Butyl Phthalate | | | 0 | 0 | | | | No | 0 | 0 | 2.62E+03 | 2.66E+03 | 5.32E+02 | No | | | |
| 86 | Di-N-Octyl Phthalate | | | 0 | 0 | | | | No | 0 | 0 | | | | No | | | |
| 87 | Dibenz(A,H)Anthracene | YES | | 0 | 0 | | | | | | | | | | | | | |

Moulton WWTP
AL0020672

| Report End Date | Copper (mg/L) |
|-----------------|---------------|
| 8/31/2017 | 0.012 |
| 9/30/2017 | 0.012 |
| 10/31/2017 | 0.005 |
| 11/30/2017 | 0.006 |
| 12/31/2017 | 0.008 |
| 1/31/2018 | 0.007 |
| 2/28/2018 | 0.014 |
| 3/31/2018 | 0.004 |
| 4/30/2018 | 0.006 |
| 5/31/2018 | 0.005 |
| 6/30/2018 | 0.005 |
| 7/31/2018 | 0.011 |
| 8/31/2018 | 0.009 |
| 9/30/2018 | 0.014 |
| 10/31/2018 | 0.014 |
| 11/30/2018 | 0.006 |
| 12/31/2018 | 0.005 |
| 1/31/2019 | 0.005 |
| 2/28/2019 | 0.01 |
| 3/31/2019 | 0.01 |
| 4/30/2019 | 0.01 |
| 5/31/2019 | 0.011 |
| 6/30/2019 | 0.007 |
| 7/31/2019 | 0.007 |
| 8/31/2019 | 0.008 |
| 9/30/2019 | 0.013 |
| 10/31/2019 | 0.017 |
| 11/30/2019 | 0.005 |
| 12/31/2019 | 0.006 |
| 1/31/2020 | 0.002 |
| 2/29/2020 | 0.006 |
| 3/31/2020 | 0.007 |
| 4/30/2020 | 0.006 |
| 5/31/2020 | 0.004 |
| 6/30/2020 | 0.006 |
| 7/31/2020 | 0.01 |
| 8/31/2020 | 0.01 |
| 9/30/2020 | 0.01 |
| 10/31/2020 | 0.004 |
| 11/30/2020 | 0.01 |
| 12/31/2020 | 0.005 |
| 1/31/2021 | 0.005 |
| 2/28/2021 | 0.0065 |
| 3/31/2021 | 0.005 |
| 4/30/2021 | 0.004 |
| 5/31/2021 | 0.004 |
| 6/30/2021 | 0.005 |
| 7/31/2021 | 0.007 |
| 8/31/2021 | 0.006 |
| 9/30/2021 | 0.004 |
| 10/31/2021 | 0.009 |
| 11/30/2021 | 0.016 |
| 12/31/2021 | 0.013 |
| 1/31/2022 | 0.006 |
| 2/28/2022 | 0.004 |
| 3/31/2022 | 0.004 |
| 4/30/2022 | 0.005 |

| | |
|---------|--------|
| Maximum | 0.017 |
| Average | 0.0076 |

CITY COUNCIL
Mayor

CITY OF MOULTON

Roger Weatherwax,

Joyce Jeffreys
Forest
Cassandra Lee
Denise Lovett
Brent White
Jason White

"A Pleasant Place to Live"
Gateway to The Bankhead National

Deroma Pepper, City Clerk

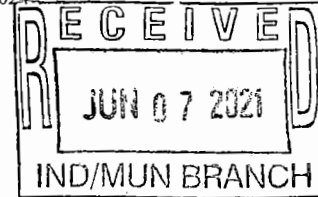
720 Seminary Street
Moulton, Alabama 35650

Phone (256) 974-5191 • Fax (256) 974-1024



6/7/2022

Ref: AL0020672 Permit Renewal



Mr. Justin Stokes,

In our permit application, we've reported three storm water outfalls from the treatment plant. Outfall A,B, and C , as reported in the application, will be correspond to Outfall 002S, 003sand 004S, Respectively, In the Permit. For purposes of sampling and reporting, we request Outfall 002S to be considered to representative of Outfalls 003S and 004S.

In our permit application, we have informed you that a outside company will be dewatering our sludge storage lagoon and removing the lagoon all together. When work begins on the lagoon, we will be transitioning from long term storage/treatment lagoon to dewatering our daily sludge with centrifuge and disposing it into Republic Services Morris Farm Landfill.

Also in our permit application, EPA form 3510 2S Part 2, Section 2.51, currently we are still using our sludge storage lagoon and are able provide this information.

In our permit renewal, we would ask if CBOD Winter limits could be extended from November to April and Summer limits from May to September. This would make E.coli and CBOD parameters together seasonal and April is the wettest winter month for us. I will attach rainfall data, we submit to the National Weather Service to support our request.

| Month | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Average | |
|-----------|------|-------|------|-------|------|-------|------|------|-------|-------|-------|-------|---------|-----------|
| January | 6.07 | 5.17 | 7.67 | 9.69 | 2.40 | 9.69 | 5.02 | 4.87 | 1.54 | 7.32 | 7.16 | 3.33 | 5.83 | January |
| February | 3.73 | 2.09 | 4.03 | 3.38 | 6.42 | 3.38 | 7.74 | 1.94 | 8.28 | 13.16 | 12.26 | 4.71 | 5.93 | February |
| March | 4.98 | 10.45 | 5.16 | 5.61 | 2.61 | 5.61 | 3.70 | 6.50 | 4.72 | 4.50 | 8.81 | 10.74 | 6.12 | March |
| April | 3.54 | 13.95 | 3.20 | 6.46 | 6.02 | 6.46 | 4.62 | 3.96 | 10.01 | 8.23 | 7.95 | 4.08 | 6.54 | April |
| May | 5.6 | 2.84 | 3.57 | 4.93 | 3.38 | 4.93 | 1.16 | 5.78 | 8.90 | 3.68 | 4.07 | 5.96 | 4.57 | May |
| June | 1.62 | 5.24 | 2.87 | 5.57 | 4.22 | 5.57 | 4.18 | 7.89 | 4.58 | 2.78 | 5.05 | 6.77 | 4.70 | June |
| July | 4.13 | 2.69 | 8.01 | 16.24 | 5.43 | 16.24 | 7.00 | 1.77 | 3.25 | 7.54 | 6.29 | 8.42 | 7.25 | July |
| August | 3.61 | 5.60 | 5.00 | 7.18 | 2.42 | 7.18 | 3.61 | 6.17 | 3.32 | 2.39 | 9.68 | 7.17 | 5.28 | August |
| September | 1.09 | 7.50 | 6.64 | 3.28 | 1.97 | 3.28 | 0.56 | 4.48 | 5.59 | 1.21 | 7.66 | 5.70 | 4.08 | September |
| October | 5.9 | 1.54 | 5.79 | 0.94 | 5.76 | 0.94 | 0.78 | 4.21 | 2.14 | 9.89 | 5.96 | 4.91 | 4.06 | October |
| November | 6.77 | 3.71 | 1.70 | 4.03 | 3.49 | 4.03 | 4.07 | 0.78 | 6.08 | 3.87 | 3.65 | 1.55 | 3.64 | November |
| December | 1.8 | 6.55 | 6.42 | 6.66 | 7.52 | 6.66 | 5.4 | 5.1 | 8.26 | 6.49 | 4.63 | 6.93 | 6.03 | December |

Thank you for your consideration,

Mark Heflin

| | | | |
|---------------------------|----------------------------------|-------------------------------|---|
| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Form Approved 03/05/19 OMB No. 2040-0004 |
|---------------------------|----------------------------------|-------------------------------|---|

Form
2A
NPDES



U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS

SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

| | | | | |
|--------------------------------|--|--|---|--|
| Facility Information | 1.1 | Facility name Moulton Wastewater Treatment Plant | | |
| | | Mailing address (street or P.O. box) 720 Seminary St. | | |
| | | City or town Moulton | State AL | ZIP code 35650 |
| | | Contact name (first and last) Mark Heflin | Title WW Superintendent | Phone number 256-214-0693 |
| | | Email address mhheflin@moultoncity.com | | |
| | | Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 120 Beacon St. | | |
| | | City or town Moulton | State AL | ZIP code 35650 |
| Applicant Information | 1.2 | Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No | | |
| | 1.3 | Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4. | | |
| | | Applicant name City of Moulton | | |
| | | Applicant address (street or P.O. box) 720 Seminary St. | | |
| | | City or town Moulton | State AL | ZIP code 35650 |
| | | Contact name (first and last) Mr. Roger Weatherwax | Title Mayor | Phone number 256-974-5191 |
| | | Email address rweatherwax@moultoncity.com | | |
| Existing Environmental Permits | 1.4 | Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both | | |
| | 1.5 | To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same) | | |
| | 1.6 | Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.) | | |
| | | Existing Environmental Permits | | |
| | | <input checked="" type="checkbox"/> NPDES (discharges to surface water) AL0020672 | <input type="checkbox"/> RCRA (hazardous waste) | <input type="checkbox"/> UIC (underground injection control) |
| | <input type="checkbox"/> PSD (air emissions) | <input type="checkbox"/> Nonattainment program (CAA) | <input type="checkbox"/> NESHAPs (CAA) | |
| | <input type="checkbox"/> Ocean dumping (MPRSA) | <input type="checkbox"/> Dredge or fill (CWA Section 404) | <input type="checkbox"/> Other (specify) | |

| | | | | | | | |
|---|--|--|---------------------------------------|--|--|---|--|
| EPA Identification Number | | NPDES Permit Number AL0020672 | | Facility Name Moulton WWTP | | Form Approved 03/05/19 OMB No. 2040-0004 | |
| Collection System and Population Served | 1.7 | Provide the collection system information requested below for the treatment works. | | | | | |
| | | Municipality Served | Population Served | Collection System Type (indicate percentage) | | Ownership Status | |
| | | City of Moulton | 3241 | <u>100</u> | % separate sanitary sewer | <input checked="" type="checkbox"/> Own | <input checked="" type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> | % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> | Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> | % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> | % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> | Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> | % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> | % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | <input type="checkbox"/> | Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | |
| | Total Population Served | 3241 | | | | | |
| | | | Separate Sanitary Sewer System | | Combined Storm and Sanitary Sewer | | |
| | Total percentage of each type of sewer line (in miles) | | 100 % | | | | |
| Indian Country | 1.8 | Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 1.9 | Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Design and Actual Flow Rates | 1.10 | Provide design and actual flow rates in the designated spaces. | | | | Design Flow Rate | |
| | | | | | | 1.250 mgd | |
| | | Annual Average Flow Rates (Actual) | | | | | |
| | | Two Years Ago | | Last Year | | This Year | |
| | | 1.295 mgd | | 1.577 mgd | | 1.380 mgd | |
| | | Maximum Daily Flow Rates (Actual) | | | | | |
| | | Two Years Ago | | Last Year | | This Year | |
| | 4.320 mgd | | 4.320 mgd | | 4.320 mgd | | |
| Discharge Points by Type | 1.11 | Provide the total number of effluent discharge points to waters of the United States by type. | | | | | |
| | | Total Number of Effluent Discharge Points by Type | | | | | |
| | | Treated Effluent | Untreated Effluent | Combined Sewer Overflows | Bypasses | Constructed Emergency Overflows | |
| | 1 | | | | | | |

| | | | |
|---------------------------|----------------------------------|-------------------------------|---|
| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Form Approved 03/05/19 OMB No. 2040-0004 |
|---------------------------|----------------------------------|-------------------------------|---|

| | | | | |
|--|---|---|--|--|
| Outfalls and Other Discharge or Disposal Methods | Outfalls Other Than to Waters of the United States | | | |
| | 1.12 | Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14. | | |
| | 1.13 | Provide the location of each surface impoundment and associated discharge information in the table below. | | |
| | Surface Impoundment Location and Discharge Data | | | |
| | | Location | Average Daily Volume Discharged to Surface Impoundment | Continuous or Intermittent (check one) |
| | | | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | | | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | | | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | 1.14 | Is wastewater applied to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.16. | | |
| | 1.15 | Provide the land application site and discharge data requested below. | | |
| | Land Application Site and Discharge Data | | | |
| | | Location | Size | Average Daily Volume Applied |
| | | | acres | gpd |
| | | | acres | gpd |
| | | acres | gpd | |
| 1.16 | Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21. | | | |
| 1.17 | Describe the means by which the effluent is transported (e.g., tank truck, pipe). | | | |
| 1.18 | Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.20. | | | |
| 1.19 | Provide information on the transporter below. | | | |
| | Transporter Data | | | |
| | Entity name | Mailing address (street or P.O. box) | | |
| | City or town | State | ZIP code | |
| | Contact name (first and last) | Title | | |
| | Phone number | Email address | | |

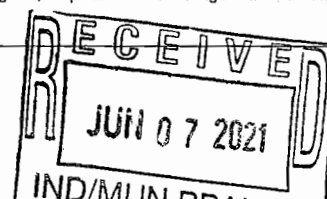
Page 4

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
| | AL0020672 | Moulton WWTP |

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 2: ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

| | | | | | | | |
|---|---|--|---|---------------------------------|-------------------------------|--|--|
| Design Flow | Outfalls to Waters of the United States | | | | | | |
| | 2.1 | Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3. | | | | | |
| Inflow and Infiltration | 2.2 | Provide the treatment works' current average daily volume of inflow and infiltration. | | | | Average Daily Volume of Inflow and Infiltration 484,887 gpd | |
| | Indicate the steps the facility is taking to minimize inflow and infiltration. City of Moulton applies & has received CDBG grants to do rehab on manholes and sewer mains. Rehab projects included CIP sewer main and epoxy coatings of manhole including inverts, rebooting manhole and pipe connections, repairing sewer tap after CIP installations. Our current CDGB, we are applying for is to repair sewer taps from CIP sewer mains from the tap to curb. | | | | | | |
| Topographic Map | 2.3 | Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Flow Diagram | 2.4 | Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Scheduled Improvements and Schedules of Implementation | 2.5 | Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3. | | | | | |
| | Briefly list and describe the scheduled improvements. | | | | | | |
| | 1. Outside contractors are planning to start in April on dewatering and closing our sludge lagoon this year. | | | | | | |
| | 2. City is going to install a centrifuge and building for future sludge dewatering this year. | | | | | | |
| | 3. | | | | | | |
| | 4. | | | | | | |
| | 2.6 | Provide scheduled or actual dates of completion for improvements. | | | | | |
| | Scheduled or Actual Dates of Completion for Improvements | | | | | | |
| | | Scheduled Improvement (from above) | Affected Outfalls (list outfall number) | Begin Construction (MM/DD/YYYY) | End Construction (MM/DD/YYYY) | Begin Discharge (MM/DD/YYYY) | Attainment of Operational Level (MM/DD/YYYY) |
| | | 1. | 001 | 07/01/2022 | 12/31/2022 | N/A | N/A |
| | 2. | 001 | 08/01/2022 | 12/31/2022 | N/A | N/A | |
| | 3. | | | | | | |
| | 4. | | | | | | |
| 2.7 | Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None required or applicable | | | | | | |
| Explanation: Pugh Wright & McAnally are the engineers on the sludge lagoon, steps in how the sludge will be dewater and PFC removal process have been submitted to ADEM. | | | | | | | |



| | | | |
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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

| | | | | | |
|--|--|--|-----------------------|-----------------------|--|
| Description of Outfalls | 3.1 | Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.) | | | |
| | | Outfall Number 001 | Outfall Number | Outfall Number | |
| | State | ALABAMA | | | |
| | County | LAWRENCE | | | |
| | City or town | MOULTON | | | |
| | Distance from shore | ft. | ft. | ft. | |
| | Depth below surface | ft. | ft. | ft. | |
| | Average daily flow rate | 1.313 mgd | mgd | mgd | |
| | Latitude | 34° 29' 18.95" N | ° ' " | ° ' " | |
| | Longitude | 87° 17' 54.92" W | ° ' " | ° ' " | |
| Seasonal or Periodic Discharge Data | 3.2 | Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4. | | | |
| | 3.3 | If so, provide the following information for each applicable outfall. | | | |
| | | Outfall Number | Outfall Number | Outfall Number | |
| | Number of times per year discharge occurs | | | | |
| | Average duration of each discharge (specify units) | | | | |
| | Average flow of each discharge | mgd | mgd | mgd | |
| Months in which discharge occurs | | | | | |
| Diffuser Type | 3.4 | Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6. | | | |
| | 3.5 | Briefly describe the diffuser type at each applicable outfall. | | | |
| | | Outfall Number | Outfall Number | Outfall Number | |
| Waters of the U.S. | 3.6 | Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6. | | | |

