



Alabama Department of Environmental Management
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OCT 21 2020

JOHN HAMMOCK MAYOR
CITY OF TALLASSEE
3 FREEMAN AVE
TALLASSEE AL 36078

RE: Draft Permit
NPDES Permit No. AL0020486
Tallassee Sewer Stabilization Pond
Elmore County, Alabama

Dear Mayor Hammock:

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 Part I.C.1.c of your permit requires participation in the Department's web-based Electronic Environmental (E2) Reporting System Program for submittal of DMRs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. Please also be aware that Part I.C.2.e of your permit requires participation in the Department's web-based electronic environmental (E2) reporting system for submittal of SSOs 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. The E2 Program allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes> or you may obtain a hard copy by submitting a written request or by emailing e2admin@adem.alabama.gov.

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 by email at slee@adem.alabama.gov or by phone at (334) 274-4223.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Lee".

Sandra Lee
Municipal Section
Water Division

/mfc
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 TALLASSEE
3 FREEMAN AVE
TALLASSEE, ALABAMA 36078

FACILITY LOCATION: TALLASSEE SEWER STABILIZATION POND 1.4 MGD (0011), 2.4 MGD (0012)
HIGHWAY 229 SOUTH
TALLASSEE, ALABAMA
ELMORE COUNTY

PERMIT NUMBER: AL0020486

RECEIVING WATERS: TALLAPOOSA RIVER

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

**MUNICIPAL SECTION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
PERMIT**

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PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. Outfall 0011 Discharge Limits - 1.4 MGD Discharge

During the period beginning on the effective date of this permit and lasting through the completion of the facility expansion to 2.4 MGD, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee’s application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	REPORT mg/l	*****	*****	E	GRAB	F	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	F	*****
Solids, Total Suspended 00530 1 0 0	1050 lbs/day	1576 lbs/day	90.0 mg/l	135 mg/l	*****	*****	*****	E	COMP24	F	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	F	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	233 lbs/day	350 lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	F	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Nitrite Plus Nitrate Total I Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
Chlorine, Total Residual See note (5) 50060 1 0 0	*****	*****	*****	*****	*****	1.0 mg/l	*****	E	GRAB	F	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

- I – Influent
- E – Effluent
- X – End Chlorine Contact Chamber
- K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
- RS - Receiving Stream
- US – Upstream
- DS – Downstream
- MW – Monitoring Well
- SW – Storm Water

(2) Sample Type:

- CONTIN - Continuous
- INSTAN - Instantaneous
- COMP-8 - 8-Hour Composite
- COMP24 - 24-Hour Composite
- GRAB – Grab
- CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

- A - 7 days per week
- B - 5 days per week
- C - 3 days per week
- D - 2 days per week
- E - 1 day per week
- F - 2 days per month
- G - 1 day per month
- H - 1 day per quarter
- J - Annual
- Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

- S = Summer (May – November)
- W = Winter (December - April)
- ECS = E. coli Summer (May – October)
- ECW = E. coli Winter (November – April)

(5) 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” or “NODI=9” (if hard copy) on the monthly DMR.

2. Outfall 0011 Discharge Limits - 1.4 MGD Discharge (continued)

During the period beginning on the effective date of this permit and lasting through the completion of the facility expansion to 2.4 MGD, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	F	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	F	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	291 lbs/day	437 lbs/day	25.0 mg/l	37.5 mg/l	*****	*****	*****	E	COMP24	F	*****
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	1	COMP24	F	*****
BOD, Carb-5 Day, 20 Deg C, Percent Remvl 80091 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
Solids, Suspended Percent Removal 81011 K 0 0	*****	*****	*****	*****	*****	*****	65.0%	K	CALCTD	G	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

I - Influent
 E - Effluent
 X - End Chlorine Contact Chamber
 K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
 RS - Receiving Stream
 US - Upstream
 DS - Downstream
 MW - Monitoring Well
 SW - Storm Water

(2) Sample Type:

CONTIN - Continuous
 INSTAN - Instantaneous
 COMP-8 - 8-Hour Composite
 COMP24 - 24-Hour Composite
 GRAB - Grab
 CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week
 B - 5 days per week
 C - 3 days per week
 D - 2 days per week
 E - 1 day per week
 F - 2 days per month
 G - 1 day per month
 H - 1 day per quarter
 J - Annual
 Q - For Effluent Toxicity

Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May - November)
 W = Winter (December - April)
 ECS = E. coli Summer (May - October)
 ECW = E. coli Winter (November - April)

(5) 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” or “NODI=9” (if hard copy) on the monthly DMR.

3. Outfall 0012 Discharge Limits - 2.4 MGD Discharge

During the period beginning after the facility expansion to 2.4 MGD and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	REPORT mg/l	*****	*****	E	GRAB	D	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	D	*****
Solids, Total Suspended 00530 1 0 0	600 lbs/day	900 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	400 lbs/day	600 lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
Chlorine, Total Residual See note (5) 50060 1 0 0	*****	*****	*****	*****	*****	1.0 mg/l	*****	E	GRAB	D	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

- I – Influent
- E – Effluent
- X – End Chlorine Contact Chamber
- K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
- RS - Receiving Stream
- US – Upstream
- DS – Downstream
- MW – Monitoring Well
- SW – Storm Water

(2) Sample Type:

- CONTIN - Continuous
- INSTAN - Instantaneous
- COMP-8 - 8-Hour Composite
- COMP24 - 24-Hour Composite
- GRAB – Grab
- CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

- A - 7 days per week
- B - 5 days per week
- C - 3 days per week
- D - 2 days per week
- E - 1 day per week
- F - 2 days per month
- G - 1 day per month
- H - 1 day per quarter
- J - Annual
- Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

- S = Summer (May – November)
- W = Winter (December - April)
- ECS = E. coli Summer (May – October)
- ECW = E. coli Winter (November – April)

(5) 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” or “NODI=9” (if hard copy) on the monthly DMR.

4. Outfall 0012 Discharge Limits - 2.4 MGD Discharge (continued)

During the period beginning after the facility expansion to 2.4 MGD and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	D	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	D	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	500 lbs/day	750 lbs/day	25.0 mg/l	37.5 mg/l	*****	*****	*****	E	COMP24	D	*****
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
BOD, Carb-5 Day, 20 Deg C, Percent Remvl 80091 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
Solids, Suspended Percent Removal 81011 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

I - Influent
 E - Effluent
 X - End Chlorine Contact Chamber
 K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
 RS - Receiving Stream
 US - Upstream
 DS - Downstream
 MW - Monitoring Well
 SW - Storm Water

(2) Sample Type:

CONTIN - Continuous
 INSTAN - Instantaneous
 COMP-8 - 8-Hour Composite
 COMP24 - 24-Hour Composite
 GRAB - Grab
 CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week F - 2 days per month
 B - 5 days per week G - 1 day per month
 C - 3 days per week H - 1 day per quarter
 D - 2 days per week J - Annual
 E - 1 day per week Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May - November)
 W = Winter (December - April)
 ECS = E. coli Summer (May - October)
 ECW = E. coli Winter (November - April)

(5) 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" or "NODI=9" (if hard copy) on the monthly DMR.

5. Outfall 001T Discharge Limits - Toxicity

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 001T, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

<u>Parameter</u>	<u>Discharge Limitations*</u>							<u>Monitoring Requirements**</u>			
	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Daily Minimum</u>	<u>Daily Maximum</u>	<u>Percent Removal</u>	<u>(1) Sample Location</u>	<u>(2) Sample Type</u>	<u>(3) Measurement Frequency</u>	<u>(4) Seasonal</u>
Toxicity, Ceriodaphnia Acute 61425 1 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****
Toxicity, Pimephales Acute 61427 1 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

- I - Influent
- E - Effluent
- X - End Chlorine Contact Chamber
- K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
- RS - Receiving Stream
- US - Upstream
- DS - Downstream
- MW - Monitoring Well
- SW - Storm Water

(2) Sample Type:

- CONTIN - Continuous
- INSTAN - Instantaneous
- COMP-8 - 8-Hour Composite
- COMP24 - 24-Hour Composite
- GRAB - Grab
- CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

- A - 7 days per week
- B - 5 days per week
- C - 3 days per week
- D - 2 days per week
- E - 1 day per week
- F - 2 days per month
- G - 1 day per month
- H - 1 day per quarter
- J - Annual
- Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

- S = Summer (May - November)
- W = Winter (December - April)
- ECS = E. coli Summer (May - October)
- ECW = E. coli Winter (November - April)

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

I. 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) on the forms approved by the Department and 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. by utilizing the Department's web-based Electronic Environmental (E2) Reporting System.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's E2 Reporting 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 E2 Reporting 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 E2 Reporting System resuming operation, the permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 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.

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.
 - (3) 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.
 - (4) 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.
 - (5) 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
Environmental Data Section, Permits & Services 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
Environmental Data Section, Permits & Services 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 a web-based electronic environmental (E2) reporting system for notification and submittal of SSO reports. **If the Permittee is not already participating in the E2 Reporting System for SSO reports, the Permittee must apply for participation in the system within 30 days of coverage under this permit unless the Permittee submits in writing valid justification as to why it cannot participate and the Department approves in writing utilization of verbal notifications and hard copy SSO report submittals.** Once the Permittee is enrolled in the E2 Reporting System for SSO reports, the Permittee must utilize the system for notification and submittal of all SSO reports unless otherwise allowed by this permit. 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 E2 Reporting System for SSO reports, the Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes>. If the E2 Reporting 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 E2 Reporting System resuming operation, the Permittee shall enter the data into the E2 Reporting 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 30 days after completion of construction for the facility expansion to 2.4 MGD, the Permittee shall submit to the Department an updated EPA Form 2F and all required attachments.

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 (BMP)

- 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 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

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:
 - (i) An upset occurred;
 - (ii) The Permittee can identify the specific cause(s) of the upset;
 - (iii) The Permittee's facility was being properly operated at the time of the upset; and
 - (iv) 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, for 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, any 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.

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; or
- 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; and
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. From which the discharge of pollutants did not commence 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:
- Reaches a surface water of the State; or
 - 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 – 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:
- 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;
 - 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; or
 - 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 and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.
 - 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. If applicable, the Permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:
 - (1) Type of sludge stabilization/digestion method;
 - (2) Daily or annual sludge production (dry weight basis);
 - (3) Ultimate sludge disposal practice(s).
 - b. 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 reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
 - c. 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 as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.
 - b. If an applicable "acceptable management practice" 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. This permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the 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 ACUTE – NO DIFFUSER

The permittee shall perform 48-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 tests shall be performed using undiluted effluent.
 - 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 24-hour composite 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, are reported with an explanation of the tests performed and results.

- a. Design Flow 1.4 MGD: Toxicity tests shall be conducted for the duration of this permit in the month of **NOVEMBER**. 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 **FEBRUARY, MAY, AUGUST, and NOVEMBER**. Prior to the facility expansion to 2.4 MGD, the Permittee should enter *9 or NODI=9 (if hard copy) for the months toxicity monitoring is not applicable.

Design Flow 2.4 MGD: After the facility expansion to 2.4 MGD, toxicity tests shall be conducted in the months of **FEBRUARY, MAY, AUGUST, and NOVEMBER**. In addition, should the results from four consecutive testing periods after the facility expansion to 2.4 MGD indicate that Outfall 001 does not exhibit acute toxicity, the Permittee may request that testing be reduced to annually in the month of **NOVEMBER**. If monitoring is not applicable during the monitoring period, enter *9 or NODI=9 (if hard copy) on the toxicity DMR.

2. 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. Two copies of the test results must be submitted to the Department no later than 28 days after the month in which the tests were performed.

3. 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.).

4. 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*) and the cladoceran (*Ceriodaphnia dubia*).

5. 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)
 - (a) Name of firm
 - (b) Telephone number
 - (c) 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
 - (a) Sampling point
 - (b) Sample collection dates and times (to include composite sample start and finish times)
 - (c) Sample collection method
 - (d) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
 - (e) Sample temperature when received at the laboratory
 - (f) Lapsed time from sample collection to delivery
 - (g) Lapsed time from sample collection to test initiation
 - (2) Dilution Water Samples
 - (a) Source
 - (b) Collection date(s) and time(s) (where applicable)
 - (c) Pretreatment
 - (d) 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

1/ 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. 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.

F. 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: <http://www.adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf> and http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html
 - (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)
 - (a) 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.



Alabama Department of Environmental Management
adem.alabama.gov

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

FACT SHEET

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

Date: September 18, 2020

Prepared By: Sandra Lee

NPDES Permit No. AL0020486

1. Name and Address of Applicant:

City of Tallassee
3 Freeman Ave
Tallassee, AL 36078

2. Name and Address of Facility:

Tallassee Sewer Stabilization Pond
Highway 229 South
Tallassee, Alabama 36078

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

Lagoon

4. Applicant's Receiving Waters

<u>Receiving Waters</u>	<u>Classifications</u>
TALLAPOOSA RIVER	PWS, F&W

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:

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
3664 Dauphin Street, Suite B
Mobile, AL 36608
(251) 304-1176
(251) 304-1189 (FAX)

Jeffery W. Kitchens, Chief
ADEM-Water Division
1400 Coliseum Blvd.
[Mailing address: PO 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: PO 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 36110-2059

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

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Tallahsee Sewer Stabilization Pond	
NPDES Permit Number:	AL0020486	
Receiving Stream:	Tallahpoosa River	
Facility Design Flow (Q _w):	1.400 MGD	
Receiving Stream 7Q ₁₀ :	432.770 cfs	
Receiving Stream 1Q ₁₀ :	324.578 cfs	(Estimated at 0.75 * 7Q₁₀)
Winter Headwater Flow (WHF):	907.66 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	20 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.

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 0.50\%$$

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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 0.50\% \qquad \qquad \qquad \text{Stream-Dominated, CMC Applies} \end{aligned}$$

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

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH ₃ -N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH ₃ -N:	36.09 mg/l	4.15 mg/l

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 7225.1 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 15113.8 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

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	20.00 mg/l NH₃-N	7225.10 mg/l NH₃-N
Winter	20.00 mg/l NH₃-N	15113.80 mg/l NH₃-N

Summer: The DO based limit of 20.00 mg/l NH₃-N applies.