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|-----------------------------|--|--|---------------------------|----------------|---------------------------|----------------|---------------------------|
| Receiving Water Description | 3.7 | Provide the receiving water and related information (if known) for each outfall. | | | | | |
| | | | Outfall Number 001 | Outfall Number | Outfall Number | Outfall Number | |
| | Receiving water name | Crow Branch | | | | | |
| | Name of watershed, river, or stream system | Big Nance Creek from Muddy Fork | | | | | |
| | U.S. Soil Conservation Service 14-digit watershed code | | | | | | |
| | Name of state management/river basin | Tennessee River | | | | | |
| | U.S. Geological Survey 8-digit hydrologic cataloging unit code | | | | | | |
| | Critical low flow (acute) | | cfs | | cfs | | cfs |
| | Critical low flow (chronic) | | cfs | | cfs | | cfs |
| | Total hardness at critical low flow | | mg/L of CaCO ₃ | | mg/L of CaCO ₃ | | mg/L of CaCO ₃ |

| | | | | | | | |
|-----------------------|---|--|---|---|---|--|---|
| Treatment Description | 3.8 | Provide the following information describing the treatment provided for discharges from each outfall. | | | | | |
| | | | Outfall Number 001 | Outfall Number | Outfall Number | Outfall Number | |
| | Highest Level of Treatment (check all that apply per outfall) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) | | |
| | Design Removal Rates by Outfall | 001 | | | | | |
| | BOD ₅ or CBOD ₅ | 96.0 | % | | % | | % |
| | TSS | 92.5 | % | | % | | % |
| | Phosphorus | <input type="checkbox"/> Not applicable 90.0 | % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | |
| | Nitrogen | <input type="checkbox"/> Not applicable 90.0 | % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | |
| | Other (specify) | <input type="checkbox"/> Not applicable % | | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | |

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| Treatment Description Continued | 3.9 | Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. | | | | | |
| | | | Outfall Number <u>001</u> | Outfall Number _____ | Outfall Number _____ | | |
| | | Disinfection type | Gas Chlorination | | | | |
| | | Seasons used | All | | | | |
| | | Dechlorination used? | <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | | | | |
|-----------------------|---|---|---------------------------|----------------------|----------------------|---------|-------|---------|
| Effluent Testing Data | 3.10 | Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | 3.11 | Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13. | | | | | | |
| | 3.12 | Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points. | | | | | | |
| | | | Outfall Number <u>001</u> | Outfall Number _____ | Outfall Number _____ | | | |
| | | | Acute | Chronic | Acute | Chronic | Acute | Chronic |
| | | Number of tests of discharge water | 6 | | | | | |
| | | Number of tests of receiving water | | | | | | |
| | 3.13 | Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16. | | | | | | |
| | 3.14 | Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine. | | | | | | |
| | 3.15 | Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 3.16 | Does one or more of the following conditions apply? <ul style="list-style-type: none"> The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4. | | | | | | | |
| 3.17 | Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 3.18 | Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority. | | | | | | | |

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| Effluent Testing Data Continued | 3.19 | Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26. | | | | |
|---------------------------------|---|---|-----------------------------------|--------------------|---|------------|
| | 3.20 | Have you previously submitted the results of the above tests to your NPDES permitting authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26. | | | | |
| | 3.21 | Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 40%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width: 60%;">Summary of Results</th> </tr> <tr> <td style="text-align: center;"> 11/2017 11/2018 11/2019 11/2020 11/2021 </td> <td style="text-align: center;">All Passed</td> </tr> </table> | Date(s) Submitted (MM/DD/YYYY) | Summary of Results | 11/2017 11/2018 11/2019 11/2020 11/2021 | All Passed |
| | Date(s) Submitted (MM/DD/YYYY) | Summary of Results | | | | |
| | 11/2017 11/2018 11/2019 11/2020 11/2021 | All Passed | | | | |
| | 3.22 | Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.26. | | | | |
| | 3.23 | Describe the cause(s) of the toxicity: | | | | |
| | 3.24 | Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.26. | | | | |
| 3.25 | Provide details of any toxicity reduction evaluations conducted. | | | | | |
| 3.26 | Have you completed Table E for all applicable outfalls and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority. | | | | | |

| SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7)) | | | | | |
|--|--|------------------|------------------|--|--|
| Industrial Discharges and Hazardous Wastes | 4.1 Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7. | | | | |
| | 4.2 Indicate the number of SIUs and NSCIUs that discharge to the POTW. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Number of SIUs</th> <th style="width: 50%;">Number of NSCIUs</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table> | Number of SIUs | Number of NSCIUs | | |
| | Number of SIUs | Number of NSCIUs | | | |
| | | | | | |
| | 4.3 Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| | 4.4 Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.6. | | | | |
| 4.5 Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7. | | | | | |
| 4.6 Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

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| Industrial Discharges and Hazardous Wastes Continued | 4.7 | Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9. | | | |
| | 4.8 | If yes, provide the following information: | | | |
| | | Hazardous Waste Number | Waste Transport Method (check all that apply) | Annual Amount of Waste Received | Units |
| | | | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ | | |
| | | | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ | | |
| | | | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ | | |
| | | | | | |
| | 4.9 | Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5. | | | |
| | 4.10 | Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input checked="" type="checkbox"/> No | | | |
| | 4.11 | Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

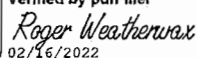
| SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8)) | | |
|---|-----|--|
| CSO Map and Diagram | 5.1 | Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6. |
| | 5.2 | Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 5.3 | Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| CSO Outfall Description | 5.4 | For each CSO outfall, provide the following information. (Attach additional sheets as necessary.) | | | | | |
| | | | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number |
| | | City or town | | | | | |
| | | State and ZIP code | | | | | |
| | | County | | | | | |
| | | Latitude | ° ' " | ° ' " | ° ' " | ° ' " | ° ' " |
| | | Longitude | ° ' " | ° ' " | ° ' " | ° ' " | ° ' " |
| | | Distance from shore | ft. | ft. | ft. | ft. | ft. |
| | | Depth below surface | ft. | ft. | ft. | ft. | ft. |
| CSO Monitoring | 5.5 | Did the POTW monitor any of the following items in the past year for its CSO outfalls? | | | | | |
| | | | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number |
| | | Rainfall | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | CSO flow volume | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | CSO pollutant concentrations | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Receiving water quality | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | CSO frequency | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Number of storm events | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CSO Events in Past Year | 5.6 | Provide the following information for each of your CSO outfalls. | | | | | |
| | | | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number |
| | | Number of CSO events in the past year | events | events | events | events | events |
| | | Average duration per event | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| | | Average volume per event | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| | | Minimum rainfall causing a CSO event in last year | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |

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| CSO Receiving Waters | 5.7 | Provide the information in the table below for each of your CSO outfalls. | | |
| | | CSO Outfall Number | CSO Outfall Number | CSO Outfall Number |
| | Receiving water name | | | |
| | Name of watershed/ stream system | | | |
| | U.S. Soil Conservation Service 14-digit watershed code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| | Name of state management/river basin | | | |
| | U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| | Description of known water quality impacts on receiving stream by CSO (see instructions for examples) | | | |

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| | | | |
|---------------------------------------|--|--|---|
| Checklist and Certification Statement | 6.1 | In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments. | |
| | | Column 1 | Column 2 |
| | <input checked="" type="checkbox"/> | Section 1: Basic Application Information for All Applicants | <input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments |
| | <input checked="" type="checkbox"/> | Section 2: Additional Information | <input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments |
| | <input checked="" type="checkbox"/> | Section 3: Information on Effluent Discharges | <input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments |
| | <input type="checkbox"/> | Section 4: Industrial Discharges and Hazardous Wastes | <input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments |
| | <input type="checkbox"/> | Section 5: Combined Sewer Overflows | <input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram |
| | <input checked="" type="checkbox"/> | Section 6: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments |
| | 6.2 | Certification Statement | |
| | | <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> | |
| | Name (print or type first and last name) | Official title | |
| | Mr. Roger Weatherwax | Mayor | |
| | Signature | Date signed | |
| |  <small>Verified by pdfFiller 02/16/2022</small> | 02/16/2022 | |

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|---|-------------------------|-----------|-------------------------|-----------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input checked="" type="checkbox"/> CBOD ₅ (report one) | 8.5 | mg/L | 2.0 | mg/L | 687 | SM 5220 B-2011 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Fecal coliform | 2500 | col/100ml | 11 | col/100ml | 687 | mColiBlue24 1999 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Design flow rate | 4.320 | MGD | 1.313 | MGD | Continuous | | |
| pH (minimum) | 6.3 | s.u. | | | | | |
| pH (maximum) | 8.1 | s.u. | | | | | |
| Temperature (winter) | | | | | | | |
| Temperature (summer) | | | | | | | |
| Total suspended solids (TSS) | 38.3 | mg/L | 4.6 | mg/L | 687 | SM 2540 D-2011 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|--|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Ammonia (as N) | 0.83 | mg/L | 0.11 | mg/L | 687 | M 4500-NH3 C-201 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chlorine (total residual, TRC) ² | 0.018 | mg/L | 0.015 | mg/L | 687 | Hach 10014 4th. ED | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dissolved oxygen | 6.2 min. | mg/L | 7.3 | mg/L | 687 | SM 4500-O G | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Nitrate/nitrite | 17.4 | mg/L | 7.3 | mg/L | 54 | EPA 300.0, Rev. 2.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Kjeldahl nitrogen | 5.5 | mg/L | 1.8 | mg/L | 54 | M 4500 NH3 C-201 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Oil and grease | <5.00 | mg/L | <5.00 | mg/L | 3 | EPA 1664A | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Phosphorus | 11.3 | mg/L | 1.8 | mg/L | 54 | SM 4500-P-E-2011 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Total dissolved solids | 308 | mg/L | 280 | mg/L | 3 | SM 2540C-2011 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Outfall Number 001 |
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method¹ | ML or MDL (include units) | |
|------------------------------------|-------------------------|------------|-------------------------|------------|-------------------|--------------------|---|--|
| | Value | Units | Value | Units | Number of Samples | | | |
| Metals, Cyanide, and Total Phenols | | | | | | | | |
| Hardness (as CaCO₃) | 154 | mg/L CaCO3 | 150.3 | mg/L CaCO3 | 3 | [CALC] | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Antimony, total recoverable | 0.00518 | mg/L | 0.00518 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Arsenic, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Beryllium, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Cadmium, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Chromium, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Copper, total recoverable | 0.0169 | mg/L | 0.0092 | mg/L | 57 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Lead, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Mercury, total recoverable | <0.000200 | mg/L | <0.000200 | mg/L | 3 | EPA 245.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Nickel, total recoverable | 0.0097 | mg/L | 0.0053 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Selenium, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Silver, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Thallium, total recoverable | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Zinc, total recoverable | 0.0400 | mg/L | 0.0341 | mg/L | 3 | EPA 200.8 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Cyanide | <0.00500 | mg/L | <0.00500 | mg/L | 3 | ASTM D7511-09 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Total phenolic compounds | <0.0300 | mg/L | <0.0300 | mg/L | 3 | EPA 420.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Volatile Organic Compounds | | | | | | | | |
| Acrolein | <0.020 | mg/L | <0.020 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Acrylonitrile | <0.010 | mg/L | <0.010 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Benzene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |
| Bromoform | <0.00500 | mg/L | <0.00500 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL | |

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

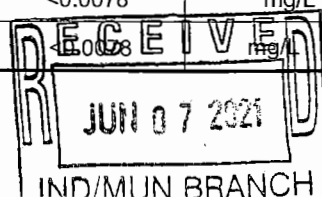
| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Carbon tetrachloride | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chlorobenzene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chlorodibromomethane | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chloroethane | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-chloroethylvinyl ether | <0.00500 | mg/L | <0.00500 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chloroform | 0.0310 | mg/L | 0.0282 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dichlorobromomethane | 0.00220 | mg/L | 0.00203 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1-dichloroethane | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2-dichloroethane | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| trans-1,2-dichloroethylene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1-dichloroethylene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2-dichloropropane | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,3-dichloropropylene | <0.00500 | mg/L | <0.00500 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Ethylbenzene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Methyl bromide | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Methyl chloride | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Methylene chloride | <0.00500 | mg/L | <0.00500 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1,2,2-tetrachloroethane | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Tetrachloroethylene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Toluene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1,1-trichloroethane | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1,2-trichloroethane | <0.00500 | mg/L | <0.00500 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

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|---------------------------|----------------------------------|-------------------------------|-----------------------|
| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Outfall Number 001 |
|---------------------------|----------------------------------|-------------------------------|-----------------------|

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OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|-----------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Trichloroethylene | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Vinyl chloride | <0.00100 | mg/L | <0.00100 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Acid-Extractable Compounds | | | | | | | |
| p-chloro-m-cresol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-chlorophenol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dichlorophenol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dimethylphenol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4,6-dinitro-o-cresol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dinitrophenol | <0.023 | mg/L | <0.023 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-nitrophenol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4-nitrophenol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Pentachlorophenol | <0.016 | mg/L | <0.016 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Phenol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4,6-trichlorophenol | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Base-Neutral Compounds | | | | | | | |
| Acenaphthene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Acenaphthylene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Anthracene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzidine | <0.019 | mg/L | <0.019 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzo(a)anthracene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzo(a)pyrene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 3,4-benzofluoranthene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

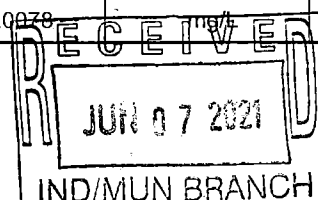


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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
| | AL0020672 | Moulton WWTP | 001 |

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|-------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Benzo(ghi)perylene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzo(k)fluoranthene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-chloroethoxy) methane | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-chloroethyl) ether | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-chloroisopropyl) ether | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-ethylhexyl) phthalate | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4-bromophenyl phenyl ether | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Butyl benzyl phthalate | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-chloronaphthalene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4-chlorophenyl phenyl ether | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chrysene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| di-n-butyl phthalate | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| di-n-octyl phthalate | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dibenzo(a,h)anthracene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2-dichlorobenzene | <0.0010 | mg/L | <0.0010 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,3-dichlorobenzene | <0.0010 | mg/L | <0.0010 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,4-dichlorobenzene | <0.0010 | mg/L | <0.0010 | mg/L | 3 | EPA 624.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 3,3-dichlorobenzidine | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Diethyl phthalate | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dimethyl phthalate | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dinitrotoluene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,6-dinitrotoluene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |



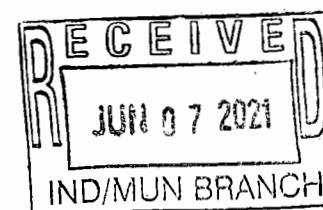
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| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Outfall Number |
|---------------------------|----------------------------------|-------------------------------|----------------|

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| 1,2-diphenylhydrazine | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Fluoranthene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Fluorene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachlorobenzene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachlorobutadiene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachlorocyclo-pentadiene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachloroethane | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Indeno(1,2,3-cd)pyrene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Isophorone | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Naphthalene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Nitrobenzene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| N-nitrosodi-n-propylamine | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| N-nitrosodimethylamine | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| N-nitrosodiphenylamine | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Phenanthrene | <0.016 | mg/L | <0.016 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Pyrene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2,4-trichlorobenzene | <0.0078 | mg/L | <0.0078 | mg/L | 3 | EPA 625.1 | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



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| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Outfall Number 001 |
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TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY

| Pollutant (list) | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|--|-------------------------|-------|-------------------------|-------|----------------------|-----------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| <input type="checkbox"/> No additional sampling is required by NPDES permitting authority. | | | | | | | |
| Perfluoro octanoic Acid | 15.0 | ng/L | 11.34 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro butanoic Acid | 26.0 | ng/L | 13.48 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro octane Sulfonamide | 3.3 | ng/L | 3.3 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro catanesulfonate | 30.5 | ng/L | 20.23 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro pentanoic Acid | 28.0 | ng/L | 17.12 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro hexanoic Acid | 14.0 | ng/L | 8.56 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro heptanoic Acid | 3.6 | ng/L | 2.66 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro nonanoic Acid | 1.5 | ng/L | 0.99 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro decanoic Acid | 1.3 | ng/L | 0.96 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro undecanoic Acid | 0.0 | ng/L | 0.0 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro dodecanoic Acid | 0.0 | ng/L | 0.0 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro tridecanoic Acid | 0.0 | ng/L | 0.0 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro tetradecanoic Acid | 0.0 | ng/L | 0.0 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro butane Sulfonate | 15.0 | ng/L | 11.59 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro hexane Sulfonate | 6.4 | ng/L | 5.18 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Perfluoro decane Sulfonate | 0.0 | ng/L | 0.0 | ng/L | 7 | EPA 537Mod PFC | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
| | AL0020672 | Moulton WWTP | 001T |

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

| Test Information | | | |
|--|---|---|---|
| | Test Number 1 | Test Number 2 | Test Number 3 |
| Test species | Pimephales promelas | Pimephales promelas | Pimephales promelas |
| Age at initiation of test | <48 hrs | | 9 days |
| Outfall number | 001 | 001 | 001 |
| Date sample collected | 10/04/2017 | 10/10/2018 | 10/15/2019 |
| Date test started | 10/04/2017 | 10/11/2018 | 10/16/20219 |
| Duration | 24 hrs | 24 hrs | 24 hrs |
| Toxicity Test Methods | | | |
| Test method number | EPA 2000.0 | EPA 2000.0 | EPA 2000.0 |
| Manual title | Acute WET Method | Acute WET Method | Acute WET Method |
| Edition number and year of publication | 5th. 2002 | 5th. 2002 | 5th. 2002 |
| Page number(s) | 55-56 | 55-56 | 55-56 |
| Sample Type | | | |
| Check one: | <input checked="" type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite | <input checked="" type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite | <input checked="" type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite |
| Sample Location | | | |
| Check one: | <input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination | <input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination | <input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input checked="" type="checkbox"/> After dechlorination |
| Point in Treatment Process | | | |
| Describe the point in the treatment process at which the sample was collected for each test. | NPDES Discharge | NPDES Discharge | NPDES Discharge |
| Toxicity Type | | | |
| Indicate for each test whether the test was performed to asses acute or chronic toxicity, or both. (Check one response.) | <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both | <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both | <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both |

| | | | |
|---------------------------|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Outfall Number 001T |
|---------------------------|----------------------------------|-------------------------------|------------------------|

Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

| | Test Number <u>1</u> | Test Number <u>2</u> | Test Number <u>3</u> |
|--|--|--|--|
| Test Type | | | |
| Indicate the type of test performed. (Check one response.) | <input checked="" type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through | <input checked="" type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through | <input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through |
| Source of Dilution Water | | | |
| Indicate the source of dilution water. (Check one response.) | <input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water | <input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water | <input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water |
| If laboratory water, specify type. | MHSFW | | Mod Hard SDW |
| If receiving water, specify source. | | | |
| Type of Dilution Water | | | |
| Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. | <input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify) | <input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify) | <input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify) |
| Percentage Effluent Used | | | |
| Specify the percentage effluent used for all concentrations in the test series. | 99% | 99% | 99% |
| | | | |
| | | | |
| Parameters Tested | | | |
| Check the parameters tested. | <input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature | <input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen | <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature |
| | | <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen | <input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature |
| | | | <input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen |
| Acute Test Results | | | |
| Percent survival in 100% effluent | 100 % | 100 % | 100 % |
| LC ₅₀ | >99 | | >99 |
| 95% confidence interval | % | % | % |
| Control percent survival | 100 % | % | 100 % |

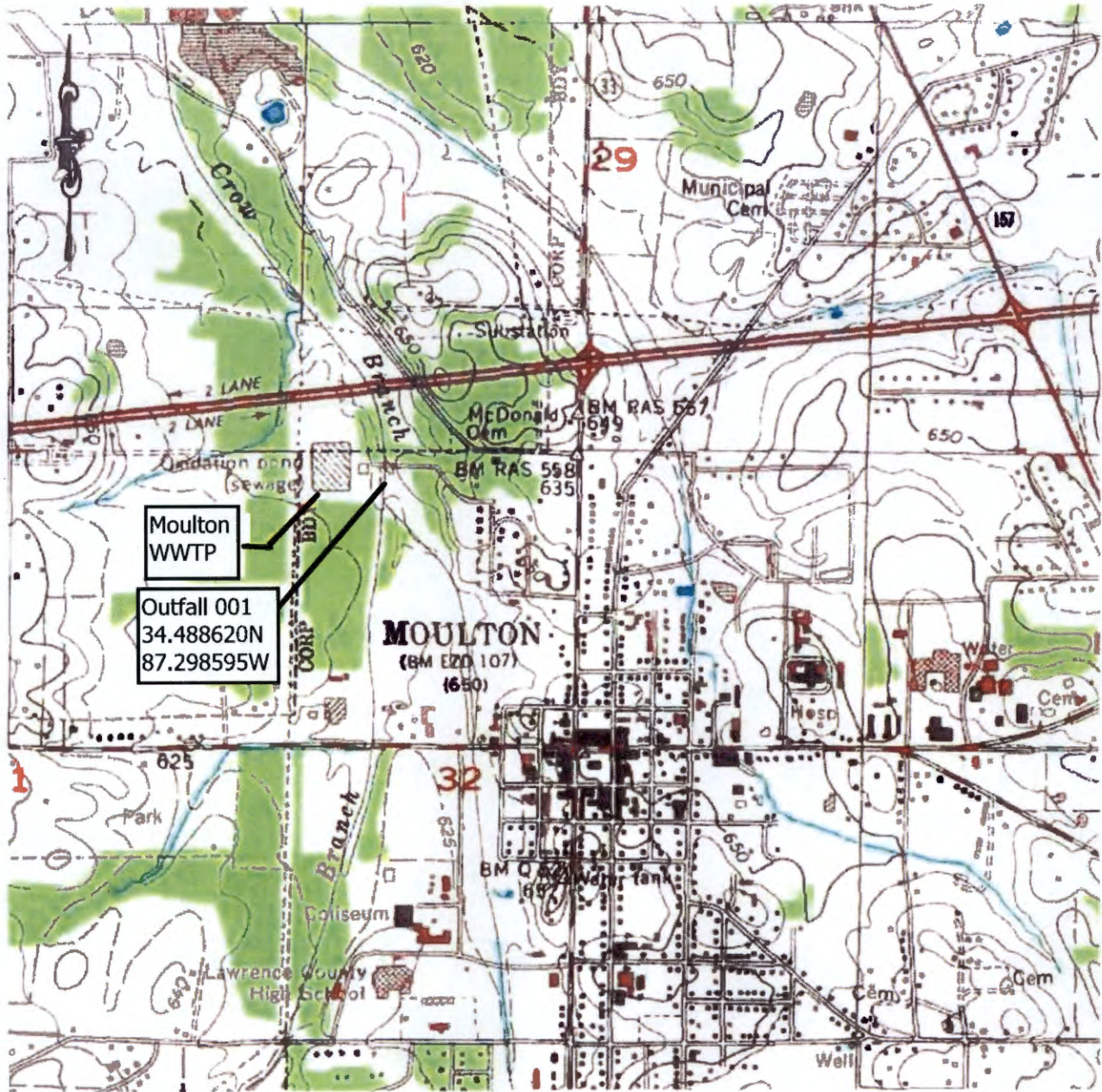
| | | | |
|---------------------------|----------------------------------|-------------------------------|----------------|
| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Outfall Number |
|---------------------------|----------------------------------|-------------------------------|----------------|

Form Approved 03/05/19
OMB No. 2040-0004

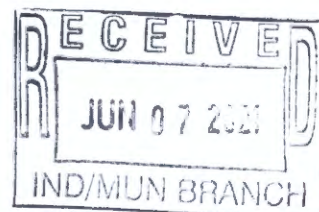
TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

| | Test Number <u>1</u> | Test Number <u>2</u> | Test Number <u>3</u> |
|---|---|---|---|
| Acute Test Results Continued | | | |
| Other (describe) | No Toxicity Indicated | No Toxicity Indicated | No Toxicity Indicated |
| Chronic Test Results | | | |
| NOEC | % | % | % |
| IC ₂₅ | % | % | % |
| Control percent survival | % | % | % |
| Other (describe) | | | |
| Quality Control/Quality Assurance | | | |
| Is reference toxicant data available? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was reference toxicant test within acceptable bounds? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| What date was reference toxicant test run (MM/DD/YYYY)? | 09/26/2017 | | 10/2/2019 |
| Other (describe) | | I did not receive a final report from Pace Analytical and after inquiring they were not able produce. | |



USGS TOPOGRAPHIC MAP



ENERSOLV *a Solutions Company*

2220 Beltline Road S.W. Decatur, AL 35601

Title **USGS TOPOGRAPHIC MAP**

Scale: N.T.S.

Project No: 13668

Project **MOULTON WASTE WATER TREATMENT PLANT**

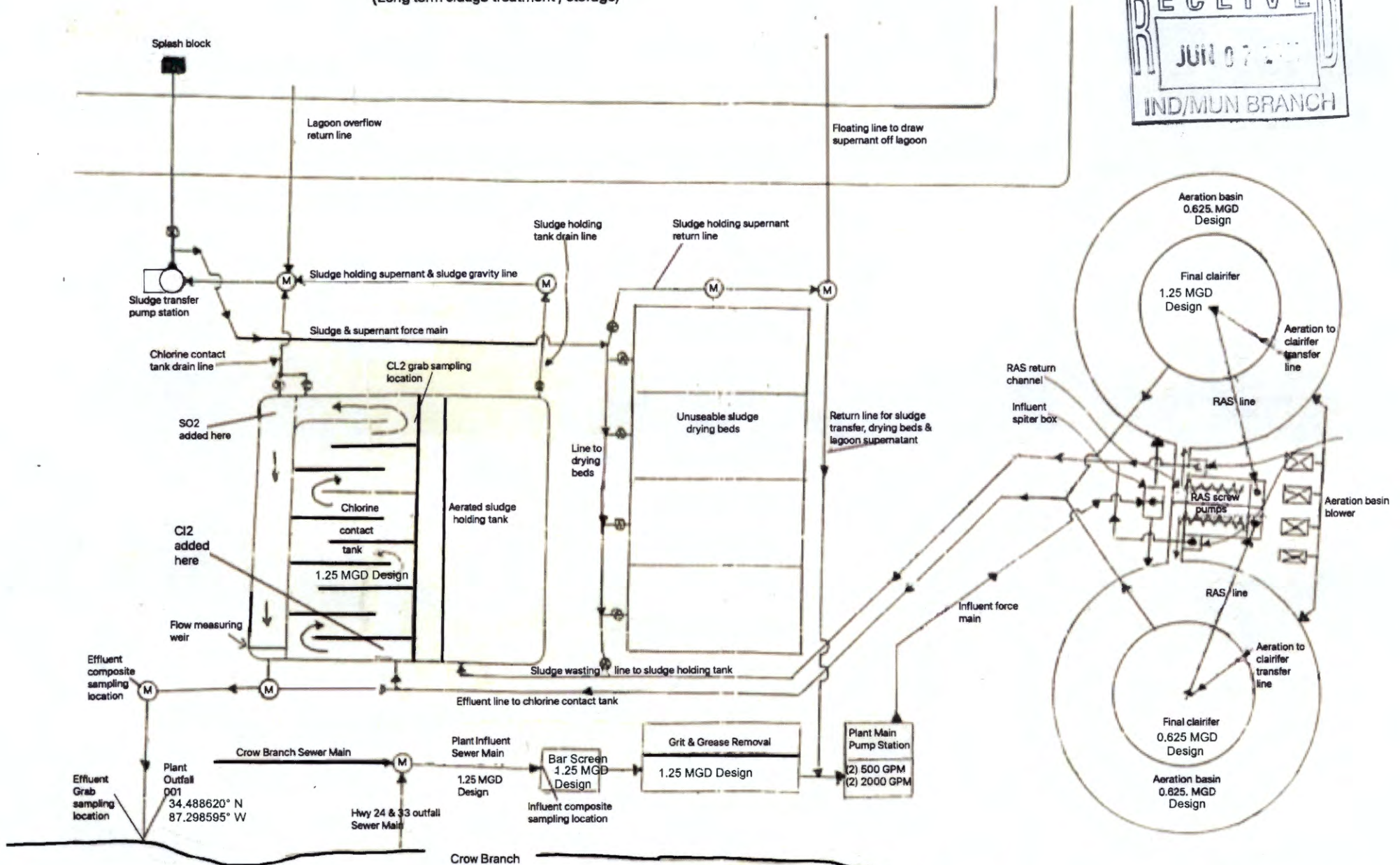
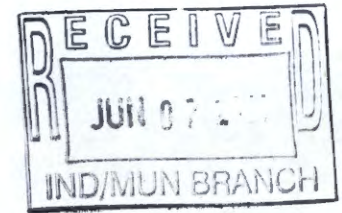
Date: 30 JAN 18

Cod name: MOULTON WWTP

Drawn By: SMR

File: X-DRIVE-18

Sludge Lagoon 3.5 acres
(Long term sludge treatment / storage)



Moulton WWTP
Flow Schematic

NPDES Individual Permit - Modification/Reissuance - Municipal (Form 188)

version 1.7

(Submission #: HPF-HFGX-EWR32, version 1)

Digitally signed by:
GlobalSign RSA OV SSL CA 2018
Date: 2022.02.16 15:44:06 -06:00
Reason: Submission Data
Location: State of Alabama

Details

Submission ID HPF-HFGX-EWR32

Form Input

General Instructions

NPDES Individual Permit Modification and Reissuance Form ♦ Publicly-Owned Treatment Works (POTW), Other Treatment Works Treating Domestic Sewage (TWTDS), and Public Water Supply Treatment Plants

IF YOU ARE APPLYING FOR A PERMIT MODIFICATION, PLEASE CONTACT YOUR ASSIGNED PERMIT CONTACT TO DISCUSS THE TYPE OF MODIFICATION YOU SHOULD APPLY FOR BEFORE COMPLETING THIS FORM.