Winter: The DO based limit of 20.00 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

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{1Q_{10} + Q_w} = 0.66\%$$

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

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: **Public Water Supply, Fish & Wildlife**

Disinfection Type: **Chlorination**

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

	<u>Stream Standard</u> (colonies/100ml)	<u>Effluent Limit</u> (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 (October through May):	Not applicable	Not applicable
Monthly limit as geometric mean (June through September):	Not applicable	Not applicable
Daily Max (October through May):	Not applicable	Not applicable
Daily Max (June through September):	Not applicable	Not applicable

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: 2.209 mg/l (chronic) (0.011)/(SDR)

Maximum allowable TRC in effluent: 3.815 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:

Sandra Lee

Date:

5/20/2020

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Tallassee Sewer Stabilization Pond	
NPDES Permit Number:	AL0020486	
Receiving Stream:	Tallapoosa River	
Facility Design Flow (Q _w):	2.400 MGD	
Receiving Stream 7Q ₁₀ :	432.770 cfs	
Receiving Stream 1Q ₁₀ :	324.578 cfs	(Estimated at 0.75 * 7Q₁₀)
Winter Headwater Flow (WHF):	907.66 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	20 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.

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 0.85\%$$

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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 0.85\% \qquad \qquad \qquad \text{Stream-Dominated, CMC Applies} \end{aligned}$$

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

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH ₃ -N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH ₃ -N:	36.09 mg/l	4.15 mg/l

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 4229.7 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 8831.5 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

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	20.00 mg/l NH₃-N	4229.70 mg/l NH₃-N
Winter	20.00 mg/l NH₃-N	8831.50 mg/l NH₃-N

Summer: The DO based limit of 20.00 mg/l NH₃-N applies.

Winter: The DO based limit of 20.00 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

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{1Q_{10} + Q_w} = 1.13\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

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: **Public Water Supply, Fish & Wildlife**

Disinfection Type: **Chlorination**

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

	<u>Stream Standard</u> (colonies/100ml)	<u>Effluent Limit</u> (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 (October through May):	Not applicable	Not applicable
Monthly limit as geometric mean (June through September):	Not applicable	Not applicable
Daily Max (October through May):	Not applicable	Not applicable
Daily Max (June through September):	Not applicable	Not applicable

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:	1.293 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	2.233 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:

Sandra Lee

Date:

7/14/2020

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0020486** Date: July 15, 2020

Permit Applicant: City of Tallassee
3 Freeman Ave
Tallassee, Alabama 36078

Location: Tallassee Sewer Stabilization Pond
Highway 229 South
Tallassee, Alabama 36078

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

Basis for Limitations: Water Quality Model: CBOD₅, NH₃N
Reissuance with no modification: Outfall 0011: pH, CBOD₅, NH₃N, TSS,
TSS Percent Removal, CBOD₅ Percent
Removal, TRC
Instream calculation at 7Q10: ~1%
Toxicity based: TRC
Secondary Treatment Levels: CBOD₅ Percent Removal, TSS, TSS Percent
Removal
Other (described below): pH, E. Coli

Design Flow in Million Gallons per Day: 1.4 MGD (0011), 2.4 MGD (0012)

Major: Yes

Description of Discharge: Outfall Number 001;
Effluent discharge to Tallapoosa River,
which is classified as a Public Water Supply and Fish
and Wildlife.

Discussion:

At the request of the Permittee, this permit will be tiered for Design Flows of 1.4 MGD and 2.4 MGD. The Permittee will be upgrading the 1.4 MGD lagoon facility to a 2.4 MGD sequencing batch reactor system. The limitations for the 1.4 MGD lagoon facility will be applicable from the issuance date of this permit until after construction for the 2.4 MGD facility is completed. The limitations for the 2.4 MGD facility will be applicable starting once construction for the 2.4 MGD facility is completed through the permit expiration.

The receiving stream is the Tallapoosa a Tier II waterbody. The section of the Tallapoosa the Permittee discharges to is not on the current 303(d) list for impaired waterbodies. There are no approved TMDLs for this waterbody.

ADEM Administrative Rule 335-6-10-.12 requires applicants to 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 for a new or expanded discharge to a Tier II waterbody, so the applicant is required to demonstrate that the discharge is necessary for economic and social development. The antidegradation rationale is attached.

Outfall 0011 – Design Flow 1.4 MGD

The pH limits for Outfall 0011 were developed consistent with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Rationale. The daily maximum pH limit is 9.0 s.u. and the daily minimum is 6.0 s.u. The monitoring frequency is twice per month. Flow will be monitored continuously, seven days per week.

The discharge limits for 5 Day Carbonaceous Biochemical Oxygen Demand (CBOD₅) and Total Ammonia as Nitrogen (NH₃N), for Outfall 0011 were developed by the Municipal Permitting Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on March 20, 2015. The monthly average limits for CBOD₅ and NH₃N, are 25.0 mg/l and 20.0 mg/l, respectively. DO will be in the permit on a monitor only basis. The monitoring frequencies will be twice per month. A minimum percent removal of 85 percent is imposed for CBOD₅ based on 40 CFR 133.102. The percent removal will be calculated once per month.

The monthly average TSS limit is established at 90.0 mg/l in accordance with 40 CFR 133.105. The monitoring frequency will be twice per month. A minimum percent removal 65 percent is imposed for TSS based on 40 CFR 133.105. The percent removal will be calculated once per month.

The Department revised bacteriological criteria in ADEM Administrative Code R.335-6-10-.09. As a result, this permit includes E. coli limits and seasons that are consistent with the revised regulations. The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since the Tallapoosa River is classified as Fish & Wildlife/Public Water Supply 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 monitoring frequency will be twice per month.

This permit imposes monthly monitoring for the following nutrient-related parameters: Total Phosphorus (TP), Total Kjeldahl Nitrogen (TKN) and Nitrate plus Nitrite-Nitrogen (NO₂+NO₃-N). 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.

The Total Residual Chlorine (TRC) limits are based on calculations to ensure that acute and chronic toxic concentrations of TRC in the receiving stream are not exceeded. TRC will have a daily maximum limitation of 1.0 mg/L. The monitoring frequency will be twice per month. Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “*9” or “NODI=9”(if hard copy) on the monthly DMR.

Because this facility is a major municipal discharger, and based on the Department's review of the application and receiving water conditions, 48 hour acute toxicity testing with no diffuser is warranted. Testing is required yearly during the month of November. Should the results show acute toxicity, the permittee would have to conduct follow-up testing as described in Part IV.B of the permit. Prior to facility expansion, if monitoring is not applicable during the monitoring period, enter “*9” or “NODI=9”(if hard copy) on the toxicity DMR.

ADEM completed a Reasonable Potential Analysis (RPA) of the data submitted in Table C of the Permittee's application (Per 40 CFR Part 122 Appendix J – Table 2) and background stream data. The RPA indicates that the discharge does not have a reasonable potential for excursions of Alabama's in-stream water quality standards.

Outfall 0012 – Design Flow 2.4 MGD

The pH limits for Outfall 0012 were developed consistent with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Rationale. The daily maximum pH limit is 9.0 s.u. and the daily minimum is 6.0 s.u. The monitoring frequency is twice per week. Flow will be monitored continuously, seven days per week.

The discharge limits for 5 Day Carbonaceous Biochemical Oxygen Demand (CBOD₅) and Total Ammonia as Nitrogen (NH₃N), for Outfall 0012 were developed by the Municipal Permitting Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on July 1, 2020. The monthly average limits for CBOD₅ and NH₃N, are 25.0 mg/l and 20.0 mg/l, respectively. DO will be in the permit on a monitor only basis. The monitoring frequencies will be twice per week. A minimum percent removal of 85 percent is imposed for CBOD₅ based on 40 CFR 133.102. The percent removal will be calculated once per month.

The monthly average TSS limit is established at 30.0 mg/l in accordance with 40 CFR 133.102. The monitoring frequency will be twice per week. A minimum percent removal 85 percent is imposed for TSS based on 40 CFR 133.102. The percent removal will be calculated once per month.

The Department revised bacteriological criteria in ADEM Administrative Code R.335-6-10-.09. As a result, this permit includes E. coli limits and seasons that are consistent with the revised regulations. The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since the Tallapoosa River is classified as Fish & Wildlife/Public Water Supply 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 monitoring frequency will be twice per week.

This permit imposes monthly monitoring for the following nutrient-related parameters: Total Phosphorus (TP), Total Kjeldahl Nitrogen (TKN) and Nitrate plus Nitrite-Nitrogen (NO₂+NO₃-N). 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.

The Total Residual Chlorine (TRC) limits are based on calculations to ensure that acute and chronic toxic concentrations of TRC in the receiving stream are not exceeded. TRC will have a daily maximum limitation of 1.0 mg/L. The monitoring frequency will be twice per week. Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “*9” or “NODI=9”(if hard copy) on the monthly DMR.

Because this facility is a major municipal discharger, and based on the Department's review of the application and receiving water conditions, 48 hour acute toxicity testing with no diffuser is warranted. Testing is required quarterly during the months of February, May, August, and November. Should results from four consecutive toxicity tests indicate that Outfall 0012 does not exhibit toxicity, the Permittee may request that testing be reduced. If monitoring is not applicable during the monitoring period, enter “*9”

or “NODI=9”(if hard copy) on the toxicity DMR. Should the results show acute toxicity, the permittee would have to conduct follow-up testing as described in Part IV.B of the permit.

ADEM completed a Reasonable Potential Analysis (RPA) of the data submitted in Table C of the Permittee’s application (Per 40 CFR Part 122 Appendix J – Table 2) and background stream data. The RPA indicates that the discharge does not have a reasonable potential for excursions of Alabama’s in-stream water quality standards.

Stormwater monitoring

Stormwater monitoring is not being required based on the May 6, 2020 letter from CDG Engineers and Associates Inc. on behalf of the City of Tallassee stating that the facility is a bermed facility maintained by the city year-round. Within 30 days of the completion date of the 2.4 MGD expansion, the Permittee shall submit to the Department an updated EPA Form 2F so the Department may reassess the need for stormwater monitoring.

Prepared by: Sandra Lee

ANTIDegradation Rationale

Permit Number: AL0020486
Facility Name: Tallassee Sewer Stabilization Pond
Receiving water: Tallapoosa River
Stream Category: Tier 2 as defined by ADEM Admin. Code 335-6-10-.12
Discharge Description: Treated Domestic Wastewater

The following preliminary determination was prepared in accordance with ADEM Admin. Code 335-6-10-.12 (7) (c):

The Department has reviewed the information submitted by applicant in accordance with ADEM Admin. Code 335-6-10-.12 (9). The applicant has demonstrated that there are no technically viable treatment options in its alternatives analysis that would completely eliminate a direct discharge.

The permit applicant has indicated that the following economic and/or social benefits will result from this project:

- The discharger will be correcting alleged facility violations for TSS, pH, E. Coli, TRC, CBOD, CBOD percent removal, and TSS percent removal which indicate that the existing wastewater lagoon system is incapable to adequately treat wastewater to the standards set forth in the City's NPDES discharge permit.
- With the development of the facility, additional staff will be brought in including primary and backup operational and maintenance staff. These people will work on items directly related to the facility for some percentage of their standard working hours.
- The discharger will pay additional state taxes on the revenue generated from user charges for wastewater treatment.
- The discharger will be providing the community with the affordable treatment and disposal of wastewater from the community..

The Department has determined that the discharge proposed by the permit applicant is necessary for important economic and social development in the area of the outfall location in the receiving water.

Prepared By: Emily Anderson
Date: 7/16/2020

$Q_d * C_d + Q_{d2} * C_{d2} + Q_s * C_s = Q_r * C_r$										
ID	Pollutant	Carcinogen Yes	Type	Background from upstream source (C _{d2}) Daily Max	Background from upstream source (C _{d2}) Monthly Ave	Background Instream (C _s) Daily Max	Background Instream (C _s) Monthly Ave	Enter Max Discharge as reported by Applicant (C _d) Max	Enter Avg Daily Discharge as reported by Applicant (C _d) Ave	Partition Coefficient (Stream / Lake)
				mg/l	mg/l	mg/l	mg/l	mg/d	mg/d	
1	Antimony		Metals	0	0	0	0	0	0.5	
2	Arsenic**	YES	Metals	0	0	0.557	0.26	1	0.9	0.574
3	Beryllium		Metals	0	0	0	0	0	0	
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	4.56	2.6	1.2	1	0.210
6	Chromium / Chromium VI**		Metals	0	0	0.958	0.547	1.2	1	
7	Copper**		Metals	0	0	1.51	1.11	28	10.5	0.388
8	Copper**		Metals	0	0	0	0	4.1	2.5	0.206
9	Mercury**		Metals	0	0	0	0	0.00344	0.00175	0.302
10	Nickel**		Metals	0	0	0	0	42	3.6	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	5.89	3.693	28	18	0.330
15	Cyanide		Metals	0	0	0	0	0	0	
16	Total Inorganic Compounds		Metals	0	0	0	0	0	0	
17	Hardness (As CaCO3)		Metals	0	0	13430	12675	41500	34700	
18	Azolein		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	Chlorobenzene		VOC	0	0	0	0	0	0	
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	
27	Chloroethane		VOC	0	0	0	0	0	0	
28	2-Chloro-Ethyl Vinyl Ether		VOC	0	0	0	0	0	0	
29	ChloroForm*	YES	VOC	0	0	0	0	46	30	
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	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	
34	1,1-Dichloroethane		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		VOC	0	0	0	0	0	0	
37	1,1-Dichloroethylene*	YES	VOC	0	0	0	0	0	0	
38	1,2-Dichloropropane		VOC	0	0	0	0	0	0	
39	1,3-Dichloro-Propylene		VOC	0	0	0	0	0	0	
40	Dieldrin	YES	VOC	0	0	0	0	0	0	
41	Ethylbenzene		VOC	0	0	0	0	0	0	
42	Methyl Bromide		VOC	0	0	0	0	0	0	
43	Methyl Chloride		VOC	0	0	0	0	0	0	
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	0	
45	1,1,1,2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	0	
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	0	
47	Toluene		VOC	0	0	0	0	0	0	
48	Toxaphene	YES	VOC	0	0	0	0	0	0	
49	Tributyltine (TBT)	YES	VOC	0	0	0	0	0	0	
50	1,1,1-Trichloroethane		VOC	0	0	0	0	0	0	
51	1,1,2-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		Acids	0	0	0	0	0	0	
55	2-Chlorophenol		Acids	0	0	0	0	0	0	
56	2,4-Dichlorophenol		Acids	0	0	0	0	0	0	
57	2,4-Dimethylphenol		Acids	0	0	0	0	0	0	
58	4,6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	
59	2,4-Dinitrophenol		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		Acids	0	0	0	0	0	0	
63	4-Nitrophenol		Acids	0	0	0	0	0	0	
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	
65	Phenol		Acids	0	0	0	0	0	0	
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	
67	Azobenzene		Bases	0	0	0	0	0	0	
68	Acenaphthylene		Bases	0	0	0	0	0	0	
69	Anthracene		Bases	0	0	0	0	0	0	
70	Benidine		Bases	0	0	0	0	0	0	
71	Benzo(A)Anthracene*	YES	Bases	0	0	0	0	0	0	
72	Benzo(A)Pyrene*	YES	Bases	0	0	0	0	0	0	
73	3,4-Benzo-Fluoranthene		Bases	0	0	0	0	0	0	
74	Benzo(G)Fluoranthene		Bases	0	0	0	0	0	0	
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	
77	Bis (2-Chloroethyl)-Ether*	YES	Bases	0	0	0	0	0	0	
78	Bis (2-Chloro-Propyl) Ether		Bases	0	0	0	0	0	0	
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	0	
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	0	
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	
84	Chrysene*	YES	Bases	0	0	0	0	0	0	
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	
87	Dibenzo(A,H)Anthracene*	YES	Bases	0	0	0	0	0	0	
88	1,2-Dichlorobenzene		Bases	0	0	0	0	0	0	
89	1,3-Dichlorobenzene		Bases	0	0	0	0	0	0	
90	1,4-Dichlorobenzene		Bases	0	0	0	0	0	0	
91	3,5-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	0	
92	Dicetyl Phthalate		Bases	0	0	0	0	0	0	
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	
94	2,4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	
95	2,6-Dinitrotoluene		Bases	0	0	0	0	0	0	
96	1,2-Diphenylhydrazine		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		Bases	0	0	0	0	0	0	
103	Fluorene		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	Hexachlorocyclohexan (alpha)	YES	Bases	0	0	0	0	0	0	
109	Hexachlorocyclohexan (beta)	YES	Bases	0	0	0	0	0	0	
110	Hexachlorocyclohexan (gamma)	YES	Bases	0	0	0	0	0	0	
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	
112	Hexachloromethane		Bases	0	0	0	0	0	0	
113	Indeno(1,2,3-Cl)Pyrene*	YES	Bases	0	0	0	0	0	0	
114	Isophorene		Bases	0	0	0	0	0	0	
115	Naphthalene		Bases	0	0	0	0	0	0	
116	Nitrobenzene		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		Bases	0	0	0	0	0	0	
128	Pyrene		Bases	0	0	0	0	0	0	
129	1,2,4-Trichlorobenzene		Bases	0	0	0	0	0	0	

1.4	Enter Q _d = wastewater discharge flow from facility (MGD)
2.166120E	Q _d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Qd2 = background stream flow in MGD above point of discharge
0	Qd2 = background stream flow from upstream source (cfs)
432.77	Enter 7Q10, Q _s = background stream flow in cfs above point of discharge
324.58	Enter or estimated, 1Q10, Q _s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
4189	Enter Mean Annual Flow, Q _s = background stream flow in cfs above point of discharge
907.66	Enter 7Q2, C _s = background stream flow in cfs above point of discharge (For LWP class streams)
Enter to LeR	Enter C _s = background in-stream pollutant concentration in µg/l (assuming this is zero '0' unless there is data)
Q _d + Qd2 + 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)
12.675	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.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

September 25, 2020

Freshwater F&W classification		Freshwater Acute (µg/l) C _a = 10:10										Freshwater Chronic (µg/l) C _c = 70:10										Human Health Consumption Fish only (µg/l) Carcinogen C _a = Annual Average Non-Carcinogen C _c = 70:10			
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (C ₀) Daily Max	Max Daily Discharge as reported by Applicant (C _{max})	Water Quality Criteria (C)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Background from upstream source (C ₀) Monthly Avo	Avg Daily Discharge as reported by Applicant (C _{avg})	Water Quality Criteria (C)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?						
1	Antimony			0	0.6					0.5						3.75E+02	7.50E+04	1.50E+04	No						
2	Arsenic		YES	0	1	502.334	89266.594	17853.319	No	0.9	261.324	52419.401	10483.690	No	3.03E-01	8.35E+01	1.67E+01	No							
3	Beryllium			0	0					0									No						
4	Cadmium			0	0	1.141	172.074	34.415	No	0	0.247	49.811	9.922	No				No							
5	Chromium/ Chromium III			0	1.2	469.762	74707.364	14941.473	No	1	85.013	12534.474	2506.895	No				No							
6	Chromium/ Chromium VI			0	1.2	16,000	2269.952	453.990	No	0	11,000	2099.409	419.882	No				No							
7	Copper			0	28	1,527	524.977	104.995	No	0	16.5	3,211	571.814	114.363	No				No						
8	Lead			0	4.1	31,222	4708.214	941.643	No	0	2.6	1,218	244.222	48.844	No				No						
9	Mercury			0	0.00344	2,400	362.025	72.405	No	0.0175	0.012	2.409	0.482	No	4.24E-02	8.52E+00	1.70E+00	No							
10	Nickel			0	4.2	161,535	24366.604	4873.321	No	0	3.6	17,942	3602.495	720.499	No	9.93E-02	1.59E+05	3.99E+04	No						
11	Selenium			0	0	20,000	3016.678	603.376	No	0	5,000	1003.962	200.790	No	2.43E+03	4.86E+05	9.76E+04	No							
12	Silver			0	0	0.082	13.900	2.780	No	0									No						
13	Thallium			0	0					0									No						
14	Zinc			0	28	61,688	8424.144	1684.829	No	18	62,202	11750.816	2350.163	No	1.49E+04	2.99E+06	5.98E+05	No							
15	Cyanide			0	0	22,000	3318.566	663.713	No	0	5,200	1044.110	208.822	No	8.33E+03	1.67E+06	3.35E+05	No							
16	Total Phenolic Compounds			0	0					0									No						
17	Hardness (As CaCO3)			0	41500					34700									No						
18	Acrolein			0	0					0					5.43E+00	1.09E+03	2.18E+02	No							
19	Acrylonitrile		YES	0	0					0					1.44E-01	2.79E+02	5.57E+01	No							
20	Akrin		YES	0	0	3,000	452.532	90.506	No	0					2.84E-05	5.69E-02	1.14E-02	No							
21	Benzene		YES	0	0					0					1.56E+01	2.99E+04	5.99E+03	No							
22	Bromoforn		YES	0	0					0					7.88E+01	1.52E+05	3.05E+04	No							
23	Carbon Tetrachloride		YES	0	0					0					8.97E-01	1.85E+03	3.70E+02	No							
24	Chlordane		YES	0	0	2,400	362.025	72.405	No	0	0.0043	0.863	0.173	No	2.75E-04	9.10E-01	1.83E-01	No							
25	Chlorobenzene		YES	0	0					0					3.00E+02	1.82E+05	3.64E+04	No							
26	Chlorodibromo-Methane			0	0					0					7.41E+00	1.43E+04	2.87E+03	No							
27	Chloroethane			0	0					0								No							
28	2-Chloro-Ethylvinyl Ether			0	0					0								No							
29	Chloroform		YES	0	46					30					1.02E+02	1.97E+05	3.95E+04	No							
30	4,4' - DDD		YES	0	0					0					1.81E-04	3.51E-01	7.02E-02	No							
31	4,4' - DDE		YES	0	0					0					1.28E-04	2.48E-01	4.95E-02	No							
32	4,4' - DDT		YES	0	0	1,100	165.928	33.186	No	0	0.001	0.201	0.040	No	1.28E-04	2.48E-01	4.95E-02	No							
33	Dichlorobromo-Methane		YES	0	0					0					7.00E+01	1.94E+04	3.88E+03	No							
34	1,1-Dichloroethane		YES	0	0					0								No							
35	1,2-Dichloroethane		YES	0	0					0					2.14E+01	4.13E+04	8.27E+03	No							
36	Trans-1,2-Dichloro-Ethylene			0	0					0					5.91E+03	1.19E+06	2.37E+05	No							
37	1,1-Dichloroethylene		YES	0	0					0					4.17E+03	8.06E+06	1.61E+06	No							
38	1,2-Dichloropropane			0	0					0					8.49E+00	1.71E+03	3.41E+02	No							
39	1,3-Dichloro-Propylene			0	0					0					1.23E+01	2.47E+03	4.93E+02	No							
40	Dieldrin		YES	0	0	0.240	36.203	7.241	No	0	0.056	11.244	2.249	No	3.12E-05	6.04E-02	1.21E-02	No							
41	Ethylbenzene			0	0					0					1.24E+03	2.50E+05	5.00E+04	No							
42	Methyl Bromide			0	0					0					8.71E+02	1.75E+05	3.50E+04	No							
43	Methyl Chloride			0	0					0								No							
44	Methylene Chloride		YES	0	0					0					3.46E+02	6.69E+05	1.34E+05	No							
45	1,1,2,2-Tetrachloro-Ethane		YES	0	0					0					2.33E+00	4.51E+03	9.03E+02	No							
46	Tetrachloro-Ethylene		YES	0	0					0					1.02E+00	3.71E+03	7.42E+02	No							
47	Toluene			0	0					0					8.72E+03	1.75E+06	3.50E+05	No							
48	Toxaphene		YES	0	0	0.750	110.116	22.023	No	0	0.0002	0.040	0.008	No	1.62E-04	3.13E-01	6.27E-02	No							
49	Tributyltin (TBT)		YES	0	0	0.460	69.388	13.878	No	0	0.072	14.457	2.891	No				No							
50	1,1,1-Trichloroethane			0	0					0								No							
51	1,1,2-Trichloroethane			0	0					0					9.10E+00	1.78E+04	3.52E+03	No							
52	Trichlorethylene		YES	0	0					0					1.75E+01	3.38E+04	6.76E+03	No							
53	Vinyl Chloride		YES	0	0					0					1.42E+00	2.76E+03	5.51E+02	No							
54	p-Chloro-M-Cresol			0	0					0								No							
55	2-Chlorophenol			0	0					0					0.71E+01	1.75E+04	3.50E+03	No							
56	2,4-Dichlorophenol			0	0					0					1.72E+02	3.45E+04	6.91E+03	No							
57	2,4-Dimethylphenol			0	0					0					4.98E+02	9.99E+04	2.00E+04	No							
58	4,6-Dinitro-O-Cresol			0	0					0								No							
59	2,4-Dinitrophenol			0	0					0					3.11E+03	6.25E+05	1.25E+05	No							
60	4,6-Dinitro-2-methylphenol		YES	0	0					0					1.65E+02	3.20E+05	6.40E+04	No							
61	Dioxin (2,3,7,8-TCDD)		YES	0	0					0					7.87E-08	5.16E-05	1.03E-05	No							
62	2-Nitrophenol			0	0					0								No							
63	4-Nitrophenol			0	0					0								No							
64	Pentachlorophenol		YES	0	0	6,723	1315.660	263.172	No	0	6.693	1343.806	268.761	No	1.77E+00	3.42E+03	6.84E+02	No							
65	Phenol			0	0					0					3.00E+05	1.00E+08	2.01E+07	No							
66	2,4,6-Trichlorophenol		YES	0	0					0					1.41E+00	2.74E+03	5.47E+02	No							
67	Azaphenanthrene			0	0					0					5.78E+02	1.16E+05	2.32E+04	No							
68	Azaphenanthrene			0	0					0								No							
69	Anthracene			0	0					0					2.33E+04	4.69E+06	9.37E+05	No							
70	Benidine			0	0					0					1.16E-04	2.33E-02	4.66E-03	No							
71	Benzo(A)Anthracene		YES	0	0					0					1.07E-02	2.06E+01	4.12E+00	No							
72	Benzo(A)Pyrene		YES	0	0					0					1.07E-02	2.06E+01	4.12E+00	No							
73	Benzo(b)fluoranthene			0	0					0					1.07E-02	2.14E+00	4.28E-01	No							
74	Benzo(GH)Perylene			0	0					0								No							
75	Benzo(K)Fluoranthene			0	0					0					1.07E-02	2.14E+00	4.28E-01	No							
76	Bis (2-Chloroethoxy) Methane			0	0					0								No							
77	Bis (2-Chloroethoxy)-Ether		YES	0	0					0					3.07E-01	5.95E+02	1.19E+02	No							
78	Bis (2-Chloroisopropyl) Ether			0	0					0					3.78E+04	7.59E+06	1.52E+06	No							
79	Bis (2-Ethylhexyl) Phthalate		YES	0	0					0					1.28E+00	2.48E+03	4.96E+02	No							
80	4-Bromophenyl Phenyl Ether			0	0					0								No							
81	Butyl Benzyl Phthalate			0	0					0					1.13E+03	2.28E+05	4.53E+04	No							
82	2-Chloronaphthalene			0	0					0					8.24E+02	1.68E+05	3.71E+04	No							
83	4-Chlorophenyl Phenyl Ether			0	0					0								No							
84	Chrysene		YES	0	0					0					1.67E+02	2.06E+01	4.12E+00	No							
85	Di-N-Butyl Phthalate			0	0					0					2.62E+03	5.26E+05	1.05E+05	No							
86	Di-N-Octyl Phthalate			0	0					0								No							
87	Dibenzo(A,H)Anthracene		YES	0	0					0					1.07E-02	2.06E+01	4.12E+00	No							
88	1,2-Dichlorobenzene			0	0					0					7.58E+02	1.52E+05	3.03E+04	No							
89	1,3-Dichlorobenzene			0	0					0					9.62E-02	1.13E+05	2.26E+04	No							
90	1,4-Dichlorobenzene			0	0					0					1.12E+02	2.26E+04	4.52E+03	No							
91	3,3-Dichlorobenzidine		YES	0	0					0					1.06E+02	3.22E+01	6.43E+00	No							
92	Dibutyl Phthalate			0	0					0					2.26E+02	4.53E+06	1.03E+06	No							