This form should be used to submit the following permit requests for permitted Publicly-Owned Treatment Works (POTW), Other Treatment Works Treating Domestic Sewage (TWTDS), and Public Water Supply Treatment Plants:

- (1) Permit Transfers
- (2) Permittee/Facility Name Changes
- (3) Minor Modifications
- This modification may not be used for changes that would result in changes to permit conditions
- (4) Major Modifications (No Effluent Limit Change)
- (5) Major Modifications (Effluent Limit Change)
- (6) Reissuances
- Reissuance of a permit due to approaching expiration
- Revocation and Reissuance of permit prior to its scheduled expiration

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

Applicable Fees:

Permit Transfers and/or Permittee/Facility Name Changes
\$800
Minor Modifications
\$800
Major Modifications (No Effluent Limit Change)
\$3,140 (Major Sources)
\$2,250 (Minor Sources or Public Water Supply Treatment Plants)
Major Modifications (Effluent Limit Change)
\$7,060 (Major Sources)
\$4,290 (Minor Sources or Public Water Supply Treatment Plants)
Reissuances
\$7,060 (Major Sources)
\$4,290 (Minor Sources or Public Water Supply Treatment Plants)

For assistance, please click here to determine the permit engineer responsible for the site or call (334) 271-7810.

Processing Information

Purpose of Application

Reissuance of Permit Due to Approaching Expiration

Please indicate if the Permittee is applying for a permit transfer and/or name change in addition to permit modification or reissuance:

None

Action Type

Reissuance

Briefly describe any planned changes at the facility that are included in this reissuance application:

Outside contractors are planning to start in April on dewatering and closing our sludge lagoon this year.
City is going to install a centrifuge and building for future sludge dewatering this year.

Do you have additional contacts associated with this site?

No

Permit Information

Permit Number

AL0020672

Current Permittee Name

City of Moulton

Permittee

Permittee Name

City of Moulton

Mailing Address

720 Seminary Street

Moulton, AL 35650

Is the Operator the same as the Permittee?

Yes

Has the Operator's scope of responsibility changed?

No

Responsible Official

Prefix

Hon.

First Name

Roger

Last Name

Weatherwax

Title

Mayor

Organization Name

City of Moulton

Phone Type

Business

Number

2569053200

Extension

Email

rweatherwax@moultoncity.com

Mailing Address

720 Seminary Street

Moulton, AL 35650

Existing Permit Contacts

| Affiliation Type | Contact Information | Remove? |
|--|----------------------------|---------------|
| Permittee | City of Moulton | NONE PROVIDED |
| Wastewater Operator, Emergency Contact | Mark Hefliri, Moulton WWTP | NONE PROVIDED |

| Affiliation Type | Contact Information | Remove? |
|--|-----------------------------------|---------------|
| Responsible Official, Notification Recipient | Roger Weatherwax, City of Moulton | NONE PROVIDED |

Facility/Site Information

Facility/Site Name

Moulton WWTP

Organization/Ownership Type

Municipality (City or Town)

The Facility/Site Address is the physical location of the treatment plant. Do not enter a PO Box. Do not enter the address of the office of the Permittee if different from the treatment plant.

Facility/Site Physical Location Address

120 Beacon Street

Moulton, AL 35650

Facility/Site County

Lawrence

Facility/Site Contact

Prefix

Mr.

First Name Last Name

Mark Hefflin

Title

Wastewater Superintendent

Organization Name

Moulton WWTP

Phone Type Number Extension

Mobile 256-214-0693

Email

mhefflin@moultoncity.com

Note

Detailed directions should be included if a street address is not available.

Detailed Directions to the Facility/Site

On AL Hwy 33, turn on McCulloch St. down to Beacon St. continue pass houses turning left and follow road crossing bridge to front of WWTP.

Please refer to the link below for Lat/Long map instruction help.

[Map Instruction Help](#)

Facility/Site Front Gate Latitude and Longitude

34.48918809614302,-87.29877081492779

Primary SIC Code

4952-Sewerage Systems

Primary NAICS Code

NONE PROVIDED

Emergency Contact

Prefix

Mr.

First Name Last Name

Mark Heflin

Title

Manager

Phone Type Number Extension

Mobile 2562140693

Email

mheflin@moultoncity.com

Does the facility have a designated Environmental Contact who is different than the Facility Contact or Emergency Contact listed above?

Yes

Environmental Contact

Prefix

Mr.

First Name Last Name

Mark Heflin

Title

Wastewater Superintendent

Phone Type Number Extension

Mobile 256-214-0693

Email

mheflin@moultoncity.com

Enforcement History

Has the applicant been issued any Notices of Violation, Orders (Consent or Administrative/Unilateral), or Judicial Actions (Complaint, Settlement Agreement, Consent Decree, or Court Order) concerning water pollution or other permit violations within the State of Alabama in the past five years?

No

Wastewater Treatment & Discharge Information

Please indicate which type of operations occur at this facility:

Treatment Works Treating Domestic Sewage

What treatment type is used at this facility:

Mechanical (WWTP)

What discharge options are used at this facility:

Surface Water

What is the Total Design Flow (in millions of gallons per day, MGD) for this facility?

1.25

What is the facility's total 2-Year Actual Average Flow (in millions of gallons per day, MGD)?

1.477

Does this facility have any current or proposed stormwater outfalls from the treatment facility?

Yes

Process Flow Schematic[Moulton wwtp flow schematic Storm .pdf - 02/16/2022 02:32 PM](#)**Comment**

NONE PROVIDED

Do you share an outfall with another facility?

No

Indicate if automatic sampling equipment or continuous wastewater flow metering equipment is being operated at this facility:

| Current | Yes/No |
|---|--------|
| Continuous Wastewater Flow Metering Equipment | Yes |
| Automatic Sampling Equipment | Yes |

Indicate if installation of automatic sampling equipment or continuous wastewater flow metering equipment is planned at this facility:

| Planned | Yes/No |
|---|--------|
| Continuous Wastewater Flow Metering Equipment | N/A |
| Automatic Sampling Equipment | N/A |

Schematic Diagram[Moulton wwtp flow schematic.pdf - 02/16/2022 02:36 PM](#)**Comment**

NONE PROVIDED

Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)?

No

Treatment Methods (TWTDS)**Treatment Level**

Secondary Treatment [e.g., suspended growth biological treatment; attached growth and combined biological treatment].

Wastewater Disinfection Technology Information

Chlorination

Dechlorination

Please select all POTW Treatment Categories that apply.

Activated Sludge Process & Modifications

Aeration

Clarification

Dechlorination

Lagoon/Pond

Disinfection

Please select all unit operations that apply for Activated Sludge Process & Modifications:

Activated Sludge, Extended Aeration

Please select all unit operations that apply for Aeration:

Aerobic Unit

Please select all unit operations that apply for Clarification:

Clarification, Secondary

Please select all unit operations that apply for Disinfection:

Disinfection, Chlorination

Please select all unit operations that apply for Lagoon/Pond:

Lagoon

Waste Storage & Disposal Information

Any storage of solids or liquids at the facility that have any potential for accidental discharge to a water of the state?

No

Collection System Information

Collection Systems

| Collection System ID | Collection System Name | Owner Type of Collection System | Population of Collection System |
|----------------------|------------------------|---|---------------------------------|
| NONE PROVIDED | City of Moulton | Publicly owned (Owned by State, municipality, or Tribal government. This includes a district association or other public body created by or pursuant to State law and having jurisdiction over the disposal of sewage). | 4,231 |

Industrial Indirect Discharge Contributors

Does this wastewater treatment system receive or plan to receive industrial source wastewater contributions?

No

Coastal Zone Information

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?

No

Anti-Degradation Evaluation

Does this modification/reissuance include a new or increased discharge that began after April 3, 1991?

No

Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced above?

No

EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls.

The EPA application forms must be submitted as follows:

1. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A. If the facility design capacity is equal to or greater than 1 MGD, Form 2F is also required.
2. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and Form 2F.
3. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 1 and Form 2C.
4. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.

The EPA application forms are found on the Department's website here.

EPA Form 2A

EPA Form 3510 2A Complete 2022.pdf - 02/16/2022 02:43 PM

Comment

NONE PROVIDED

EPA Form 2F

[EPA form 3510 2F Complete 2022.pdf - 02/16/2022 02:43 PM](#)

Comment

NONE PROVIDED

EPA form 2S

[EPA Form 3510 2S Complete 2022.pdf - 02/16/2022 02:44 PM](#)

Comment

NONE PROVIDED

Other attachments (as needed)

NONE PROVIDED

Comment

NONE PROVIDED

Topographic Map**Attach topographic map here.**

[USGS Topo Map.pdf - 02/16/2022 02:45 PM](#)

Comment

NONE PROVIDED

Engineering Report/BMP Plan Requirements**Engineering Report/BMP Plan Requirements**

NONE PROVIDED

Comment

NONE PROVIDED

Outfalls (1 of 5)

Outfall: 001

Do you want to remove this outfall from the modified/reissued permit?

No

Outfall Identifier

001

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

1.477

Receiving Water

Crow Branch

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help.

[Map Instruction Help](#)

Location of Outfall or Discharge Point/Receiving Water

34.48854000000000, -87.29852000000000

[A list of the 303\(d\) impaired waters can be found here.](#)

303(d) Segment?

No

A list of waters subject to a TMDL can be found here.

TMDL Segment?

No

Outfalls (2 of 5)

Outfall: 002

Do you want to remove this outfall from the modified/reissued permit?

Yes

Please explain why you're requesting to remove this outfall:

N/A

Outfall Identifier

002

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

0.000

Receiving Water

Crow Branch

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help.

[Map Instruction Help](#)

Location of Outfall or Discharge Point/Receiving Water

34.48936400000000, -87.29866100000000

A list of the 303(d) impaired waters can be found here.

303(d) Segment?

No

A list of waters subject to a TMDL can be found here.

TMDL Segment?

No

Outfalls (3 of 5)

Outfall: 003

Do you want to remove this outfall from the modified/reissued permit?

Yes

Please explain why you're requesting to remove this outfall:

N/A

Outfall Identifier

003

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

0.00

Receiving Water

Crow Branch

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help.[Map Instruction Help](#)**Location of Outfall or Discharge Point/Receiving Water**

34.48833300000000, -87.29881900000000

[A list of the 303\(d\) impaired waters can be found here.](#)**303(d) Segment?**

No

[A list of waters subject to a TMDL can be found here.](#)**TMDL Segment?**

No

Outfalls (4 of 5)**Outfall: 004****Do you want to remove this outfall from the modified/reissued permit?**

Yes

Please explain why you're requesting to remove this outfall:

N/A

Outfall Identifier

004

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

0.00

Receiving Water

Crow Branch

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help.[Map Instruction Help](#)**Location of Outfall or Discharge Point/Receiving Water**

34.49028300000000, -87.30044200000000

A list of the 303(d) impaired waters can be found here.

303(d) Segment?

No

A list of waters subject to a TMDL can be found here.

TMDL Segment?

No

Outfalls (5 of 5)

Outfall: 005

Do you want to remove this outfall from the modified/reissued permit?

Yes

Please explain why you're requesting to remove this outfall:

N/A

Outfall Identifier

005

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

0.00

Receiving Water

Crow Branch

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help.

[Map Instruction Help](#)

Location of Outfall or Discharge Point/Receiving Water

34.488572990056745,-87.29860160498325

A list of the 303(d) impaired waters can be found here.

303(d) Segment?

No

A list of waters subject to a TMDL can be found here.

TMDL Segment?

No

Stormwater Outfall(s) (1 of 1)

Stormwater Outfall: SW01

Do you want to remove this outfall from the modified/reissued permit?

No

Stormwater Outfall Identifier

SW01

Receiving Water

Crow Branch

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help.[Map Instruction Help](#)**Location of Outfall or Discharge Point/Receiving Water**

34.488964764116574,-87.29868583964458

303(d) Segment?

No

TMDL Segment?

No

Fee**Fee**

7060

Note: Additional Fees may be assessed after the review of the application is complete. These fees may include any of the following:

Modeling with Data Collection (10 Stations) - \$60,390

Modeling with Data Collection (5 Stations) - \$49,315

Modeling - desktop - \$4,855

Review of Model Performed by Others - \$2,705

Seasonal Limits - \$4,855/additional season

Biomonitoring & Toxicity Limits - \$1,015

Please contact your area engineer if you have any questions about which additional fees may be assessed for this application.

Application Preparer**Application Preparer****Prefix**

NONE PROVIDED

First Name

NONE PROVIDED

Last Name

NONE PROVIDED

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type**Number****Extension**

NONE PROVIDED

Email

NONE PROVIDED

Address

[NO STREET ADDRESS SPECIFIED]

[NO CITY SPECIFIED], AL [NO ZIP CODE SPECIFIED]

Agreements and Signature(s)


SUBMISSION AGREEMENTS

- ☒ I am the owner of the account used to perform the electronic submission and signature.
- ☒ I have the authority to submit the data on behalf of the facility I am representing.
- ☒ I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ☒ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

Responsible Official

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 signatories to permit applications and reports (see below). I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. 335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS. (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below: (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility; (b) In the case of a partnership, by a general partner; (c) In the case of a sole proprietorship, by the proprietor; or (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

Signed Mark Heflin on 02/16/2022 at 3:36 PM
By

| | | | | | | | |
|--|--|--|------------------------|-------------------------------|--|---|-----------|
| EPA Identification Number | | NPDES Permit Number AL0020672 | | Facility Name Moulton WWTP | | Form Approved 03/05/19 OMB No. 2040-0004 | |
| Form 2F NPDES |  | U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY | | | | | |
| SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1)) | | | | | | | |
| Outfall Location | 1.1 | Provide information on each of the facility's outfalls in the table below | | | | | |
| | Outfall Number | Receiving Water Name | Latitude | | | Longitude | |
| | A | Crow Branch | 34° 29' 21.71" N | | | 87° 17' 55.18" W | |
| | B | Crow Branch | 34° 29' 18.00" N | | | 87° 17' 55.75" W | |
| | C | Hwy 24 shoulder to Crow Branch | 34° 29' 25.02" N | | | 87° 18' 1.59" W | |
| | | | ° ' " " | | | ° ' " " | |
| | | | ° ' " " | | | ° ' " " | |
| | | | ° ' " " | | | ° ' " " | |
| SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6)) | | | | | | | |
| Improvements | 2.1 | Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3. | | | | | |
| | 2.2 | Briefly identify each applicable project in the table below. | | | | | |
| | Brief Identification and Description of Project | Affected Outfalls (list outfall numbers) | Source(s) of Discharge | | | Final Compliance Dates | |
| | | | | | | Required | Projected |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2.3 | Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |

| | | |
|---------------------------|----------------------------------|-------------------------------|
| EPA Identification Number | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP |
|---------------------------|----------------------------------|-------------------------------|

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SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

| | | |
|-------------------------|---|--|
| Site Drainage Map | 3.1 | Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.) |
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