$Q_d * C_d + Q_{d2} * C_{d2} + Q_s * C_s = Q_r * C_r$													
ID	Pollutant	Carcinogen *Yes*	Type	Background from upstream source (C _{d1})		Background from upstream source (C _{d2})		Background Instream (C _s)		Discharge as reported by Applicant (C _d) Max	Enter Max Daily Discharge as reported by Applicant (C _d) Max	Enter Avg Daily Discharge as reported by Applicant (C _d) Ave	Partition Coefficient (Stream / Lake)
				µg/L Daily Max	Monthly Ave	µg/L Daily Max	Monthly Ave	µg/L Daily Max	Monthly Ave				
1	Arsimony		Metals	0	0	0	0	0	0	0	0	0	
2	Arsenic**	YES	Metals	0	0	0.557	0.25	0	0	0.6	0.5	0.574	
3	Beryllium		Metals	0	0	0	0	0	0	0	0	0	
4	Cadmium**		Metals	0	0	0	0	0	0	0	0	0.236	
5	Chromium / Chromium III**		Metals	0	0	4.56	2.6	0	0	1.2	1	0.210	
6	Chromium / Chromium VI**		Metals	0	0	0.958	0.547	0	0	1.2	1		
7	Copper**		Metals	0	0	1.61	1.1	0	0	28	10.5	0.388	
8	Lead**		Metals	0	0	0	0	0	0	4.1	2.6	0.206	
9	Mercury**		Metals	0	0	0	0	0	0	0.00944	0.00175	0.302	
10	Nickel**		Metals	0	0	0	0	0	0	4.2	3.6	0.505	
11	Selenium		Metals	0	0	0	0	0	0	0	0	0	
12	Silver		Metals	0	0	0	0	0	0	0	0	0	
13	Thallium		Metals	0	0	0	0	0	0	0	0	0	
14	Zinc**		Metals	0	0	5.89	3.69	0	0	28	18	0.330	
15	Cyanide		Metals	0	0	0	0	0	0	0	0	0	
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	0	0	0	
17	Hardness (As CaCO3)		Metals	0	0	13430	12675	0	0	41500	34700	0	
18	Azolesin		VOC	0	0	0	0	0	0	0	0	0	
19	Acrylonitrile*	YES	VOC	0	0	0	0	0	0	0	0	0	
20	Aldrin	YES	VOC	0	0	0	0	0	0	0	0	0	
21	Benzene*	YES	VOC	0	0	0	0	0	0	0	0	0	
22	Bromoform*	YES	VOC	0	0	0	0	0	0	0	0	0	
23	Carbon Tetrachloride*	YES	VOC	0	0	0	0	0	0	0	0	0	
24	Chlordane	YES	VOC	0	0	0	0	0	0	0	0	0	
25	Chlorobenzene	YES	VOC	0	0	0	0	0	0	0	0	0	
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	0	0	0	
27	Chloroethane	YES	VOC	0	0	0	0	0	0	0	0	0	
28	2-Chloro-Ethylvinyl Ether	YES	VOC	0	0	0	0	0	0	0	0	0	
29	Chloroform*	YES	VOC	0	0	0	0	0	0	46	30	0	
30	4,4'-DDE	YES	VOC	0	0	0	0	0	0	0	0	0	
31	4,4'-DDE	YES	VOC	0	0	0	0	0	0	0	0	0	
32	4,4'-DDT	YES	VOC	0	0	0	0	0	0	0	0	0	
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	0	0	0	
34	1,1-Dichloroethane	YES	VOC	0	0	0	0	0	0	0	0	0	
35	1,2-Dichloroethane*	YES	VOC	0	0	0	0	0	0	0	0	0	
36	Trans-1,2-Dichloro-Ethylene	YES	VOC	0	0	0	0	0	0	0	0	0	
37	1,1-Dichloroethylene*	YES	VOC	0	0	0	0	0	0	0	0	0	
38	1,2-Dichloropropane	YES	VOC	0	0	0	0	0	0	0	0	0	
39	1,3-Dichloro-Propylene	YES	VOC	0	0	0	0	0	0	0	0	0	
40	Dieldrin	YES	VOC	0	0	0	0	0	0	0	0	0	
41	Ethylbenzene	YES	VOC	0	0	0	0	0	0	0	0	0	
42	Methyl Bromide	YES	VOC	0	0	0	0	0	0	0	0	0	
43	Methyl Chloride	YES	VOC	0	0	0	0	0	0	0	0	0	
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	0	0	0	0	
45	1,1,1,2,2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	0	0	0	0	
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	0	0	0	0	
47	Toluene	YES	VOC	0	0	0	0	0	0	0	0	0	
48	Toxaphene	YES	VOC	0	0	0	0	0	0	0	0	0	
49	Triethylamine (TEA)	YES	VOC	0	0	0	0	0	0	0	0	0	
50	1,1,1-Trichloroethane	YES	VOC	0	0	0	0	0	0	0	0	0	
51	1,1,1,2-Trichloroethane*	YES	VOC	0	0	0	0	0	0	0	0	0	
52	Trichloroethylene*	YES	VOC	0	0	0	0	0	0	0	0	0	
53	Vinyl Chloride*	YES	VOC	0	0	0	0	0	0	0	0	0	
54	p-Chloro-m-Cresol		Acids	0	0	0	0	0	0	0	0	0	
55	2-Chlorophenol		Acids	0	0	0	0	0	0	0	0	0	
56	2,4-Dichlorophenol		Acids	0	0	0	0	0	0	0	0	0	
57	2,4-Dimethylphenol		Acids	0	0	0	0	0	0	0	0	0	
58	4,6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	0	0	0	
59	2,4-Dinitrophenol		Acids	0	0	0	0	0	0	0	0	0	
60	4,6-Dinitro-2-methylphenol		Acids	0	0	0	0	0	0	0	0	0	
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	0	0	0	
62	2-Nitrophenol		Acids	0	0	0	0	0	0	0	0	0	
63	4-Nitrophenol		Acids	0	0	0	0	0	0	0	0	0	
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	0	0	0	
65	Phenol		Acids	0	0	0	0	0	0	0	0	0	
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	0	0	0	
67	Acenaphthene		Bases	0	0	0	0	0	0	0	0	0	
68	Acenaphthylene		Bases	0	0	0	0	0	0	0	0	0	
69	Anthracene		Bases	0	0	0	0	0	0	0	0	0	
70	Benidine		Bases	0	0	0	0	0	0	0	0	0	
71	Benzo(A)Anthracene*	YES	Bases	0	0	0	0	0	0	0	0	0	
72	Benzo(A)Pyrene*	YES	Bases	0	0	0	0	0	0	0	0	0	
73	3,4-Benzo-Fluoranthene		Bases	0	0	0	0	0	0	0	0	0	
74	Benzo(GH)Perylene		Bases	0	0	0	0	0	0	0	0	0	
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	0	0	0	
76	Bis (2-Chloroethyl) Methane		Bases	0	0	0	0	0	0	0	0	0	
77	Bis (2-Chloroethyl)-Ether*	YES	Bases	0	0	0	0	0	0	0	0	0	
78	Bis (2-Chloro-Propyl) Ether		Bases	0	0	0	0	0	0	0	0	0	
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	0	0	0	0	
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	0	0	0	
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	0	0	0	0	
82	2-Chlorobiphenyl		Bases	0	0	0	0	0	0	0	0	0	
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	0	0	0	
84	Chrysene*	YES	Bases	0	0	0	0	0	0	0	0	0	
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	0	0	0	
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	0	0	0	
87	Dibenz(A,H)Anthracene*	YES	Bases	0	0	0	0	0	0	0	0	0	
88	1,2-Dichlorobenzene		Bases	0	0	0	0	0	0	0	0	0	
89	1,3-Dichlorobenzene		Bases	0	0	0	0	0	0	0	0	0	
90	1,4-Dichlorobenzene		Bases	0	0	0	0	0	0	0	0	0	
91	3,3-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	0	0	0	0	
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	0	0	0	
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	0	0	0	
94	2,4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	0	0	0	
95	2,6-Dinitrotoluene		Bases	0	0	0	0	0	0	0	0	0	
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	0	0	0	
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	0	0	0	
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	0	0	0	
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	0	0	0	
100	Endrin	YES	Bases	0	0	0	0	0	0	0	0	0	
101	Endrin Aldehyde	YES	Bases	0	0	0	0	0	0	0	0	0	
102	Fluoranthene		Bases	0	0	0	0	0	0	0	0	0	
103	Fluorene		Bases	0	0	0	0	0	0	0	0	0	
104	Heptachlor	YES	Bases	0	0	0	0	0	0	0	0	0	
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	0	0	0	
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	0	0	0	
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	0	0	0	
108	Hexachlorocyclohexan (alpha)	YES	Bases	0	0	0	0	0	0	0	0	0	
109	Hexachlorocyclohexan (beta)	YES	Bases	0	0	0	0	0	0	0	0	0	
110	Hexachlorocyclohexan (gamma)	YES	Bases	0	0	0	0	0	0	0	0	0	
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	0	0	0	
112	Hexachloroethane		Bases	0	0	0	0	0	0	0	0	0	
113	Indeno(1,2,3-Cl)Pyrene*	YES	Bases	0	0	0	0	0	0	0	0	0	
114	Isophorone		Bases	0	0	0	0	0	0	0	0	0	
115	Naphthalene		Bases	0	0	0	0	0	0	0	0	0	
116	Nitrobenzene		Bases	0	0	0	0	0	0	0	0	0	
117	N-Nitrosodi-N-Propylamine*	YES	Bases	0	0	0	0	0	0	0	0	0	
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0	0	0	0	0	0	0	
119	N-Nitrosodi-N-Phenylamine*	YES	Bases	0	0	0	0	0	0	0	0	0	
120	PCB-1016	YES	Bases	0	0	0	0	0	0	0	0	0	
121	PCB-1221	YES	Bases	0	0	0	0	0	0	0	0	0	
122	PCB-1232	YES	Bases	0	0	0	0	0	0	0	0	0	
123	PCB-1242	YES	Bases	0	0	0	0	0	0	0	0	0	
124	PCB-1248	YES	Bases	0	0	0	0	0	0	0	0	0	
125	PCB-1254	YES	Bases	0	0	0	0	0	0	0	0	0	
126	PCB-1260	YES	Bases	0	0	0	0	0	0	0	0	0	

Waste Load Allocation Summary

REQUEST INFORMATION

Request Number:

3171

From: In Branch/Section
Date Submitted Date Required FUND Code
Date Permit application received by NPDES program

Receiving Waterbody

Previous Stream Name

Facility Name (Name of Discharger-WQ will use to file)

Previous Discharger Name

River Basin Outfall Latitude (decimal degrees)

County Outfall Longitude (decimal degrees)

Permit Number Permit Type

Permit Status

Type of Discharger

Do other discharges exist that may impact the model? Yes No

If yes, impacting dischargers names.

Impacting dischargers permit numbers.

Existing Discharge Design Flow MGD
Proposed Discharge Design Flow MGD

Note: The flow rates given should be those requested for modeling.

Comments included

Yes No

Information Verified By

Year File Was Created

Response ID Number

Lat/Long Method

12 Digit HUC Code

Use Classification

Site Visit Completed? Yes No

Date of Site Visit

Waterbody Impaired? Yes No

Date of WLA Response

Antidegradation Yes No

Approved TMDL?

Yes No

Waterbody Tier Level

Use Support Category

Approval Date of TMDL

Waste Load Allocation Information

Modeled Reach Length Miles

Date of Allocation

Name of Model Used

Allocation Type

Model Completed by

Type of Model Used

Allocation Developed by

Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
	Season Summer		Season Winter		Season		Season	
	From May		From Dec		From		From	
	Through Nov		Through Apr		Through		Through	
CBOD5	CBOD5	25	CBOD5	25	TP		TP	
NH3-N	NH3-N	20	NH3-N	20	TN		TN	
TKN	TKN		TKN		TSS		TSS	
D.O.	D.O.		D.O.					

"Monitor Only" Parameters for Effluent:		Parameter	Frequency	Parameter	Frequency
		NO2+NO3-N	Monthly(Apr-Oct)	DO	Monthly(Apr-Oct)
		TP	Monthly(Apr-Oct)		
		TKN	Monthly(Apr-Oct)		

Water Quality Characteristics Immediately Upstream of Discharge					
Parameter	Summer		Winter		
CBODu	2	mg/l	2	mg/l	
NH3-N	0.11	mg/l	0.11	mg/l	
Temperature	30	°C	20	°C	
pH	7	su	7	su	

Hydrology at Discharge Location

Drainage Area Qualifier
Exact

Drainage Area	3328	sq mi
Stream 7Q10	432.77	cfs
Stream 1Q10	324.58	cfs
Stream 7Q2	907.66	cfs
Annual Average	4189	cfs

Method Used to Calculate

USGS Estimate
75% of 7Q10
USGS Estimate
USGS Estimate

Comments and/or Notations

Coordinates confirmed during site visit and slightly different from request form. Tuskegee Surface water intake was included in the model. This model should be referenced when updating the Tuskegee North WWTP file.

Waste Load Allocation Summary

REQUEST INFORMATION

Request Number:

3702

From:	Sandy Lee	In Branch/Section	Municipal		
Date Submitted	5/15/2020	Date Required	6/14/2020	FUND Code	605
Receiving Waterbody	Tallapoosa River	Date Permit application received by NPDES program	5/14/2020		
Previous Stream Name					
Facility Name	Tallassee Sewer Stabilization Pond	(Name of Discharger-WQ will use to file)			
		Previous Discharger Name			
River Basin	Tallapoosa	Outfall Latitude	32.515205	(decimal degrees)	
*County	Elmore	Outfall Longitude	-85.891617	(decimal degrees)	
Permit Number	AL0020486	Permit Type	Permit Reissuance		
		Permit Status	Active		
		Type of Discharger	MUNICIPAL		

Do other discharges exist that may impact the model? Yes No

If yes, impacting dischargers names.	Tuskegee North WWTP	Impacting dischargers permit numbers.	AL0048763
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Existing Discharge Design Flow	1.4	MGD	Note: The flow rates given should be those requested for modeling.
Proposed Discharge Design Flow	2.4	MGD	

Comments included
 Yes No

Information Verified By
Year File Was Created
Response ID Number 1766

Lat/Long Method GPS

12 Digit HUC Code	031501100406
Use Classification	PWS / F&W
Site Visit Completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Waterbody Impaired?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Antidegradation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Waterbody Tier Level	Tier II
Use Support Category	1

Date of Site Visit	6/18/2020
Date of WLA Response	7/1/2020
Approved TMDL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Approval Date of TMDL	

Waste Load Allocation Information

Modeled Reach Length	8.641	Miles	Date of Allocation	6/19/2020
Name of Model Used	SWQM		Allocation Type	Annual
Model Completed by	NC		Type of Model Used	Desk-top
Allocation Developed by	Water Quality Branch			

Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
	Season		Season		Season		Season	
	From		From		From		From	
	Through		Through		Through		Through	
CBOD5 25 mg/L	CBOD5		CBOD5		TP		TP	
NH3-N 20 mg/L	NH3-N		NH3-N		TN		TN	
TKN	TKN		TKN		TSS		TSS	
D.O.	D.O.		D.O.					