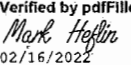
SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

| Pollutant Sources | 4.1 | Provide information on the facility's pollutant sources in the table below. | | | | | | | | | | | | | | | | | | | | | |
|----------------------|---|---|--|--|----------------------|----------------------|--|--|----------------|--------------------------------|--------------------------------|---------|---|--|--|--|--|--|--|--|--|--|--|
| | | Outfall Number | Impervious Surface Area (within a mile radius of the facility) | Total Surface Area Drained (within a mile radius of the facility) | | | | | | | | | | | | | | | | | | | |
| | | A | 19,890 <i>specify units</i> sq. ft | 100,300 <i>specify units</i> sq. ft | | | | | | | | | | | | | | | | | | | |
| | | B | 0 <i>specify units</i> sq. ft | 49,000 <i>specify units</i> sq. ft | | | | | | | | | | | | | | | | | | | |
| | | C | 0 <i>specify units</i> sq. ft | 100,900 <i>specify units</i> sq. ft | | | | | | | | | | | | | | | | | | | |
| | | | <i>specify units</i> | | <i>specify units</i> | | | | | | | | | | | | | | | | | | |
| | | | <i>specify units</i> | | <i>specify units</i> | | | | | | | | | | | | | | | | | | |
| | | | <i>specify units</i> | | <i>specify units</i> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4.2 | <p>Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)</p> <p>Bermed lagoon is used for sludge storage. No stormwater drains directly to the lagoon. Uncertainty exists regarding if the lagoon is above the 100 year flood plain. Herbicide is used sparingly around the aeration tanks 1 to 2 times a month during the growing season. Untreated components of a domestic wastewater plant are contained within pipe, structures, etc. and not exposed to stormwater with very minimal chance of being combined with stormwater.</p> | | | | | | | | | | | | | | | | | | | | |
| | 4.3 | <p>Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)</p> <table border="1"> <tr> <th colspan="3">Stormwater Treatment</th> </tr> <tr> <th>Outfall Number</th> <th>Control Measures and Treatment</th> <th>Codes from Exhibit 2F-1 (list)</th> </tr> <tr> <td>A,B & C</td> <td>No treatment of discharge. All basins and significant material handling and storage areas are self-contained by concrete or berms or are located under rooftop.</td> <td></td> </tr> <tr> <td></td> <td>Non-structural components include training facility staff on spill prevention and maintenance.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | | | | Stormwater Treatment | | | Outfall Number | Control Measures and Treatment | Codes from Exhibit 2F-1 (list) | A,B & C | No treatment of discharge. All basins and significant material handling and storage areas are self-contained by concrete or berms or are located under rooftop. | | | Non-structural components include training facility staff on spill prevention and maintenance. | | | | | | | |
| Stormwater Treatment | | | | | | | | | | | | | | | | | | | | | | | |
| Outfall Number | Control Measures and Treatment | Codes from Exhibit 2F-1 (list) | | | | | | | | | | | | | | | | | | | | | |
| A,B & C | No treatment of discharge. All basins and significant material handling and storage areas are self-contained by concrete or berms or are located under rooftop. | | | | | | | | | | | | | | | | | | | | | | |
| | Non-structural components include training facility staff on spill prevention and maintenance. | | | | | | | | | | | | | | | | | | | | | | |
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SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

| | | | | | |
|---------------------------|-----|--|--|---------------------------|--|
| Non-Stormwater Discharges | 5.1 | I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application. | | | |
| | | Name (print or type first and last name) | | Official title | |
| | | Mark Heflin | | Moulton WW Superintendent | |
| | | Signature | <small>Verified by pdfFiller</small>  <small>02/16/2022</small> | Date signed 02/16/2022 | |
| | 5.2 | Provide the testing information requested in the table below. | | | |
| | | Outfall Number | Description of Testing Method Used | Date(s) of Testing | Onsite Drainage Points Directly Observed During Test |
| | | | "Visual observation of each outfall during an | | |
| | | | extended dry weather period." | | |
| | | | | | |
| | | | | | |

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

| | | |
|-----------------------------|-----|--|
| Significant Leaks or Spills | 6.1 | Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. |
| | | None |

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

| | | |
|-----------------------|---|--|
| Discharge Information | See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table. | |
| | 7.1 | Is this a new source or new discharge? |
| | | <input type="checkbox"/> Yes → See instructions regarding submission of estimated data. <input checked="" type="checkbox"/> No → See instructions regarding submission of actual data. |
| | Tables A, B, C, and D | |
| 7.2 | Have you completed Table A for each outfall? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
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| | | |
|---------------------------------|---|---|
| Discharge Information Continued | 7.3 | Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5. |
| | 7.4 | Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 7.5 | Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.7. |
| | 7.6 | Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 7.7 | Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No |
| | 7.8 | Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10. |
| | 7.9 | Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.10 | Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12. |
| | 7.11 | Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 7.12 | Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14. |
| | 7.13 | Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 7.14 | Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 7.15 | Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17. |
| | 7.16 | Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7.17 | Have you provided information for the storm event(s) sampled in Table D? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
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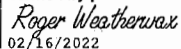
| | | | |
|--|------------------------------------|--|----|
| Discharge Information Continued | Used or Manufactured Toxics | | |
| | 7.18 | Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8. | |
| | 7.19 | List the pollutants below, including TCDD if applicable. | |
| | 1. | 4. | 7. |
| | 2. | 5. | 8. |
| | 3. | 6. | 9. |

| SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11)) | | | | | |
|--|-----|--|--|--|----------------|
| Biological Toxicity Testing Data | 8.1 | Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9. | | | |
| | 8.2 | Identify the tests and their purposes below. | | | |
| | | Test(s) | Purpose of Test(s) | Submitted to NPDES Permitting Authority? | Date Submitted |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12)) | | | | |
|---|-------------------------|--|---------------------|---------------------|
| Contract Analysis Information | 9.1 | Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10. | | |
| | 9.2 | Provide information for each contract laboratory or consulting firm below. | | |
| | | Laboratory Number 1 | Laboratory Number 2 | Laboratory Number 3 |
| | Name of laboratory/firm | Southern Environmental Testing | | |
| | Laboratory address | 2919 Fairgrounds Rd. SW Decatur, AL 35603 | | |
| | Phone number | 256-280-2567 | | |
| | Pollutant(s) analyzed | See Table A & B | | |

| | | | |
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SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| | | | |
|--|--|---|-------------------------|
| Checklist and Certification Statement | 10.1 | In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments. | |
| | | Column 1 | Column 2 |
| | <input checked="" type="checkbox"/> Section 1 | <input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls) | |
| | <input checked="" type="checkbox"/> Section 2 | <input type="checkbox"/> w/ attachments | |
| | <input checked="" type="checkbox"/> Section 3 | <input checked="" type="checkbox"/> w/ site drainage map | |
| | <input checked="" type="checkbox"/> Section 4 | <input type="checkbox"/> w/ attachments | |
| | <input checked="" type="checkbox"/> Section 5 | <input type="checkbox"/> w/ attachments | |
| | <input checked="" type="checkbox"/> Section 6 | <input type="checkbox"/> w/ attachments | |
| | <input checked="" type="checkbox"/> Section 7 | <input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input checked="" type="checkbox"/> Table C <input type="checkbox"/> Table D | |
| | <input checked="" type="checkbox"/> Section 8 | <input type="checkbox"/> w/attachments | |
| | <input checked="" type="checkbox"/> Section 9 | <input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms) | |
| | <input checked="" type="checkbox"/> Section 10 | <input type="checkbox"/> | |
| | 10.2 | Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i> | |
| | | Name (print or type first and last name) Mr. Roger Weatherwax | Official title Mayor |
| | Signature  <small>Verified by pdfFiller Roger Weatherwax 02/16/2022</small> | Date signed 02/16/2022 | |

| | | | |
|---------------------------|----------------------------------|-------------------------------|------------------------|
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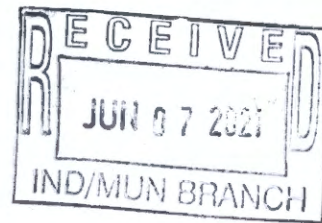
TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

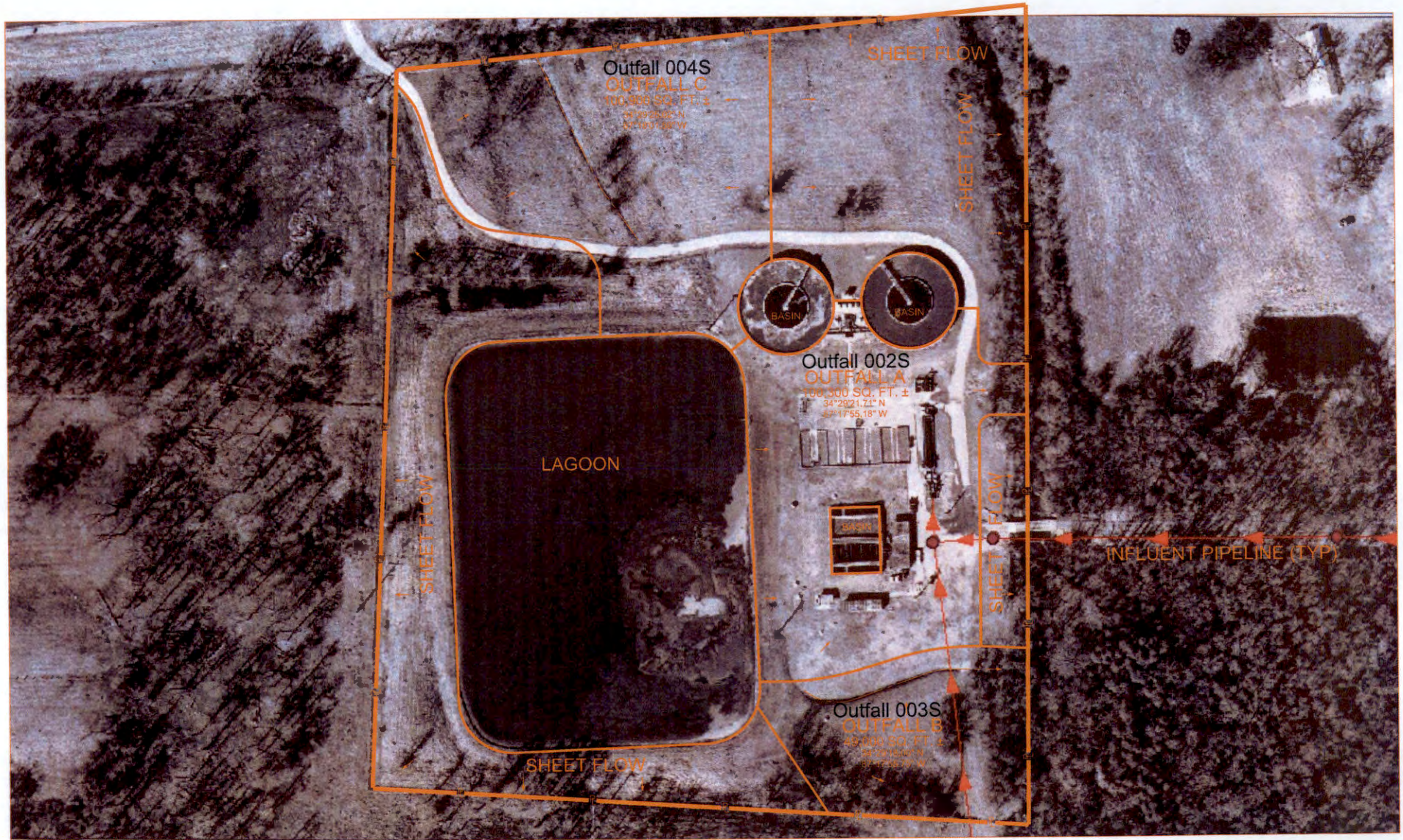
| Pollutant or Parameter | Maximum Daily Discharge (specify units) | | Average Daily Discharge (specify units) | | Number of Storm Events Sampled | Source of Information (new source/new dischargers only; use codes in instructions) |
|--|---|----------------------------|---|----------------------------|-----------------------------------|--|
| | Grab Sample Taken During First 30 Minutes | Flow-Weighted Composite | Grab Sample Taken During First 30 Minutes | Flow-Weighted Composite | | |
| 1. Oil and grease | <5.00 | | <5.00 | | 4 | |
| 2. Biochemical oxygen demand (BOD ₅) (C) | 9.0 | | 5.4 | | 4 | |
| 3. Chemical oxygen demand (COD) | N/A | | N/A | | N/A | |
| 4. Total suspended solids (TSS) | 18.2 | | 12.7 | | 4 | |
| 5. Total phosphorus | 0.50 | | 0.36 | | 4 | |
| 6. Total Kjeldahl nitrogen (TKN) | 3.4 | | 2.3 | | 4 | |
| 7. Total nitrogen (as N) | N/A | | N/A | | N/A | |
| 8. pH (minimum) | | | 7.3 | | 4 | |
| pH (maximum) | | | 7.9 | | 4 | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



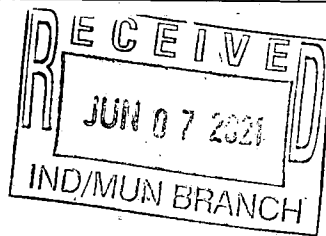


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|---|--|---|---|---|----------------|--|--|--|--|-------------------------|-------------|-------------------|------------------------------|--|----------------------------|---|--|---|--|--|--|-------------------------|-------------|-------------------|--|
| PART 2 | PERMIT APPLICATION INFORMATION (40 CFR 122.21(q)) | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.</p> <p>Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1) 7) AND (q)(13)) | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Part 2 applicants must complete this section. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Information | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">1.1 Facility name Moulton Wastewater Treatment Plant</td> </tr> <tr> <td colspan="4">Mailing address (street or P.O. box) 720 Seminary St.</td> </tr> <tr> <td>City or town Moulton</td> <td>State AL</td> <td>ZIP code 35650</td> <td>Phone number 256-214-0693</td> </tr> <tr> <td>Contact name (first and last) Mark Heflin</td> <td>Title WW Superintendent</td> <td colspan="2">Email address mhheflin@moultoncity.com</td> </tr> <tr> <td colspan="3">Location address (street, route number, or other specific identifier) 120 Beacon St.</td> <td><input type="checkbox"/> Same as mailing address</td> </tr> <tr> <td>City or town Moulton</td> <td>State AL</td> <td colspan="2">ZIP code 35650</td> </tr> </table> | 1.1 Facility name Moulton Wastewater Treatment Plant | | | | Mailing address (street or P.O. box) 720 Seminary St. | | | | City or town Moulton | State AL | ZIP code 35650 | Phone number 256-214-0693 | Contact name (first and last) Mark Heflin | Title WW Superintendent | Email address mhheflin@moultoncity.com | | Location address (street, route number, or other specific identifier) 120 Beacon St. | | | <input type="checkbox"/> Same as mailing address | City or town Moulton | State AL | ZIP code 35650 | |
| | 1.1 Facility name Moulton Wastewater Treatment Plant | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing address (street or P.O. box) 720 Seminary St. | | | | | | | | | | | | | | | | | | | | | | | | |
| | City or town Moulton | State AL | ZIP code 35650 | Phone number 256-214-0693 | | | | | | | | | | | | | | | | | | | | | |
| | Contact name (first and last) Mark Heflin | Title WW Superintendent | Email address mhheflin@moultoncity.com | | | | | | | | | | | | | | | | | | | | | | |
| | Location address (street, route number, or other specific identifier) 120 Beacon St. | | | <input type="checkbox"/> Same as mailing address | | | | | | | | | | | | | | | | | | | | | |
| | City or town Moulton | State AL | ZIP code 35650 | | | | | | | | | | | | | | | | | | | | | | |
| | 1.2 Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1.3 Facility Design Flow Rate 1.250 million gallons per day (mgd) | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1.4 Total Population Served 3241 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.5 Ownership Status | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Public—federal <input checked="" type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.6 Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.7 Applicant name _____ City of Moulton | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant mailing address (street or P.O. box) 720 Seminary St. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>City or town Moulton</td> <td>State AL</td> <td>ZIP code 35650</td> </tr> <tr> <td>Contact name (first and last) Mr. Roger Weatherwax</td> <td>Title Mayor</td> <td>Phone number 256-974-5191</td> </tr> <tr> <td colspan="2"></td> <td>Email address rweatherwax@moultoncity.com</td> </tr> </table> | City or town Moulton | State AL | ZIP code 35650 | Contact name (first and last) Mr. Roger Weatherwax | Title Mayor | Phone number 256-974-5191 | | | Email address rweatherwax@moultoncity.com | | | | | | | | | | | | | | | | |
| City or town Moulton | State AL | ZIP code 35650 | | | | | | | | | | | | | | | | | | | | | | | |
| Contact name (first and last) Mr. Roger Weatherwax | Title Mayor | Phone number 256-974-5191 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Email address rweatherwax@moultoncity.com | | | | | | | | | | | | | | | | | | | | | | | |
| 1.8 Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.9 To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same) | | | | | | | | | | | | | | | | | | | | | | | | | |



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| 1.10 | Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S. | |
| 1.11 | Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below. | |
| | | |
| | <input type="checkbox"/> RCRA (hazardous wastes) | <input type="checkbox"/> Nonattainment program (CAA) |
| | | <input type="checkbox"/> NESHAPs (CAA) |
| | <input type="checkbox"/> PSD (air emissions) | <input type="checkbox"/> Dredge or fill (CWA Section 404) |
| | <input type="checkbox"/> Ocean dumping (MPRSA) | <input type="checkbox"/> UIC (underground injection of fluids) |
| | <input type="checkbox"/> Other (specify) _____ | |
| Indian Country | | |
| 1.12 | Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below. | |
| 1.13 | Provide a description of the generation, treatment, storage, land application; or disposal of sewage sludge that occurs. | |
| Topographic Map | | |
| 1.14 | Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Line Drawing | | |
| 1.15 | Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Contractor Information | | |
| 1.16 | Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below. | |
| 1.17 | Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | |
| | Contractor 1 | Contractor 2 |
| | Contractor 3 | |
| | Contractor company name | |
| | Mailing address (street or P.O. box) | |
| | City, state, and ZIP code | |
| | Contact name (first and last) | |
| | Telephone number | |
| | Email address | |

| | | | |
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| General Information Continued | 1.17 cont. | Contractor 1 | Contractor 2 | Contractor 3 | | | | | | | | | | | | |
|--|--|--|--|--------------------------|--|----------|---|---|--|---|---|---|---|---|---|---|
| | Responsibilities of contractor | | | | | | | | | | | | | | | |
| | Pollutant Concentrations | | | | | | | | | | | | | | | |
| | <p>Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.</p> <p><input type="checkbox"/> Check here if you have attached additional sheets to the application package.</p> | | | | | | | | | | | | | | | |
| | 1.18 | Pollutant | Average Monthly Concentration (mg/kg dry weight) | Analytical Method | Detection Level | | | | | | | | | | | |
| | | Arsenic | | | | | | | | | | | | | | |
| | | Cadmium | | | | | | | | | | | | | | |
| | | Chromium | | | | | | | | | | | | | | |
| | | Copper | | | | | | | | | | | | | | |
| | | Lead | | | | | | | | | | | | | | |
| | Mercury | | | | | | | | | | | | | | | |
| | Molybdenum | | | | | | | | | | | | | | | |
| | Nickel | | | | | | | | | | | | | | | |
| | Selenium | | | | | | | | | | | | | | | |
| | Zinc | | | | | | | | | | | | | | | |
| Checklist and Certification Statement | | | | | | | | | | | | | | | | |
| | 1.19 | <p>In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%; text-align: center;">Column 1</th> <th style="width:40%; text-align: center;">Column 2</th> </tr> <tr> <td><input checked="" type="checkbox"/> Section 1 (General Information)</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 4 (Surface Disposal)</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 5 (Incineration)</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </table> | | | Column 1 | Column 2 | <input checked="" type="checkbox"/> Section 1 (General Information) | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge) | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge) | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 4 (Surface Disposal) | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 5 (Incineration) | <input type="checkbox"/> w/ attachments |
| Column 1 | Column 2 | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Section 1 (General Information) | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge) | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge) | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Section 4 (Surface Disposal) | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Section 5 (Incineration) | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | |
| | 1.20 | <p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name (print or type first and last name) Mr. Roger Weatherwax</td> <td>Official title Mayor</td> </tr> <tr> <td>Signature</td> <td> <small>Verified by pdfFiller</small> </td> <td>Date signed 2/16/2022</td> </tr> <tr> <td colspan="2">Telephone number 256-974-5191</td> <td></td> </tr> </table> | | | Name (print or type first and last name) Mr. Roger Weatherwax | | Official title Mayor | Signature | <small>Verified by pdfFiller</small> | Date signed 2/16/2022 | Telephone number 256-974-5191 | | | | | |
| Name (print or type first and last name) Mr. Roger Weatherwax | | Official title Mayor | | | | | | | | | | | | | | |
| Signature | <small>Verified by pdfFiller</small> | Date signed 2/16/2022 | | | | | | | | | | | | | | |
| Telephone number 256-974-5191 | | | | | | | | | | | | | | | | |

| |
|--|
| Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements. |
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PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))

| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge | 2.1 | Does your facility generate sewage sludge or derive a material from sewage sludge? | | | | | | | | | | | | | |
|--|---|--|--|--|---|--|--|---|--|---|--|--------------------------------------|--|---|--|
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3. | | | | | | | | | | | | | | |
| | Amount Generated Onsite | | | | | | | | | | | | | | |
| | 2.2 | Total dry metric tons per 365-day period generated at your facility: | | 108.8 | | | | | | | | | | | |
| | Amount Received from Off Site Facility | | | | | | | | | | | | | | |
| | 2.3 | Does your facility receive sewage sludge from another facility for treatment use or disposal? | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.7 (Part 2, Section 2) below. | | | | | | | | | | | | | | |
| | 2.4 | Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal: | | | | | | | | | | | | | |
| | Provide the following information for each of the facilities from which you receive sewage sludge. <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | | | | | | | | | | | | | |
| | 2.5 | Name of facility | | | | | | | | | | | | | |
| Mailing address (street or P.O. box) | | | | | | | | | | | | | | | |
| City or town | | State | ZIP code | | | | | | | | | | | | |
| Contact name (first and last) | Title | Phone number | Email address | | | | | | | | | | | | |
| Location address (street, route number, or other specific identifier) | | | <input type="checkbox"/> Same as mailing address | | | | | | | | | | | | |
| City or town | | State | ZIP code | | | | | | | | | | | | |
| County | | County code | <input type="checkbox"/> Not available | | | | | | | | | | | | |
| 2.6 | Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Amount (dry metric tons)</th> <th style="width: 33%;">Pathogen Class and Reduction Alternative</th> <th style="width: 33%;">Vector Attraction Reduction Option</th> </tr> <tr> <td></td> <td> <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment </td> <td> <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 </td> </tr> </table> | | | | Amount (dry metric tons) | Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option | | <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 | | | | | | |
| Amount (dry metric tons) | Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option | | | | | | | | | | | | | |
| | <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 | | | | | | | | | | | | | |
| 2.7 | Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.) | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)</td> <td><input type="checkbox"/> Thickening (concentration)</td> </tr> <tr> <td><input type="checkbox"/> Stabilization</td> <td><input type="checkbox"/> Anaerobic digestion</td> </tr> <tr> <td><input type="checkbox"/> Composting</td> <td><input type="checkbox"/> Conditioning</td> </tr> <tr> <td><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)</td> <td><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)</td> </tr> <tr> <td><input type="checkbox"/> Heat drying</td> <td><input type="checkbox"/> Thermal reduction</td> </tr> <tr> <td><input type="checkbox"/> Methane or biogas capture and recovery</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table> | | | | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) | <input type="checkbox"/> Thickening (concentration) | <input type="checkbox"/> Stabilization | <input type="checkbox"/> Anaerobic digestion | <input type="checkbox"/> Composting | <input type="checkbox"/> Conditioning | <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) | <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) | <input type="checkbox"/> Heat drying | <input type="checkbox"/> Thermal reduction | <input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) | <input type="checkbox"/> Thickening (concentration) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Stabilization | <input type="checkbox"/> Anaerobic digestion | | | | | | | | | | | | | | |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Conditioning | | | | | | | | | | | | | | |
| <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) | <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Heat drying | <input type="checkbox"/> Thermal reduction | | | | | | | | | | | | | | |
| <input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | | | | | |

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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

Treatment Provided at Your Facility

2.8 For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary.

| Use or Disposal Practice (check one) | Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option |
|---|--|--|
| <input type="checkbox"/> Land application of bulk sewage | <input checked="" type="checkbox"/> Not applicable | <input checked="" type="checkbox"/> Not applicable |
| <input type="checkbox"/> Land application of biosolids (bulk) | <input type="checkbox"/> Class A, Alternative 1 | <input type="checkbox"/> Option 1 |
| <input type="checkbox"/> Land application of biosolids (bags) | <input type="checkbox"/> Class A, Alternative 2 | <input type="checkbox"/> Option 2 |
| <input type="checkbox"/> Surface disposal in a landfill | <input type="checkbox"/> Class A, Alternative 3 | <input type="checkbox"/> Option 3 |
| <input type="checkbox"/> Other surface disposal | <input type="checkbox"/> Class A, Alternative 4 | <input type="checkbox"/> Option 4 |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> Class A, Alternative 5 | <input type="checkbox"/> Option 5 |
| | <input type="checkbox"/> Class A, Alternative 6 | <input type="checkbox"/> Option 6 |
| | <input type="checkbox"/> Class B, Alternative 1 | <input type="checkbox"/> Option 7 |
| | <input type="checkbox"/> Class B, Alternative 2 | <input type="checkbox"/> Option 8 |
| | <input type="checkbox"/> Class B, Alternative 3 | <input type="checkbox"/> Option 9 |
| | <input type="checkbox"/> Class B, Alternative 4 | <input type="checkbox"/> Option 10 |
| | <input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Option 11 |

2.9 Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)

| | |
|---|---|
| <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) | <input checked="" type="checkbox"/> Thickening (concentration) |
| <input type="checkbox"/> Stabilization | <input type="checkbox"/> Anaerobic digestion |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Conditioning |
| <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) | <input checked="" type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) |
| <input type="checkbox"/> Heat drying | <input type="checkbox"/> Thermal reduction |
| <input type="checkbox"/> Methane or biogas capture and recovery | |

2.10 Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above.

☐ Check here if you have attached the description to the application package.

Moulton WWTP currently is using long term treatment/storage sludge lagoon for its sludge storage. This year an outside company due to it's contamination of PFC will dewater the lagoons sludge, remove contamination soil and all liquids involved in this process will be treated to remove the PFC before it's discharged into the WWTP influent and ultimately discharged into the receiving stream.

Now we are almost complete with the design of an new centrifuge building and skid mount centrifuge unit to dewater all future sludge and dispose in regional landfill. If the centrifuge is not on line in time, we will rent a dewater container and dispose in regional landfill until the centrifuge projects complete.

Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8

2.11 Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is it land applied?

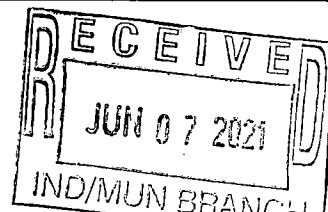
☐ Yes ☒ No → SKIP to Item 2.14 (Part 2, Section 2) below.

2.12 Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land:

2.13 Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?

☐ Yes ☒ No

☐ Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below.



| | | | |
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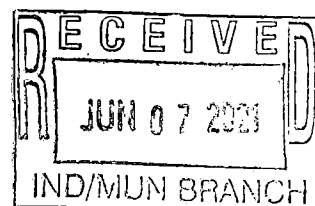
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

| Sale or Give-Away in a Bag or Other Container for Application to the Land | | | |
|--|---|---|--|
| 2.14 | Do you place sewage sludge in a bag or other container for sale or give-away for land application? | | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below. | |
| 2.15 | Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: | | |
| 2.16 | Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. | | |
| | <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package. | | |
| <input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32. | | | |
| Shipment Off Site for Treatment or Blending | | | |
| 2.17 | Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | |
| 2.18 | Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. | | |
| | <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | |
| 2.19 | Name of receiving facility | | |
| | Mailing address (street or P.O. box) | | |
| | City or town | State | ZIP code |
| | Contact name (first and last) | Title | Phone number |
| | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address |
| | City or town | State | ZIP code |
| 2.20 | Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: | | |
| 2.21 | Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below. | | |
| 2.22 | Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility. | | |
| | Pathogen Class and Reduction Alternative | | Vector Attraction Reduction Option |
| | <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment | | <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 |

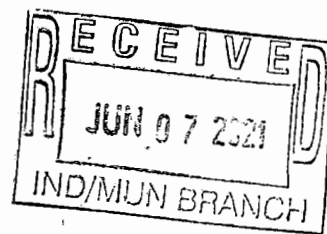
| | | | | |
|---|---|--|--|---|
| EPA Identification Number | | NPDES Permit Number AL0020672 | Facility Name Moulton WWTP | Form Approved 03/05/19 OMB No. 2040-0004 |
| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | 2.23 | Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.) | | |
| | | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) | <input type="checkbox"/> Thickening (concentration) | |
| | | <input type="checkbox"/> Stabilization | <input type="checkbox"/> Anaerobic digestion | |
| | | <input type="checkbox"/> Composting | <input type="checkbox"/> Conditioning | |
| | | <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) | <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) | |
| | | <input type="checkbox"/> Heat drying | <input type="checkbox"/> Thermal reduction | |
| | | <input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Other (specify) _____ | |
| | 2.24 | Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g). <input type="checkbox"/> Check here to indicate that you have attached material. | | |
| | 2.25 | Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | |
| | 2.26 | Attach a copy of all labels or notices that accompany the product being sold or given away. <input type="checkbox"/> Check here to indicate that you have attached material. | | |
| | <input type="checkbox"/> Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then → SKIP to Item 2.32 (Part 2, Section 2) below. | | | |
| | Land Application of Bulk Sewage Sludge | | | |
| | 2.27 | Is sewage sludge from your facility applied to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | |
| | 2.28 | Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: | | |
| 2.29 | Did you identify all land application sites in Part 2, Section 3 of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No → Submit a copy of the land application plan with your application. | | | |
| 2.30 | Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | | |
| 2.31 | Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification. <input type="checkbox"/> Check here if you have attached the explanation to the application package. <input type="checkbox"/> Check here if you have attached the notification to the application package. | | | |
| Surface Disposal | | | | |
| 2.32 | Is sewage sludge from your facility placed on a surface disposal site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.39 (Part 2, Section 2) below. | | | |
| 2.33 | Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: | | | |
| 2.34 | Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? <input type="checkbox"/> Yes → SKIP to Item 2.39 (Part 2, Section 2) below. <input type="checkbox"/> No | | | |
| 2.35 | Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | | |

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| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | 2.36 | Site name or number of surface disposal site you do not own or operate | | |
| | | Mailing address (street or P.O. box) | | |
| | | City or Town | State | ZIP Code |
| | | Contact Name (first and last) | Title | Phone Number |
| | | | | Email Address |
| | 2.37 | Site Contact (Check all that apply.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator | | |
| | 2.38 | Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: | | |
| | Incineration | | | |
| | 2.39 | Is sewage sludge from your facility fired in a sewage sludge incinerator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below. | | |
| | 2.40 | Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: | | |
| | 2.41 | Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? <input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) below. <input type="checkbox"/> No | | |
| | 2.42 | Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | |
| | 2.43 | Incinerator name or number | | |
| | | Mailing address (street or P.O. box) | | |
| | | City or town | State | ZIP code |
| | Contact name (first and last) | Title | Phone number | |
| | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address | |
| | City or town | State | ZIP code | |
| 2.44 | Contact (check all that apply) <input type="checkbox"/> Incinerator owner <input type="checkbox"/> Incinerator operator | | | |
| 2.45 | Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: | | | |
| Disposal in a Municipal Solid Waste Landfill | | | | |
| 2.46 | Is sewage sludge from your facility placed on a municipal solid waste landfill? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3. | | | |
| 2.47 | Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | 1 | |