"Monitor Only" Parameters for Effluent:				Parameter	Frequency	Parameter	Frequency
				TKN	Monthly	DO	Monthly
				NO2+NO3-N	Monthly		
				TP	Monthly		

Water Quality Characteristics Immediately Upstream of Discharge					
Parameter	Summer			Winter	
CBODu	2	mg/l			mg/l
NH3-N	0.11	mg/l			mg/l
Temperature	30	°C			°C
pH	7	su			su

Hydrology at Discharge Location

Drainage Area Qualifier
Exact

Drainage Area	3328	sq mi
Stream 7Q10	432.77	cfs
Stream 1Q10	324.58	cfs
Stream 7Q2	907.66	cfs
Annual Average	4189	cfs

Method Used to Calculate

ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data

Comments and/or Notations



Alabama Department of Environmental Management
adem.alabama.gov

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(334) 271-7700 ■ FAX (334) 271-7950

June 24, 2020

MEMORANDUM

To: Tallassee Sewer Stabilization Pond WLA File
Facility: Tallassee Sewer Stabilization Pond NPDES Permit No. AL0020486
Receiving Waterbody: Tallapoosa River
Basin: Tallapoosa River


An annual desktop model was completed for the Tallassee Sewer Stabilization Pond on June 19, 2020. The previous model on file was completed in 2015. The previous model was completed using the facility’s current design flow of 1.4 MGD. The facility is developing plans for a potential expansion and requested a model to be completed at a design flow of 2.4 MGD. The low flows for the Tallapoosa River were estimated using USGS flow gage station data. The station used was USGS Stream Gauge 02418500 Tallapoosa River below Tallassee. The use classification for the Tallapoosa River is Public Water Supply and Fish and Wildlife.

The Department’s Spreadsheet Water Quality Model was used to evaluate the Tallassee Sewer Stabilization Pond for this WLA. Based upon the model output, the necessary effluent limitations that are expected to be protective of water quality are given in the table below:

Tallassee Sewer Stabilization Pond Permit No. AL0020486
Qw (MGD) = 2.4

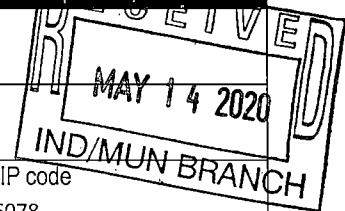
Parameter	Effluent Limits
CBOD ₅ (mg/l)	25
NH ₃ -N (mg/l)	20



Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS
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SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

Facility Information	1.1	Facility name Tallassee Sewer Stabilization Pond		
	Mailing address (street or P.O. box) 3 Freeman Avenue			
	City or town Tallassee		State Alabama	ZIP code 36078
	Contact name (first and last) John Hammock	Title Mayor	Phone number (334) 283-6571	Email address mayor@tallassee-al.gov
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address Highway 229 South			
	City or town Tallassee		State Alabama	ZIP code 36078
	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			
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.		
	Applicant name			
	Applicant address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	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)			
Existing Environmental Permits	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) AL0020486	<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 checked="" type="checkbox"/> Other (specify) WTP AL0050382



EPA Identification Number
110055980577

NPDES Permit Number
AL0020486

Facility Name
Tallassee Sewer Stabilization

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

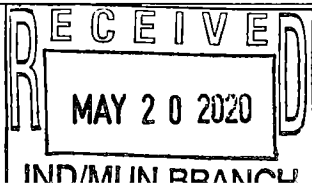
Outfalls and Other Discharge or Disposal Methods

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 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

EPA Identification Number 110055980577		NPDES Permit Number AL0020486		Facility Name Tallassee Sewer Stabilization		Form Approved 03/05/19 OMB No. 2040-0004	
Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.					
	Receiving Facility Data						
	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		
	NPDES number of receiving facility (if any) <input type="checkbox"/> None				Average daily flow rate		
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.					
Outfalls and Other Discharge or Disposal Methods Continued	1.22	Provide information in the table below on these other disposal methods.					
	Information on Other Disposal Methods						
		Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)	
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable					
Contractor Information	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.					
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.					
	Contractor Information						
			Contractor 1		Contractor 2		Contractor 3
		Contractor name (company name)					
		Mailing address (street or P.O. box)					
		City, state, and ZIP code					
		Contact name (first and last)					
		Phone number					
	Email address						
	Operational and maintenance responsibilities of contractor						

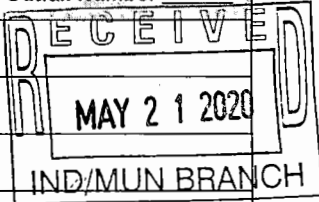
SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

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 150,000 gpd			
	Indicate the steps the facility is taking to minimize inflow and infiltration. CWSRF loan to rehabilitate existing collection system					
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. Mechanical treatment plant with 2.4 MGD ADF					
	2.					
	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	01/19/2021	02/23/2022	03/01/2022	04/01/2022
	2.					
	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: Construction stormwater permit to be applied for by Contractor completing construction						



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 <u>001</u>	Outfall Number <u>002</u>	Outfall Number _____
	State	Alabama	Alabama	
	County	Elmore	Elmore	
	City or town	Tallassee	Tallassee	
	Distance from shore	0 ft.	0 ft.	ft.
	Depth below surface	0 ft.	0 ft.	ft.
	Average daily flow rate	0.57 mgd	TBD mgd	mgd
	Latitude	32° 30' 55.3" N	32° 30' 55.3" N	° ' "
	Longitude	85° 53' 28.7" W	85° 53' 28.7" 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)			
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.		



Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number <u>001</u>	Outfall Number <u>002</u>	Outfall Number <u> </u>
	Receiving water name	Tallapoosa River	Tallapoosa River	
	Name of watershed, river, or stream system			
	U.S. Soil Conservation Service 14-digit watershed code			
	Name of state management/river basin	Lower Tallapoosa	Lower Tallapoosa	
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	03150110	03150110	
	Critical low flow (acute)	N/A cfs	N/A cfs	cfs
	Critical low flow (chronic)	N/A cfs	N/A cfs	cfs
	Total hardness at critical low flow	N/A mg/L of CaCO ₃	N/A 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 <u>001</u>	Outfall Number <u>002</u>	Outfall Number <u> </u>
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input checked="" 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) _____
	Design Removal Rates by Outfall			
	BOD ₅ or CBOD ₅	90 %	85 %	%
	TSS	90 %	85 %	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input checked="" type="checkbox"/> Not applicable %	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

EPA Identification Number 110055980577		NPDES Permit Number AL0020486		Facility Name Tallahsee Sewer Stabilization		Form Approved 03/05/19 OMB No. 2040-0004		
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 <u>002</u>		Outfall Number _____	
		Disinfection type	Chlorine		UV			
		Seasons used	Year-round		Year-round			
		Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<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	38	2				
		Number of tests of receiving water	0	0				
	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No additional sampling required by NPDES permitting authority.							

EPA Identification Number 110055980577		NPDES Permit Number AL0020486		Facility Name Tallassee Sewer Stabilization		Form Approved 03/05/19 OMB No. 2040-0004		
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 type="checkbox"/> Yes		<input checked="" 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.						
	Date(s) Submitted (MM/DD/YYYY)			Summary of Results				
	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 checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		→ SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity: Batch dumping from industrial user							
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"/> No		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.						
	Number of SIUs			Number of NSCIUs				
	4.3	Does the POTW have an approved pretreatment program?						
	<input type="checkbox"/> Yes		<input 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 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 type="checkbox"/> No						

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
			<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 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 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 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 type="checkbox"/> No			

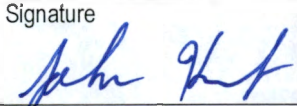
EPA Identification Number 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization
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CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	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 ____
	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
	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
	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
	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
	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
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	
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 ____
	Number of CSO events in the past year	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
	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
	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

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 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	
		<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) John Hammock	Official title Mayor
		Signature 	Date signed 05/08/2020

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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)	75.30	mg/L	20.24	mg/L	60	M5210B	0.05 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	2419	MPN/100 mL	232.2	MPN/100 mL	60	SM9223B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	4.91	MGD	1.22	MGD	60		
pH (minimum)	8.32	SU					
pH (maximum)	9.75	SU					
Temperature (winter)	N/A	N/A	N/A	N/A	N/A		
Temperature (summer)	N/A	N/A	N/A	N/A	N/A		
Total suspended solids (TSS)	198	mg/L	31.62	mg/L	60	USGS3765	2.50 mg/L <input checked="" 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)	7.11	mg/L	3.69	mg/L	5	SM 4500 NH3-C	0.100 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	0.27	mg/L	0.15	mg/L	5	DR-3900	0.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	9.80	mg/L	5.80	mg/L	60	SM 4500-OG	0.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	5.28	mg/L	4.00	mg/L	5	EPA 300	0.060 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	11.70	mg/L	7.70	mg/L	5	SM 4500- Norg C	1.50 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	2.0	mg/L	1.8	mg/L	3	EPA 1664A	0.005 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	18.80	mg/L	4.16	mg/L	5	EPA 365.3	1.00 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	225	mg/L	192.3	mg/L	3	M2540 C	1.00 mg/L <input type="checkbox"/> ML <input checked="" 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).

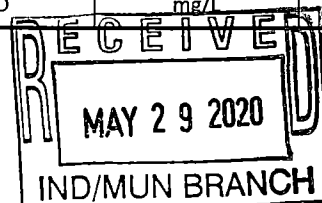
² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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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		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)	41.5	mg/L	34.7	mg/L	3	E200.7	1.00 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Antimony, total recoverable	0.0006	mg/L	0.0005	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	0.0010	mg/L	0.0009	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	ND	mg/L	ND	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	ND	mg/L	ND	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	0.0012	mg/L	0.0010	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.028	mg/L	0.0105	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	0.0041	mg/L	0.0026	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	3.44	ng/L	1.75	ng/L	3	E1631	0.50 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	0.0042	mg/L	0.0036	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	ND	mg/L	ND	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	ND	mg/L	ND	mg/L	3	200.8	0.0005 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	ND	mg/L	ND	mg/L	3	200.8	0.0010 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	0.028	mg/L	0.018	mg/L	3	200.8	0.0010 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	ND	mg/L	ND	mg/L	3	M4500-CN CE	0.010 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds	ND	mg/L	ND	mg/L	3	M5330 BD 2005	0.020 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein	ND	mg/L	ND	mg/L	3	E624	0.020 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	ND	mg/L	ND	mg/L	3	E624	0.020 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	ND	mg/L	ND	mg/L	3	E624	0.0050 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	ND	mg/L	ND	mg/L	3	E624	0.0050 m ⁺ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL



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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	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	ND	mg/L	ND	mg/L	3	E624	0.010 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	ND	mg/L	ND	mg/L	3	E624	0.020 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	0.046	mg/L	0.03	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl chloride	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methylene chloride	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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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		
Trichloroethylene	ND	mg/L	ND	mg/L	3	E624	0.0050 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	ND	mg/L	ND	mg/L	3	E624	0.0020 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chlorophenol	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dichlorophenol	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dimethylphenol	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4,6-dinitro-o-cresol	ND	mg/L	ND	mg/L	3	E625	0.019 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrophenol	ND	mg/L	ND	mg/L	3	E625	0.039 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-nitrophenol	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-nitrophenol	ND	mg/L	ND	mg/L	3	E625	0.039 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pentachlorophenol	ND	mg/L	ND	mg/L	3	E625	0.039 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenol	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4,6-trichlorophenol	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	ND	mg/L	ND	mg/L	3	E625	0.029 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	ND	mg/L	ND	mg/L	3	E625	0.0097 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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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	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichlorobenzene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,4-dichlorobenzene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,3-dichlorobenzidine	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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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	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	ND	mg/L	ND	mg/L	3	E625	0.039 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	ND	mg/L	ND	mg/L	3	E625	0.0097 <input checked="" type="checkbox"/> ML <input checked="" 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 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 checked="" type="checkbox"/> No additional sampling is required by NPDES permitting authority.							
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<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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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 <u>1</u>	Test Number <u>2</u>	Test Number <u>3</u>
Test species	Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia
Age at initiation of test	< 24 hrs	8 days	< 24 hrs
Outfall number	001	001	001
Date sample collected	08/19/2019	08/19/2019	11/20/2019
Date test started	08/20/2019	08/20/2019	11/21/2019
Duration	48 hr	48 hr	48 hr
Toxicity Test Methods			
Test method number	1002.0	1000.0	1002.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess 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

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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 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 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		
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 checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" 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.	MHSW	MHSW	MHSW	MHSW		
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 checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" 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.	100%	100%	100%	100%		
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %	100 %	100 %	100 %		
LC ₅₀						
95% confidence interval	2.06 - 2.39 %	7.23-8.00 %	2.22-2.51 %	100 %		
Control percent survival	100 %	100 %	100 %	100 %		

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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 Number ¹ _____	Test Number ² _____	Test Number ³ _____
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	07/25/2019	07/25/2019	11/01/2019
Other (describe)			

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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 ⁴ _____	Test Number ⁵ _____	Test Number ⁶ _____
Test species	Pimephales promelas	Ceriodaphnia dubia	Pimephales promelas
Age at initiation of test	9 days	< 24 hrs	< 24 hrs
Outfall number	001	001	001
Date sample collected	11/20/2019	11/16/2015	11/16/2015
Date test started	11/21/2019	11/17/2015	11/17/2015
Duration	48 hr	7 day	7 day
Toxicity Test Methods			
Test method number	1000.0	1002.0	1000.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input checked="" type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input checked="" type="checkbox"/> Chronic <input type="checkbox"/> Both