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| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | 2.48 | Name of landfill Republic Services Morris Farm Landfill | | | | | |
| | | Mailing address (street or P.O. box) 4 County Road 418 | | | | | |
| | | City or town Hillsboro | | | State AL | | ZIP code 35643 |
| | | Contact name (first and last) Justin White | Title Supervisor | | Phone number (256) 655-9374 | | Email address jwhite6@republicservices.com |
| | | Location address (street, route number, or other specific identifier) | | | | | <input checked="" type="checkbox"/> Same as mailing address |
| | | County | | County code <input type="checkbox"/> Not available | | | |
| | | City or town | | State | | ZIP code | |
| | 2.49 | Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period: | | | | | 108.8 |
| | 2.50 | List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill. | | | | | |
| | | Permit Number | | Type of Permit | | | |
| | 40-08 | | Municipal Solid Waste Landfill Unit | | | | |
| | | | | | | | |
| | | | | | | | |
| 2.51 | Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information. | | | | | | |
| 2.52 | Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |



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PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))

| | | | | |
|--|---|---|---------------------------------|--|
| Land Application of Bulk Sewage Sludge | 3.1 | Does your facility apply sewage sludge to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4. | | |
| | 3.2 | Do any of the following conditions apply? <ul style="list-style-type: none"> The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8); The sewage sludge is sold or given away in a bag or other container for application to the land; or You provide the sewage sludge to another facility for treatment or blending. <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input type="checkbox"/> No | | |
| | 3.3 | Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites. | | |
| | Identification of Land Application Site | | | |
| | 3.4 | Site name or number | | |
| | | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address |
| | | County | County code | <input type="checkbox"/> Not available |
| | | City or town | State | ZIP code |
| | Latitude/Longitude of Land Application Site (see instructions) | | | |
| | | Latitude | | Longitude |
| | | ° ' " N or S | | ° ' " E or W |
| | Method of Determination | | | |
| | | <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____ | | |
| | 3.5 | Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate you have attached a topographic map for this site. | | |
| | Owner Information | | | |
| 3.6 | Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input type="checkbox"/> No | | | |
| 3.7 | Owner name | | | |
| | Mailing address (street or P.O. box) | | | |
| | City or town | State | ZIP code | |
| | Contact name (first and last) | Title | Phone number Email address | |
| Applier Information | | | | |
| 3.8 | Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input type="checkbox"/> No | | | |
| 3.9 | Applier's name | | | |
| | Mailing address (street or P.O. box) | | | |
| | City or town | State | ZIP code | |
| | Contact name (first and last) | Title | Phone number Email address | |

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Land Application of Bulk Sewage Sludge Continued

| Site Type | | | | | | | | | | | | | | | | | | | |
|--|--|--------------|---------------|---------------------------------|--|----------------|--|--------------------------------------|--|---------------|--|--------------|-------|----------|--|-------------------------------|-------|--------------|---------------|
| 3.10 | Type of land application: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Agricultural land <input type="checkbox"/> Reclamation site <input type="checkbox"/> Other (describe) </div> <div> <input type="checkbox"/> Forest <input type="checkbox"/> Public contact site </div> </div> | | | | | | | | | | | | | | | | | | |
| Crop or Other Vegetation Grown on Site | | | | | | | | | | | | | | | | | | | |
| 3.11 | What type of crop or other vegetation is grown on this site? | | | | | | | | | | | | | | | | | | |
| 3.12 | What is the nitrogen requirement for this crop or vegetation? | | | | | | | | | | | | | | | | | | |
| Vector Attraction Reduction | | | | | | | | | | | | | | | | | | | |
| 3.13 | Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16 (Part 2, Section 3) below. </div> | | | | | | | | | | | | | | | | | | |
| 3.14 | Indicate which vector attraction reduction option is met. (Check only one response.) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Option 9 (injection below land surface) <input type="checkbox"/> Option 10 (incorporation into soil within 6 hours) </div> | | | | | | | | | | | | | | | | | | |
| 3.15 | Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge. <div style="margin-top: 5px;"> <input type="checkbox"/> Check here if you have attached your description to the application package. </div> | | | | | | | | | | | | | | | | | | |
| Cumulative Loadings and Remaining Allotments | | | | | | | | | | | | | | | | | | | |
| 3.16 | Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4. </div> | | | | | | | | | | | | | | | | | | |
| 3.17 | Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <div> <input type="checkbox"/> No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4. </div> </div> | | | | | | | | | | | | | | | | | | |
| 3.18 | Provide the following information about your NPDES permitting authority: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 40%;">NPDES permitting authority name</td><td></td></tr> <tr><td>Contact person</td><td></td></tr> <tr><td>Telephone number</td><td></td></tr> <tr><td>Email address</td><td></td></tr> </table> | | | NPDES permitting authority name | | Contact person | | Telephone number | | Email address | | | | | | | | | |
| NPDES permitting authority name | | | | | | | | | | | | | | | | | | | |
| Contact person | | | | | | | | | | | | | | | | | | | |
| Telephone number | | | | | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | | | | | |
| 3.19 | Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4. </div> | | | | | | | | | | | | | | | | | | |
| 3.20 | Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary. <div style="margin-top: 5px;"> <input type="checkbox"/> Check here to indicate that additional pages are attached. </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td colspan="4">Facility name</td></tr> <tr><td colspan="4">Mailing address (street or P.O. box)</td></tr> <tr> <td style="width: 40%;">City or town</td> <td style="width: 15%;">State</td> <td colspan="2" style="width: 45%;">ZIP code</td> </tr> <tr> <td>Contact name (first and last)</td> <td>Title</td> <td>Phone number</td> <td>Email address</td> </tr> </table> | | | Facility name | | | | Mailing address (street or P.O. box) | | | | City or town | State | ZIP code | | Contact name (first and last) | Title | Phone number | Email address |
| Facility name | | | | | | | | | | | | | | | | | | | |
| Mailing address (street or P.O. box) | | | | | | | | | | | | | | | | | | | |
| City or town | State | ZIP code | | | | | | | | | | | | | | | | | |
| Contact name (first and last) | Title | Phone number | Email address | | | | | | | | | | | | | | | | |

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| PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(q)(10)) | | | | |
| Surface Disposal | 4.1 | Do you own or operate a surface disposal site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 5. | | |
| | 4.2 | Complete all items in Section 4 for each active sewage sludge unit that you own or operate. <input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units. | | |
| | Information on Active Sewage Sludge Units | | | |
| | 4.3 | Unit name or number | | |
| | | Mailing address (street or P.O. box) | | |
| | | City or town | State | ZIP code |
| | | Contact name (first and last) | Title | Phone number Email address |
| | | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address |
| | | County | County code | <input type="checkbox"/> Not available |
| | | City or town | State | ZIP code |
| | Latitude/Longitude of Active Sewage Sludge Unit (see instructions) | | | |
| | | Latitude | Longitude | |
| | | ° ' " N or S | ° ' " E or W | |
| | Method of Determination | | | |
| | | <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____ | | |
| 4.4 | Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map. | | | |
| 4.5 | Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: | | | |
| 4.6 | Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: | | | |
| 4.7 | Does the active sewage sludge unit have a liner with a maximum permeability of 1×10^{-7} centimeters per second (cm/sec)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below. | | | |
| 4.8 | Describe the liner. <input type="checkbox"/> Check here to indicate that you have attached a description to the application package. | | | |
| 4.9 | Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below. | | | |
| 4.10 | Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal. <input type="checkbox"/> Check here to indicate that you have attached the description to the application package. | | | |

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| Surface Disposal Continued | 4.11 | Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? | | |
| | <input type="checkbox"/> Yes | | <input type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below. | |
| | 4.12 | Provide the actual distance in meters: | | meters |
| | 4.13 | Remaining capacity of active sewage sludge unit in dry metric tons: | | dry metric tons |
| | 4.14 | Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY): | | |
| | 4.15 | Attach a copy of any closure plan that has been developed for this active sewage sludge unit. <input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package. | | |
| | Sewage Sludge from Other Facilities | | | |
| | 4.16 | Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility? | | |
| | <input type="checkbox"/> Yes | | <input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below. | |
| | 4.17 | Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.) | | |
| | <input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package. | | | |
| | 4.18 | Facility name | | |
| | Mailing address (street or P.O. box) | | | |
| | City or town | | State | ZIP code |
| | Contact name (first and last) | | Title | Phone number |
| | | | Email address | |
| 4.19 | Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility. | | | |
| Pathogen Class and Reduction Alternative | | Vector Attraction Reduction Option | | |
| <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment | | <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 | | |
| 4.20 | Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.) | | | |
| <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery | | <input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____ | | |

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| Surface Disposal Continued | Vector Attraction Reduction | | | |
| | 4.21 | Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit? | | |
| | | <input type="checkbox"/> Option 9 (Injection below and surface) | <input type="checkbox"/> Option 11 (Covering active sewage sludge unit daily) | |
| | | <input type="checkbox"/> Option 10 (Incorporation into soil within 6 hours) | <input type="checkbox"/> None | |
| | 4.22 | Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge. | | |
| | | <input type="checkbox"/> Check here if you have attached your description to the application package. | | |
| | Groundwater Monitoring | | | |
| | 4.23 | Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit? | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → SKIP to Item 4.26 (Part 2, Section 4) below. | |
| | 4.24 | Provide a copy of available groundwater monitoring data. | | |
| | | <input type="checkbox"/> Check here to indicate you have attached the monitoring data. | | |
| | 4.25 | Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data. | | |
| | <input type="checkbox"/> Check here if you have attached your description to the application package. | | | |
| 4.26 | Has a groundwater monitoring program been prepared for this active sewage sludge unit? | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No → SKIP to Item 4.28 (Part 2, Section 4) below. | | |
| 4.27 | Submit a copy of the groundwater monitoring program with this permit application. | | | |
| | <input type="checkbox"/> Check here to indicate you have attached the monitoring program. | | | |
| 4.28 | Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated? | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No → SKIP to Item 4.30 (Part 2, Section 4) below. | | |
| 4.29 | Submit a copy of the certification with this permit application. | | | |
| | <input type="checkbox"/> Check here to indicate you have attached the certification to the application package. | | | |
| Site-Specific Limits | | | | |
| 4.30 | Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit? | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No → SKIP to Part 2, Section 5. | | |
| 4.31 | Submit information to support the request for site-specific pollutant limits with this application. | | | |
| | <input type="checkbox"/> Check here to indicate you have attached the requested information. | | | |

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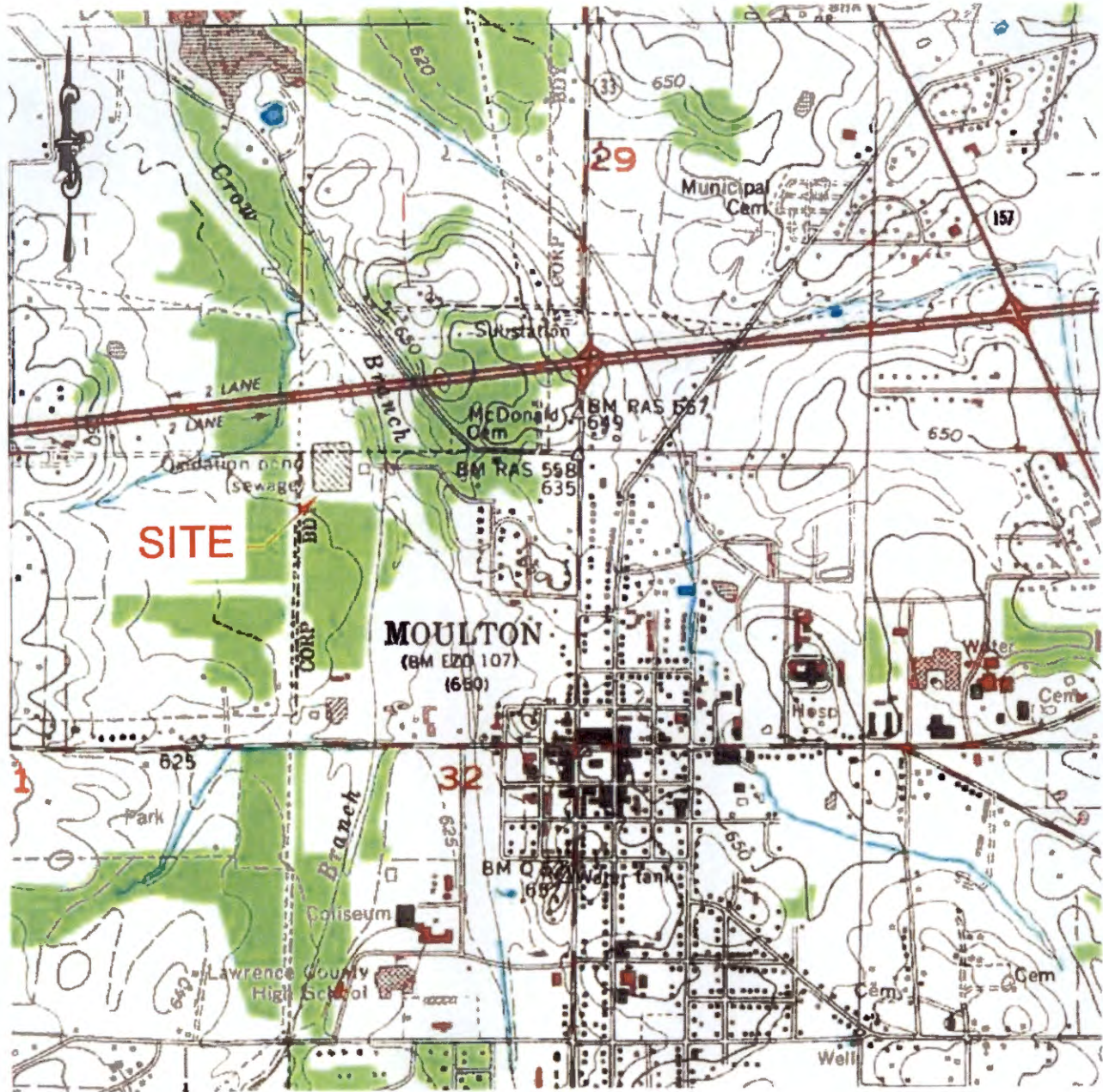
PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11))

| | | | |
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| Incineration | Incinerator Information | | |
| | 5.1 | Do you fire sewage sludge in a sewage sludge incinerator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to END. | |
| | 5.2 | Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.) <input type="checkbox"/> Check here to indicate that you have attached information for one or more incinerators. | |
| | 5.3 | Incinerator name or number | |
| | | Location address (street, route number, or other specific identifier) | |
| | | County | County code <input type="checkbox"/> Not available |
| | | City or town | State ZIP code |
| | | Latitude/Longitude of Incinerator (see instructions) | |
| | | Latitude | Longitude |
| | | ° ' " N or S | ° ' " E or W |
| | | Method of Determination | |
| | | <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____ | |
| | Amount Fired | | |
| | 5.4 | Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: | |
| | Beryllium NESHAP | | |
| | 5.5 | Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. <input type="checkbox"/> Check here to indicate that you have attached this material to the application package. | |
| | 5.6 | Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8 (Part 2, Section 5) below. | |
| | 5.7 | Submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. <input type="checkbox"/> Check here to indicate that you have attached this information. | |
| | Mercury NESHAP | | |
| | 5.8 | Is compliance with the mercury NESHAP being demonstrated via stack testing? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.11 (Part 2, Section 5) below. | |
| 5.9 | Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information. | | |
| 5.10 | Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. <input type="checkbox"/> Check here to indicate that you have attached this information. | | |
| 5.11 | Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.13 (Part 2, Section 5) below. | | |
| 5.12 | Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information. | | |