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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 Number <u>4</u>	Test Number <u>5</u>	Test Number <u>6</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	MHSW	20%DMW	20%DMW
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 checked="" 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.	100%	1%	1%
Parameters Tested			
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results			
Percent survival in 100% effluent	100 %	N/A %	N/A %
LC ₅₀		N/A	N/A
95% confidence interval	6.36-9.70 %	N/A %	N/A %
Control percent survival	100 %	N/A %	N/A %

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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 Number <u>4</u>	Test Number <u>5</u>	Test Number <u>6</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	125 %	500 %
IC ₂₅	N/A %	154 %	580 %
Control percent survival	N/A %	90 %	95 %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	11/01/2019	10/27/2015	10/27/2015
Other (describe)			

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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 ⁷ _____	Test Number ⁸ _____	Test Number ⁹ _____
Test species	Pimephales promelas	Ceriodaphnia dubia	Pimephales promelas
Age at initiation of test	< 72 hrs	< 24 hrs	< 96 hrs
Outfall number	001	001	001
Date sample collected	06/22/2016	06/22/2016	08/26/2016
Date test started	06/23/2016	06/23/2016	08/26/2016
Duration	48 hr	48 hr	48 hr
Toxicity Test Methods			
Test method number	1000.0	1002.0	1000.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess 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

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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 Number <u>7</u>		Test Number <u>8</u>		Test Number <u>9</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	20%DMW		20%DMW		20%DMW	
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 checked="" 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.	100%		100%		100%	
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %		100 %		100 %	
LC ₅₀	763.09		218.50		849.53	
95% confidence interval	609.40-955.53 %		177.90-268.36 %		695.31-1037.97 %	
Control percent survival	100 %		100 %		100 %	

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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 Number <u>7</u>		Test Number <u>8</u>		Test Number <u>9</u>	
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC		N/A %		N/A %		N/A %
IC ₂₅		N/A %		N/A %		N/A %
Control percent survival		N/A %		N/A %		N/A %
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	05/26/2016		05/26/2016		07/21/2016	
Other (describe)						

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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 <u>10</u>	Test Number <u>11</u>	Test Number <u>12</u>
Test species	Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia
Age at initiation of test	< 24 hrs	< 96 hrs	< 24 hrs
Outfall number	001	001	001
Date sample collected	06/22/2016	11/03/2016	11/03/2016
Date test started	06/23/2016	11/04/2016	11/04/2016
Duration	48 hrs	48 hr	48 hr
Toxicity Test Methods			
Test method number	1002.0	1000.0	1002.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
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

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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 Number <u>10</u>	Test Number <u>11</u>	Test Number <u>12</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	20%DMW	20%DMW	20%DMW			
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 checked="" 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.	100%	100%	100%			
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %	100 %	95 %			
LC ₅₀	201.74	804.55	225.31			
95% confidence interval	169.59-239.99 %	66..72-975.28 %	194.92-260.44 %			
Control percent survival	100 %	100 %	100 %			

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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 Number <u>10</u>	Test Number <u>11</u>	Test Number <u>12</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	07/21/2016	10/27/2016	10/27/2016
Other (describe)			

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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 <u>13</u>	Test Number <u>14</u>	Test Number <u>15</u>
Test species	Pimephales promelas	Ceriodaphnia dubia	Pimephales promelas
Age at initiation of test	< 96 hrs	< 24 hrs	< 72 hrs
Outfall number	001	001	001
Date sample collected	11/03/2016	11/03/2016	02/22/2017
Date test started	11/04/2016	11/04/2016	02/23/2017
Duration	48 hr	48 hr	48 hr
Toxicity Test Methods			
Test method number	1000.0	1002.0	1000.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess 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

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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 Number <u>13</u>		Test Number <u>14</u>		Test Number <u>15</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 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 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
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 checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" 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.	20%DMW	20%DMW	20%DMW	20%DMW	20%DMW	20%DMW
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 checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" 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.	100%	100%	100%	100%	100%	100%
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %	95 %	100 %	100 %	100 %	100 %
LC ₅₀					919.07	
95% confidence interval	%	%	%	%	773.14-1092.54	%
Control percent survival	100 %	100 %	100 %	100 %	100 %	100 %

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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 Number <u>13</u>	Test Number <u>14</u>	Test Number <u>15</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input 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)?			01/25/2017
Other (describe)	Reference Toxicant test data not included from lab on ADEM Form 465 dated 12/08/16	Reference Toxicant test data not included from lab on ADEM Form 465 dated 12/08/16	

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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 <u>16</u>	Test Number <u>17</u>	Test Number <u>18</u>
Test species	Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia
Age at initiation of test	< 24 hrs	< 72 hrs	< 24 hrs
Outfall number	001	001	001
Date sample collected	06/22/2016	05/17/2017	05/17/2017
Date test started	06/23/2016	05/18/2017	05/18/2017
Duration	48 hrs	48 hrs	48 hrs
Toxicity Test Methods			
Test method number	1002.0	1000.0	1002.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess 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

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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 Number <u>16</u>		Test Number <u>17</u>		Test Number <u>18</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 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 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
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 checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" 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.	20%DMW	20%DMW	20%DMW	20%DMW	20%DMW	20%DMW
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 checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" 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.	100%	100%	100%	100%	100%	100%
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %	100 %	100 %	100 %	100 %	100 %
LC ₅₀	209.07	833.17	210.07			
95% confidence interval	177.18-246.69 %	698.12-994.28 %	193.35-289.80 %			
Control percent survival	100 %	100 %	100 %			

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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 Number <u>16</u>	Test Number <u>17</u>	Test Number <u>18</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	01/25/2017	04/25/2017	04/25/2017
Other (describe)			

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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 <u>19</u>	Test Number <u>20</u>	Test Number <u>21</u>	
Test species	Pimephales promelas	Ceriodaphnia dubia	Pimephales promelas	
Age at initiation of test	< 96 hrs	< 24 hrs	< 24 hrs	
Outfall number	001	001	001	
Date sample collected	08/24/2017	08/24/2017	11/28/2017	
Date test started	08/25/2017	08/25/2017	11/28/2017	
Duration	48 hr	48 hr	48 hr	
Toxicity Test Methods				
Test method number	1000.0	1002.0	1000.0	
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013	
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002	
Page number(s)	141-196	141-196	141-196	
Sample Type				
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	
Toxicity Type				
Indicate for each test whether the test was performed to assess 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	

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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 Number <u>19</u>	Test Number <u>20</u>	Test Number <u>21</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	20%DMW	20%DMW				
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 checked="" 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.	100%	100%				
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %	100 %	100 %			
LC ₅₀	794.68	209.07	1071.77			
95% confidence interval	658.99-953.31 %	177.18-246.69 %	903.77-1271.00 %			
Control percent survival	100 %	100 %	100 %			

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

	Test Number <u>19</u>	Test Number <u>20</u>	Test Number <u>21</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	07/26/2017	07/26/2017	10/27/2017
Other (describe)			

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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 <u>22</u>	Test Number <u>23</u>	Test Number <u>24</u>
Test species	Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia
Age at initiation of test	< 24 hrs	< 96 hrs	< 24 hrs
Outfall number	001	001	001
Date sample collected	11/28/2017	01/05/2018	01/05/2018
Date test started	11/28/2017	01/05/2018	01/05/2018
Duration	48 hrs	48 hrs	48 hrs
Toxicity Test Methods			
Test method number	1002.0	1000.0	1002.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess 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

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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 Number <u>22</u>	Test Number <u>23</u>	Test Number <u>24</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	20%DMW	20%DMW	20%DMW			
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 checked="" 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.	100%	100%	100%			
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	57.5 %	0 %	0 %			
LC ₅₀	241.48	1008.93	187.50			
95% confidence interval	204.61-285.00 %	866.18-1175.19 %	180.00-194.50 %			
Control percent survival	100 %	100 %	100 %			

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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 Number <u>22</u>	Test Number <u>23</u>	Test Number <u>24</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	10/25/2017	12/13/2017	12/13/2017
Other (describe)			

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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 <u>25</u>	Test Number <u>26</u>	Test Number <u>27</u>
Test species	Pimephales promelas	Ceriodaphnia dubia	Pimephales promelas
Age at initiation of test	< 48 hrs	< 24 hrs	< 48 hrs
Outfall number	001	001	001
Date sample collected	01/09/2018	01/09/2018	01/23/2018
Date test started	01/10/2018	01/10/2018	01/24/2018
Duration	48 hrs	48 hrs	48 hrs
Toxicity Test Methods			
Test method number	1000.0	1002.0	1000.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess 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

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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 Number <u>25</u>		Test Number <u>26</u>		Test Number <u>27</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
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 checked="" type="checkbox"/> Laboratory water	<input type="checkbox"/> Receiving water	
If laboratory water, specify type.	20%DMW			20%DMW		
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 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.	100%			100%		
Parameters Tested						
Check the parameters tested.	<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Dissolved oxygen
	<input type="checkbox"/> Salinity			<input type="checkbox"/> Salinity		
	<input type="checkbox"/> Temperature			<input type="checkbox"/> Temperature		
Acute Test Results						
Percent survival in 100% effluent	100 %			97.5 %		90 %
LC ₅₀	1008.93			187.50		1008.93
95% confidence interval	866.18-1175.19 %			180.00-194.50 %		866.18-1175.19 %
Control percent survival	100 %			100 %		100 %

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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 Number <u>25</u>	Test Number <u>26</u>	Test Number <u>27</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	12/13/2017	12/13/2017	12/13/2017
Other (describe)			

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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 <u>28</u>	Test Number <u>29</u>	Test Number <u>30</u>
Test species	Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia
Age at initiation of test	< 24 hrs	< 48 hrs	< 24 hrs
Outfall number	001	001	001
Date sample collected	01/23/2018	01/30/2018	01/30/2018
Date test started	01/24/2018	01/31/2018	01/31/2018
Duration	48 hrs	48 hrs	48 hrs

Toxicity Test Methods

Test method number	1002.0	1000.0	1002.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196

Sample Type

Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite
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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
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Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
----------------------------------------------------------------------------------------------	--------------------------------------------------------	--------------------------------------------------------	--------------------------------------------------------

Toxicity Type

Indicate for each test whether the test was performed to assess 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
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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 Number <u>28</u>		Test Number <u>29</u>		Test Number <u>30</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 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 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
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 checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" 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.	20%DMW	20%DMW	20%DMW	20%DMW	20%DMW	20%DMW
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 checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input checked="" 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.	100%	100%	100%	100%	100%	100%
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	97.5 %	100 %	100 %	100 %	100 %	100 %
LC ₅₀	187.50	1231.14	1231.14	187.50	187.50	187.50
95% confidence interval	180.00-194.50 %	1090.28-1390.20 %	1090.28-1390.20 %	182.50-194.50 %	182.50-194.50 %	182.50-194.50 %
Control percent survival	100 %	100 %	100 %	100 %	100 %	100 %

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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 Number <u>28</u>		Test Number <u>29</u>		Test Number <u>30</u>	
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC		N/A %		N/A %		N/A %
IC ₂₅		N/A %		N/A %		N/A %
Control percent survival		N/A %		N/A %		N/A %
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	12/13/2017		01/24/2018		01/24/2018	
Other (describe)						

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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 <u>31</u>	Test Number <u>32</u>	Test Number <u>33</u>
Test species	Pimephales promelas	Ceriodaphnia dubia	Pimephales promelas
Age at initiation of test	< 72 hrs	< 24 hrs	< 72 hrs
Outfall number	001	001	001
Date sample collected	06/06/2018	06/06/2018	08/08/2018
Date test started	06/07/2018	06/07/2018	08/09/2018
Duration	48 hrs	48 hrs	48 hrs

Toxicity Test Methods

Test method number	1000.0	1002.0	1000.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196

Sample Type

Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite
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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
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Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
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Toxicity Type

Indicate for each test whether the test was performed to assess 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
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EPA Identification Number 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization Pond	Outfall Number 001
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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 Number <u>31</u>		Test Number <u>32</u>		Test Number <u>33</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	20%DMW		20%DMW		20%DMW	
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 checked="" 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.	100%		100%		100%	
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %		100 %		97.5 %	
LC ₅₀	1163.08		183.01		1083.26	
95% confidence interval	1002.27-1349.6 %		171.29-195.54 %		928.07-1264.41 %	
Control percent survival	100 %		100 %		100 %	

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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 Number <u>31</u>	Test Number <u>32</u>	Test Number <u>33</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC25	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	05/23/2018	05/23/2018	07/24/2018
Other (describe)			

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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 <u>34</u>	Test Number <u>35</u>	Test Number <u>36</u>
Test species	Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia
Age at initiation of test	< 24 hrs	< 72 hrs	< 24 hrs
Outfall number	001	001	001
Date sample collected	08/08/2018	11/07/2018	11/07/2018
Date test started	08/09/2018	11/08/2018	11/08/2018
Duration	48 hrs	48 hrs	48 hrs
Toxicity Test Methods			
Test method number	1002.0	1000.0	1002.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
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

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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 Number <u>34</u>	Test Number <u>35</u>	Test Number <u>36</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	20%DMW	20%DMW	20%DMW			
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 checked="" 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.	100%	100%	100%			
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %	100 %	100 %			
LC ₅₀	170.76					
95% confidence interval	148.20-196.74 %	%	%			
Control percent survival	100 %	100 %	100 %			

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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 Number <u>34</u>	Test Number <u>35</u>	Test Number <u>36</u>
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	N/A %	N/A %
IC ₂₅	N/A %	N/A %	N/A %
Control percent survival	N/A %	N/A %	N/A %
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?	07/24/2018		
Other (describe)		Reference Toxicant test data not included from lab on ADEM Form 465 dated 12/11/18	Reference Toxicant test data not included from lab on ADEM Form 465 dated 12/11/18

EPA Identification Number 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization Pond	Outfall Number 001
-------------------------------------------	----------------------------------	-----------------------------------------------------	-----------------------

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 Information			
	Test Number <u>37</u>	Test Number <u>38</u>	Test Number <u>39</u>
Test species	Pimephales promelas	Ceriodaphnia dubia	Pimephales promelas
Age at initiation of test	< 48 hrs	< 24 hrs	9 days
Outfall number	001	001	001
Date sample collected	02/20/2019	02/20/2019	05/21/2019
Date test started	02/20/2019	02/20/2019	05/22/2019
Duration	48 hrs	48 hrs	48 hrs
Toxicity Test Methods			
Test method number	1000.0	1002.0	1000.0
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4th / 2002	4th / 2002	4th / 2002
Page number(s)	141-196	141-196	141-196
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" 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.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.	Final effluent prior to discharge to Tallapoosa River.
Toxicity Type			
Indicate for each test whether the test was performed to assess 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 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization Pond	Outfall Number 001
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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>37</u>	Test Number <u>38</u>	Test Number <u>39</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 checked="" type="checkbox"/> Static <input 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 checked="" 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.	20%DMW	20%DMW	MHSDW			
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 checked="" 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.	100%	100%	100%			
Parameters Tested						
Check the parameters tested.	<input checked="" 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 type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	100 %	100 %	95 %			
LC ₅₀	1181	181	> 100%			
95% confidence interval	1131-1232 %	170-192 %	%			
Control percent survival	100 %	100 %	92.5 %			

EPA Identification Number 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization Pond	Outfall Number 001
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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>37</u>		Test Number <u>38</u>		Test Number <u>39</u>	
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC		N/A %		N/A %		N/A %
IC ₂₅		N/A %		N/A %		N/A %
Control percent survival		N/A %		N/A %		N/A %
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 checked="" 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)?	01/18/2019		01/18/2019		05/01/2019	
Other (describe)						

EPA Identification Number 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization Pond	Outfall Number 001
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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 Information

	Test Number <u>40</u>	Test Number _____	Test Number _____
Test species	Ceriodaphnia dubia		
Age at initiation of test	< 24 hrs		
Outfall number	001		
Date sample collected	05/21/2019		
Date test started	05/22/2019		
Duration	48 hrs		

Toxicity Test Methods

Test method number	1002.0		
Manual title	EPA-821-R-02-013		
Edition number and year of publication	4th / 2002		
Page number(s)	141-196		

Sample Type

Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input 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 type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.	Final effluent prior to discharge to Tallapoosa River.		
----------------------------------------------------------------------------------------------	--------------------------------------------------------	--	--

Toxicity Type

Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both
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EPA Identification Number 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization Pond	Outfall Number 001
-------------------------------------------	----------------------------------	-----------------------------------------------------	-----------------------

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>40</u>	Test Number _____	Test Number _____
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 type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input 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 type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.	MHSDW		
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 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.	100%		
Parameters Tested			
Check the parameters tested.	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input 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 type="checkbox"/> Temperature
			<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results			
Percent survival in 100% effluent	100 %	%	%
LC ₅₀	> 100%		
95% confidence interval	%	%	%
Control percent survival	100 %	%	%

EPA Identification Number 110055980577	NPDES Permit Number AL0020486	Facility Name Tallassee Sewer Stabilization Pond	Outfall Number 001
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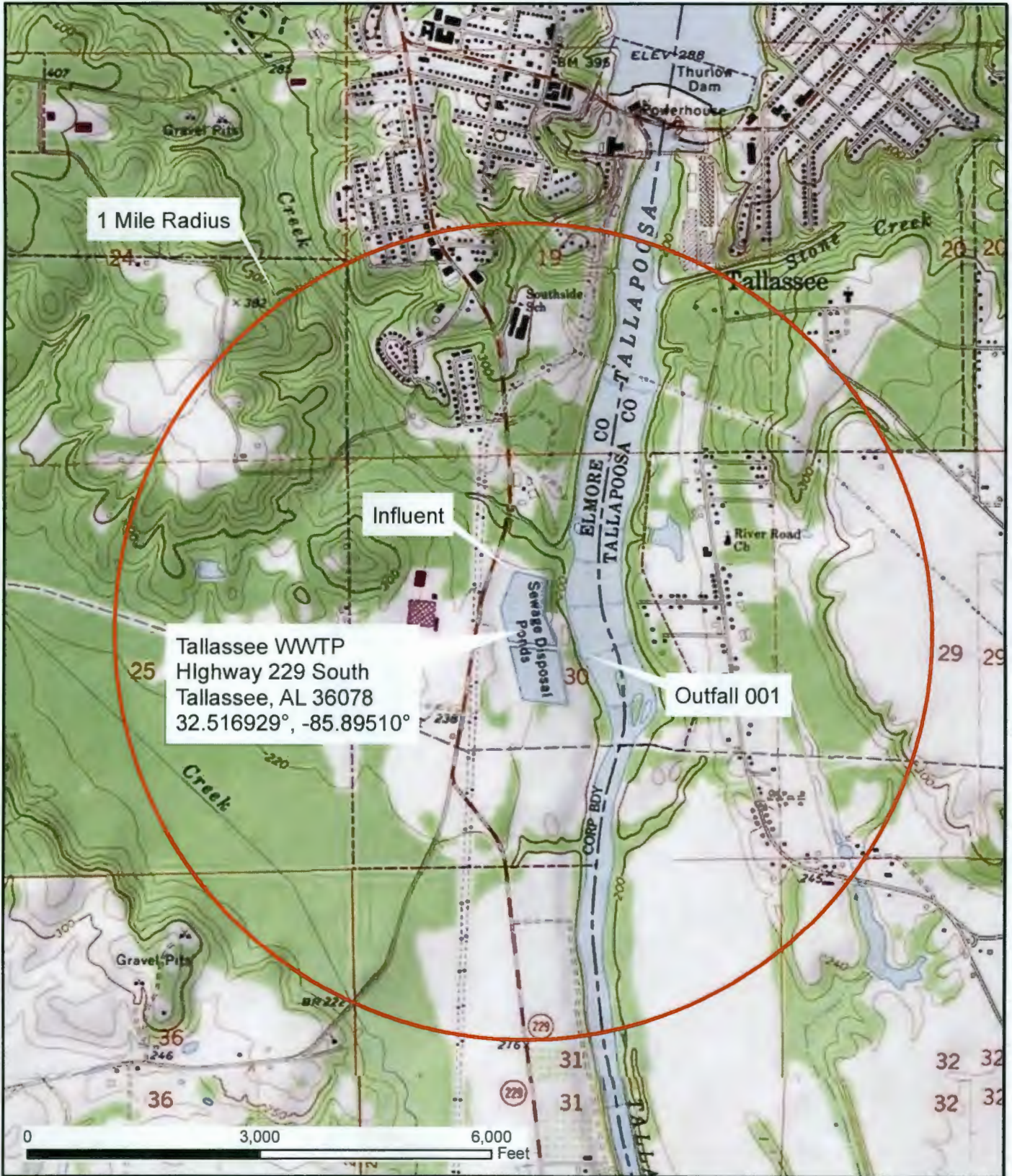
Form Approved 03/05/19
OMB No. 2040-0004

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>40</u>	Test Number _____	Test Number _____
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	N/A %	%	%
IC ₂₅	N/A %	%	%
Control percent survival	N/A %	%	%
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 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 type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?	05/01/2019		
Other (describe)			

Form 2A - Exhibits



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www.cdge.com

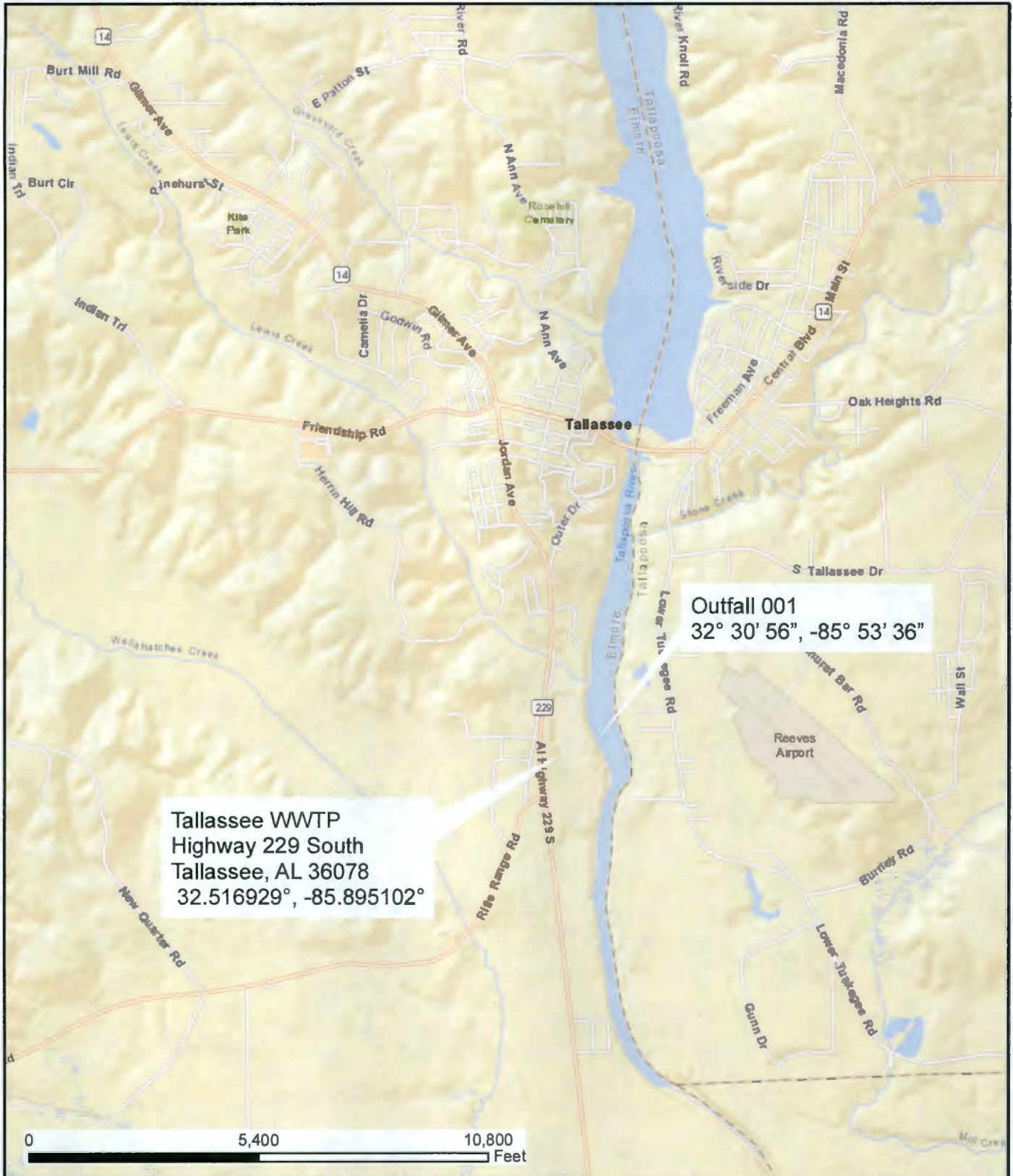
Figure 1
 Site Topography Map
 City of Tallassee
 Tallassee WWTP
 NPDES Permit Renewal
 March 2020





Figure 3
Process Flow Diagram

City of Tallassee
 Tallassee WWTP
 NPDES Permit Renewal
 March 2020



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www.cdg.com

Figure 6
 Outfall Location Map

City of Tallassee
 Tallassee WWTP
 NPDES Permit Renewal
 March 2020

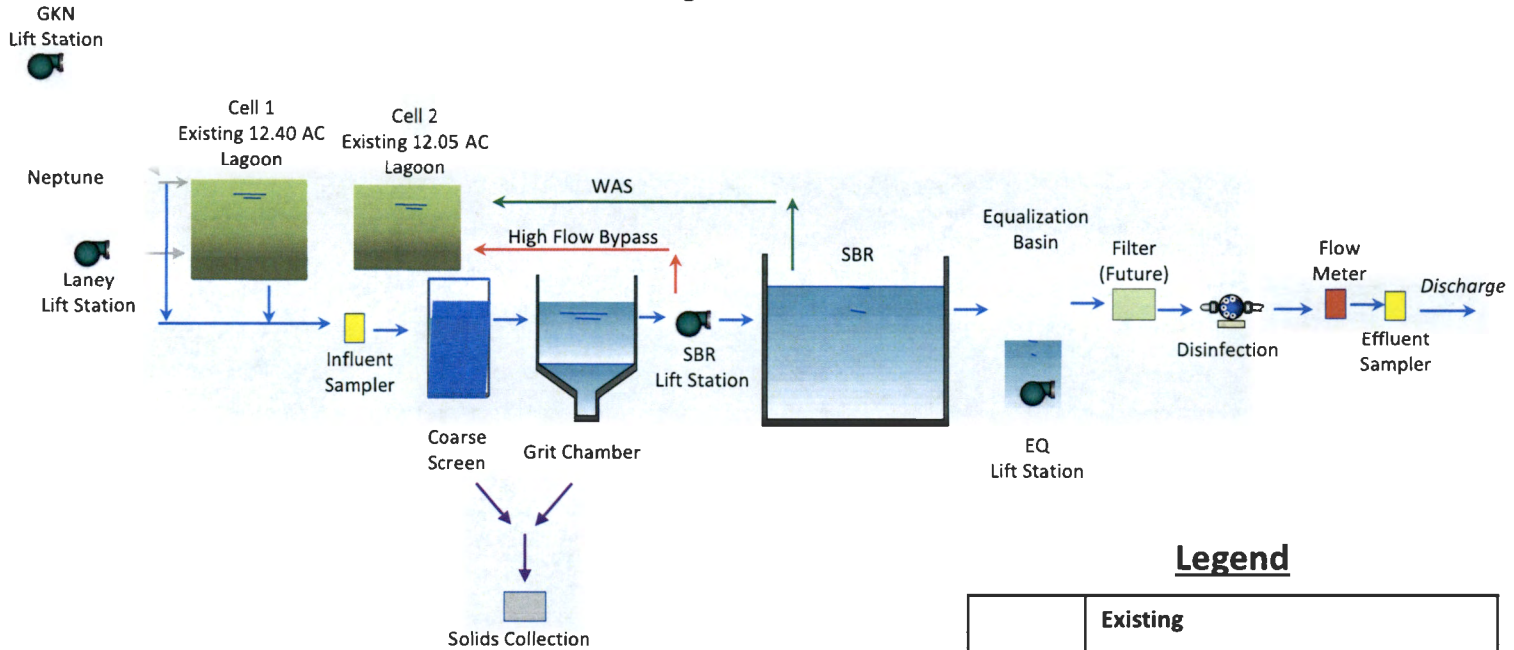


Tallahsee Wastewater Treatment Facility

Process Schematic

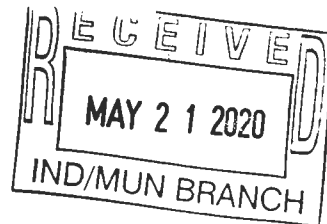
Option B – Sequencing Batch Reactor

Design Flow: 2.4 MGD



Legend

	Existing
	Proposed - Primary
	Proposed - Liquid Waste Stream
	Proposed - Solids



April 2020

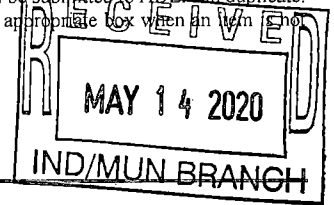
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

NPDES INDIVIDUAL PERMIT APPLICATION

SUPPLEMENTARY INFORMATION FOR PUBLICLY-OWNED TREATMENT WORKS (POTW), OTHER TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS), AND PUBLIC WATER SUPPLY TREATMENT PLANTS

Instructions: This form should be used to submit the required supplementary information for an application for an NPDES individual permit for Publicly Owned Treatment Works (POTW) and other Treatment Works Treating Domestic Sewage (TWTDS). The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division
Municipal Section
P O Box 301463
Montgomery, AL 36130-1463



PURPOSE OF THIS APPLICATION

- Initial Permit Application for New Facility*
Modification of Existing Permit
Revocation & Reissuance of Existing Permit
Initial Permit Application for Existing Facility*
Reissuance of Existing Permit
* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.