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Incineration Continued

| Dispersion Factor | | | | | | | | | | | | | |
|--|---|-----------|-----------------------------------|---------|--|---------|--|----------|--|------|--|--------|--|
| 5.13 | Dispersion factor in micrograms/cubic meter per gram/second: | | | | | | | | | | | | |
| 5.14 | Name and type of dispersion model: | | | | | | | | | | | | |
| 5.15 | Submit a copy of the modeling results and supporting documentation. <input type="checkbox"/> Check here to indicate that you have attached this information. | | | | | | | | | | | | |
| Control Efficiency | | | | | | | | | | | | | |
| 5.16 | Provide the control efficiency, in hundredths, for each of the pollutants listed below. | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 50%;">Pollutant</th> <th style="width: 50%;">Control Efficiency, in Hundredths</th> </tr> </thead> <tbody> <tr><td>Arsenic</td><td></td></tr> <tr><td>Cadmium</td><td></td></tr> <tr><td>Chromium</td><td></td></tr> <tr><td>Lead</td><td></td></tr> <tr><td>Nickel</td><td></td></tr> </tbody> </table> | Pollutant | Control Efficiency, in Hundredths | Arsenic | | Cadmium | | Chromium | | Lead | | Nickel | |
| Pollutant | Control Efficiency, in Hundredths | | | | | | | | | | | | |
| Arsenic | | | | | | | | | | | | | |
| Cadmium | | | | | | | | | | | | | |
| Chromium | | | | | | | | | | | | | |
| Lead | | | | | | | | | | | | | |
| Nickel | | | | | | | | | | | | | |
| 5.17 | Attach a copy of the results or performance testing and supporting documentation (including testing dates). <input type="checkbox"/> Check here to indicate that you have attached this information. | | | | | | | | | | | | |
| Risk-Specific Concentration for Chromium | | | | | | | | | | | | | |
| 5.18 | Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter: | | | | | | | | | | | | |
| 5.19 | Was the RSC determined via Table 2 in 40 CFR 503.43? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below. | | | | | | | | | | | | |
| 5.20 | Identify the type of incinerator used as the basis. <input type="checkbox"/> Fluidized bed with wet scrubber <input type="checkbox"/> Other types with wet scrubber <input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator <input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator | | | | | | | | | | | | |
| 5.21 | Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below. | | | | | | | | | | | | |
| 5.22 | Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: | | | | | | | | | | | | |
| 5.23 | Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application. <input type="checkbox"/> Check here to indicate that you have attached this information. <input type="checkbox"/> Not applicable | | | | | | | | | | | | |
| Incinerator Parameters | | | | | | | | | | | | | |
| 5.24 | Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| 5.25 | Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| 5.26 | Indicate the type of sewage sludge incinerator. | | | | | | | | | | | | |
| 5.27 | Incinerator stack height in meters: | | | | | | | | | | | | |
| 5.28 | Indicate whether the value submitted in Item 5.27 is (check only one response): <input type="checkbox"/> Actual stack height <input type="checkbox"/> Creditable stack height | | | | | | | | | | | | |



USGS TOPOGRAPHIC MAP



ENERSOLV *a Solutions Company*

2220 Beltline Road S.W. Decatur, AL 35601

Title **USGS TOPOGRAPHIC MAP**

Scale: N.T.S.

Project No: 13568

Date: 30 JAN 18

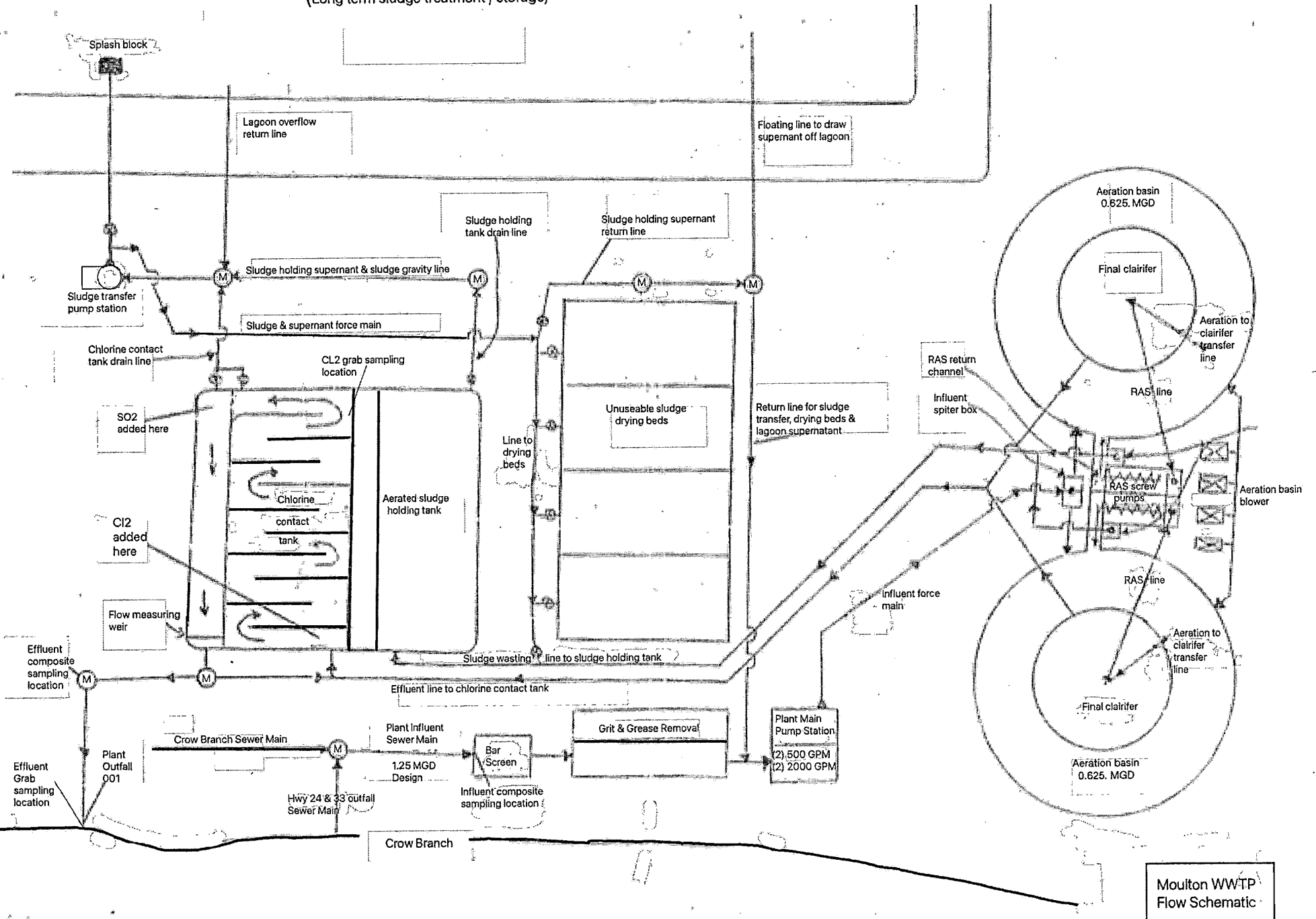
Cad name: MOULTON WWTP

Project **MOULTON WASTE WATER TREATMENT PLANT**

Drawn By: SMR

File: X-DRWE-18

Sludge Lagoon 3.5 acres
(Long term sludge treatment / storage)



Moulton WWTP
Flow Schematic

Stokes, Dustin A

To: Blake McAnally
Subject: RE: Moulton POTW

From: Blake McAnally <blakem@pughwrightmcanally.com>
Sent: Monday, July 11, 2022 1:00 PM
To: Stokes, Dustin A <dastokes@adem.alabama.gov>
Subject: RE: Moulton POTW

Dustin,

The attached document has been released publicly and be released with your permit for Moulton.

Thanks,

H. Blake McAnally, PE/PLS, President
Pugh Wright McAnally, Inc.
blakem@pughwrightmcanally.com
p (256) 353-3937

**MOULTON WASTEWATER TREATMENT PLANT
DRAFT DEFENDANT'S STATEMENT OF WORK
PRIVILEGED AND CONFIDENTIAL/FOR SETTLEMENT PURPOSES ONLY
"ATTORNEY WORK PRODUCT"
10-18-2021**

Project: Moulton Wastewater Treatment Plant - PFC Remediation and Removal from Lagoon

A. Background

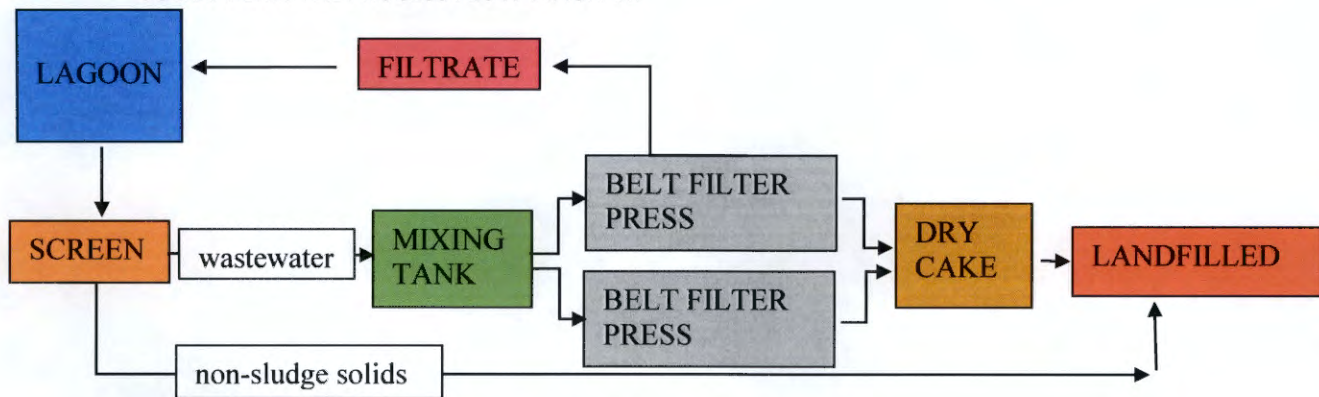
The Moulton Wastewater Treatment Plant currently operates with a bar screen, grit and grease removal tank, two clarifiers, four drying beds (which are rarely used), aeriated sludge holding tank, chlorine contact tank to effluent, and a seven-million-gallon lagoon for sludge storage. The lagoon receives an average of 150,000 gallons of sludge per week produced from the wastewater treatment process. Sample testing has shown presence of PFAS in the lagoon. This SOW specifically addresses removal of solids and PFAS from the water in the lagoon and testing. Following are multiple phases of work to remediate and remove solids and PFAS from the lagoon.

B. Phases of Work

Phase 1 - Solids Removal and Disposal from Lagoon

The primary goal of Phase 1 is to treat the existing wastewater from the lagoon to establish an acceptable TSS level for additional treatment in Phase 1. The lagoon has a capacity of seven million gallons and is currently 90% full of supernatant and sludge. Bench testing the material will be required before this work can commence to understand the current properties of the material and which specific chemical and mechanical processes will be most efficient and effective in removing the solids while returning the water to the lagoon. The solids removal process will include dredging the lagoon and pumping material to pass through a series of treatment. The initial stages of treatment will include removal of any large solids. The dredge will pump directly from the lagoon into a parallel system of drum screens. As the material passes through the screens the larger, non-sludge solids will be removed, collected, and hauled to Morris Farm Landfill for disposal. The wastewater which passes through the screening process will be collected and pumped into a mobile wastewater mixing tank capable of processing up to 1000 Gallons per minute. As the material mixes, polymers and other coagulants will be injected and mixed with the material to precipitate suspended solids in the wastewater. Previous bench testing will determine the specific quantities and type of chemical treatment most effective to coagulate and separate solids. The wastewater will then be pumped and transferred into a hopper of a belt filter press. To accommodate flow, it is anticipated two belt filter presses will be utilized. As the wastewater passes through the belt filter press the biosolids and water will separate to produce a filtrate and "cake" material. It is expected the dewatered residuals or "cake" will maintain a consistency similar to that of moist soil. During this process the filtrate will be collected and recirculated back through the lagoon for continued treatment until all biosolids are sufficiently removed to start Phase 2 treatment. "Cake" produced will be collected, loaded, and hauled to the Morris Farm Landfill and disposed of in a lined cell. (See Figure 1)

Figure 1
SOLIDS REMOVAL PROCESS FLOW DIAGRAM

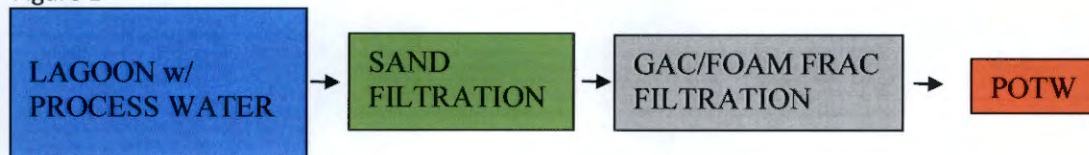


Estimated Volume of Material to Haul – 12,000-14,000 Cubic Yards
Estimated Time of Completion - 115 Days

Phase 2 - Treatment of Liquid and Disposal to POTW

Phase 2 will include efforts in treating the process water in the lagoon. Phase 2 will not begin until Phase 1 is complete. The two phases can not run concurrently. The process for Phase 2 will include pumping the treated water from Phase 1 out of the lagoon through a filtration system that includes Foam Fractionation, Granulated Activated Carbon, and other treatment methods. Following treatment, the treated water will be discharged through the POTW. (See Figure 2) PFOA and PFOS levels in the treated water will be determined prior to discharge to the POTW.

Figure 2



Estimated Volume of Water to Treat - 6 Million Gallons
Estimated Time of Completion - 230 Days

Phase 3 - Soil Test

Soil testing should begin after all water is removed from the lagoon. There are concerns with receiving inaccurate results while sampling material from the bottom of the lagoon with PFC latent water presently in the lagoon. Once all water is treated and removed from the lagoon in Phase 2, the contractor will clip and remove the first six inches of material from the the bottom of the lagoon. It can be expected that soils from the lagoon will contain an acceptable moisture content not requiring chemical or physical stabilization. Additional soil will be removed from the bottom of the lagoon in 6-inch increments until margins are identified where the levels of PFOA and PFOS are below the applicable EPA Soil Screening Levels for PFOA and PFOS. Testing will consist of two samples per acre (8) and one sample every 100 feet around the perimeter (14) of the dike will be taken and sent to an accredited lab for testing for presence of PFOA and PFOS, this will consist of 22 total individual samples. Soil and material removed as part of this process will be loaded and hauled to the Morris Farm Landfill and disposed of in a lined cell. Once all material is removed, the lagoon will be graded and backfilled using on-site material. It is not expected at this point that offsite borrow will be needed as fill material.

Estimated Samples - 22 each

Estimated Time of Completion - 30 Days

Phase 4 - Install and Develop Groundwater Monitoring Wells and Implement a Sampling Schedule

Phase 4 will include the installation and development of groundwater monitoring wells as per established protocol by a retained third-party groundwater consultant.