SECTION A - GENERAL INFORMATION

1. Facility Name: Tallassee Sewer Stabilization Pond
a. Operator Name: City of Tallassee
b. Is the operator identified in A.1.a, the owner of the facility? [X] Yes [] No
c. Name of Permittee* if different than Operator:
2. NPDES Permit Number: AL 0020486
3. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)
Street: Highway 229 South
City: Tallassee County: Elmore State: Alabama Zip: 36078
Facility Location (Front Gate): Latitude: 32° 30' 56" Longitude: -85° 53' 36"
4. Facility Mailing Address: 3 Freeman Avenue
City: Tallassee County: Elmore State: Alabama Zip: 36078
5. Responsible Official (as described on last page of this application):
Name and Title: John Hammock, Mayor
Address: 3 Freeman Avenue
City: Tallassee State: Alabama Zip: 36078
Phone Number: 334-283-6571 Email Address: mayor@tallassee-al.gov

6. Designated Facility/DMR Contact:

Name and Title: Bobby Sciulli
 Phone Number: 334-415-0327 Email Address: bamamanx45@live.com

7. Designated Emergency Contact:

Name and Title: Bobby Sciulli
 Phone Number: 334-415-0327 Email Address: bamamanx45@live.com

8. Please complete this section if the Applicant's business entity is a Proprietorship or Limited Liability Company (LLC) with a responsible official not listed in A.5.

Name and Title: N/A
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email Address: _____

9. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State Environmental Permits presently held by the Applicant within the State of Alabama:

<u>Permit Type</u>	<u>Permit Number</u>	<u>Held By</u>
NPDES	AL0020486	City of Tallassee
WTP	AL0050382	City of Tallassee

10. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, Consent Decrees, or Litigation concerning water pollution or other permit violations, if any against the Applicant within the State of Alabama in the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
Tallassee Sewer Stabilization Pond	AL0020486	Consent Order	5/25/2018

SECTION B – WASTEWATER DISCHARGE INFORMATION

1. List the following historical monthly flow rates recorded for the past five years for each outfall:

Outfall No.	Highest Flow in Last 12 Months (MGD)	Highest Daily Flow (MGD)	Average Flow (MGD)
001	2.42	4.91	1.22

2. Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.

3. Do you share an outfall with another facility? Yes No (If no, continue to B.4)

For each shared outfall, provide the following:

Applicant's Outfall No.	Name of Other Permittee/Facility	NPDES Permit No.	Where is sample collected by Applicant?
N/A	N/A	N/A	N/A

4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

See attached Process Flow schematic. Parshall flume flow meter and refrigerated composite sampler.

5. 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)? Yes No

Briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity: (Attach additional sheets if needed.)

Mechanical treatment plant designed and planned to be under construction Fall 2020 through Fall 2021

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

Describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed NPDES- permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

Description of Waste	Description of Storage Location
N/A	N/A

Describe the location of any sites used for the ultimate disposal of solid or liquid waste materials or residuals (e.g. sludges) generated by any wastewater treatment system located at the facility.

Description of Waste	Quantity (lbs/day)	Disposal Method*
N/A	N/A	N/A

*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

a. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit?	
				Yes	No
Neptune	SW Primary Metals & Products	Existing	0.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

b. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance? Yes No
If yes, please attach a copy of the ordinance.

SECTION E – COASTAL ZONE INFORMATION

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County? Yes No
If yes, complete items E.1 – E.12 below:

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does the project require new construction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the project be a source of new air emissions?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the project involve dredging and/or filling of a wetland area or water way? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, has the Corps of Engineers (COE) permit been received? | <input type="checkbox"/> | <input type="checkbox"/> |
| COE Project No. _____ | | |
| 4. Does the project involve wetlands and/or submersed grassbeds?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are oyster reefs located near the project site?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include a map showing project and discharge location with respect to oyster reefs | | |
| 6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the project involve mitigation of shoreline or coastal area erosion?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the project involve construction on beaches or dune areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the project interfere with public access to coastal waters?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the project lie within the 100-year floodplain?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the project involve the registration, sale, use, or application of pesticides? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION F – ANTI-DEGRADATION EVALUATION

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991? Yes No
If yes, complete F.2 below. If no, go to Section G.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in F.1? Yes No

If yes, do not complete this section.

If no and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete F.2.A – F.2.F below, ADEM Form 311-Alternatives Analysis, and either ADEM Form 312 or ADEM Form 313- Calculation of Total Annualized Project Costs (Public-Sector or Private-Sector Projects, whichever is applicable). ADEM Form 312 or ADEM Form 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. ADEM forms can be found on the Department's website at <http://adem.alabama.gov/DeptForms/>.

Information required for new or increased discharges to high quality waters:

- A. What environmental or public health problem will the discharger be correcting?

See attached explanation sheet

- B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

See attached explanation sheet

- C. How much reduction in employment will the discharger be avoiding?

See attached explanation sheet

- D. How much additional state or local taxes will the discharger be paying?

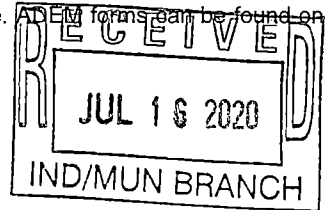
See attached explanation sheet

- E. What public service to the community will the discharger be providing?

See attached explanation sheet

- F. What economic or social benefit will the discharger be providing to the community?

See attached explanation sheet



SECTION G – 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 are found on the Department's website at <http://adem.alabama.gov/programs/water/waterforms.cnt>. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. 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.
3. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and, if the land application site is not completely bermed to prevent runoff, applicants must also submit Form 2F.
4. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 2C.
5. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.

Information required for new or increased discharges to high quality waters:

A. What environmental or public health project will the discharger be correcting?

The discharger will be correcting alleged facility violations for TSS, pH, E coli, TRC, CBOD, CBOD percent removal, and TSS percent removal which indicate that the existing wastewater lagoon system is incapable to adequately treat the wastewater to the standards set forth in the City's NPDES discharge permit.

B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

With the development of the facility, additional staff will be brought in including primary and backup operational and maintenance staff. These people will work on items directly related to the facility for some percentage of their standard working hours.

C. How much reduction in employment will the discharger be avoiding?

As this is a new facility, there is no avoidance in employment reduction associated with this activity.

D. How much additional state or local taxes will the discharger be paying?

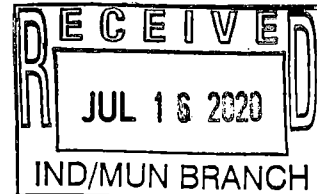
The discharger will pay additional state taxes on the revenue generated from user charges for wastewater treatment.

E. What public service to the community will the discharger be providing?

The discharger will be providing the community with the affordable treatment and disposal of wastewater from the community.

F. What economic or social benefit will the discharger be providing to the community?

The discharger will be providing the community with the affordable treatment and disposal of wastewater from the community.



SECTION H- ENGINEERING REPORT/BMP PLAN REQUIREMENTS

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

SECTION I- RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
001	Tallapoosa River	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
002	Tallapoosa River	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

SECTION J - APPLICATION CERTIFICATION

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."

Signature of Responsible Official:  Date Signed: 05/08/2020

Name and Title: John Hammcok, Mayor

If the Responsible Official signing this application is not identified in Section A.5 or A.8, provide the following information:

Mailing Address: 3 Freeman Avenue

City: Tallasse State: Alabama Zip: 36078

Phone Number: 334-283-6571 Email Address: mayor@tallasse-al.gov

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.

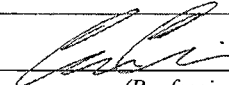
Attachment 1 to Supplementary Form ADEM Form 311

Alternatives Analysis

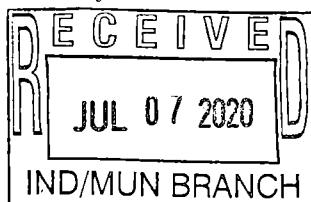
Applicant/Project: City of Tallassee WWTP

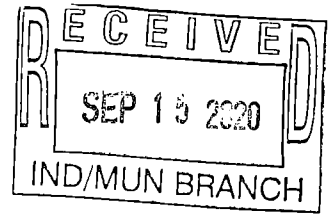
All new or expanded discharges (except discharges eligible for coverage under general permits) covered by the NPDES permitting program are subject to the provisions of ADEM's antidegradation policy. Applicants for such discharges to Tier 2 waters are required to demonstrate "... that the proposed discharge is necessary for important economic or social development." As a part of this demonstration, the applicant must complete an evaluation of the discharge alternatives listed below, including a calculation of the total annualized project costs for each technically feasible alternative (using ADEM Form 312 for public-sector projects and ADEM Form 313 for private-sector projects). Alternatives with total annualized project costs that are less than 110% of the total annualized project costs for the Tier 2 discharge proposal are considered viable alternatives.

Alternative	Viable	Non-Viable	Comment
1 Land Application		X	Cost; additional land purchase required
2 Pretreatment/Discharge to POTW		X	Cost
3 Relocation of Discharge		X	Cost; additional land purchase required
4 Reuse/Recycle		X	Cost; No year-round user
5 Process/Treatment Alternatives		X	Membrane Bioreactor instead of SBR
6 On-site/Sub-surface Disposal		X	Discharge volume exceeds sub-surface disposal applications
<i>(other project-specific alternatives considered by the applicant; attach additional sheets if necessary)</i>			
7			
8			
9			

<p>Pursuant to ADEM Administrative Code Rule 335-6-3-.04, I certify on behalf of the applicant that I have completed an evaluation of the discharge alternatives identified above, and reached the conclusions indicated.</p>	<p>Signature: <u></u> (Professional Engineer)</p> <p>Date: <u>7/7/2020</u></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(Supporting documentation to be attached, referenced, or otherwise handled as appropriate.)





**Calculation of Total Annualized Project Costs
for Public-Sector Projects**

A. Capital Costs

Capital Cost of Project	\$ 3,731,749.00	
Other One-Time Costs of Project (Please List, if any)		
_____	\$ 0	
_____	\$ 0	
_____	\$ 0	
Total Capital Costs (Sum column)	\$ 3,731,749.00	(1)
Portion of Capital Costs to be Paid for with Grant Monies	\$ 0.00	(2)
Capital Costs to be Financed [Calculate: (1) – (2)]	\$ 3,731,749.00	(3)
Type of Financing (e.g., G.O. bond, revenue bond, bank loan)	CWSRF Loan	
Interest Rate for Financing (expressed as decimal)	0.0225	(i)
Time Period of Financing (in years)	20	(n)
Annualization Factor = $\frac{i}{(1+i)^n - 1} + i$	0.0626	(4)
Annualized Capital Cost [Calculate: (3) x (4)]	\$ 233,764.48	(5)

B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

Labor (Plant Operators)	\$ 35,000.00	
Utilities	\$ 51,000.00	
Materials, Expenses & General Operation (office)	\$ 5,000.00	
_____	\$	
Total Annual O & M Costs (Sum column)	\$ 91,000.00	(6)

C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [(5) + (6)]	\$ 324, 764.48	(7)
--------------------------------------------------------------	----------------	-----

**Calculation of Total Annualized Project Costs
for Public-Sector Projects**

A. Capital Costs

Capital Cost of Project	\$ 5,623,250.00	
Other One-Time Costs of Project (Please List, if any)		
	\$ 0	
	\$ 0	
	\$ 0	
Total Capital Costs (Sum column)	\$ 5,623,250.00	(1)
Portion of Capital Costs to be Paid for with Grant Monies	\$ 0.00	(2)
Capital Costs to be Financed [Calculate: (1) – (2)]	\$ 5,623,250.00	(3)
Type of Financing (e.g., G.O. bond, revenue bond, bank loan)	CWSRF Loan	
Interest Rate for Financing (expressed as decimal)	0.0225	(i)
Time Period of Financing (in years)	20	(n)
Annualization Factor = $\frac{i}{(1+i)^n - 1} + i$	0.0626	(4)
Annualized Capital Cost [Calculate: (3) x (4)]	\$ 352,252.02	(5)

B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

Labor (Plant Operators)	\$ 55,000.00	
Utilities	\$ 75,000.00	
Materials, Expenses & General Operation (office)	\$ 10,000.00	
	\$	
Total Annual O & M Costs (Sum column)	\$ 140,000.00	(6)

C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [(5) + (6)]	\$ 492,252.02	(7)
--------------------------------------------------------------	---------------	-----

**Calculation of Total Annualized Project Costs
for Public-Sector Projects**

A. Capital Costs

Capital Cost of Project	\$ 830,000.00	
Other One-Time Costs of Project (Please List, if any)		
	\$ 0	
	\$ 0	
	\$ 0	
Total Capital Costs (Sum column)	\$ 830,000.00	(1)
Portion of Capital Costs to be Paid for with Grant Monies	\$ 0.00	(2)
Capital Costs to be Financed [Calculate: (1) – (2)]	\$ 830,000.00	(3)
Type of Financing (e.g., G.O. bond, revenue bond, bank loan)	Bonds	
Interest Rate for Financing (expressed as decimal)	0.0225	(i)
Time Period of Financing (in years)	20	(n)
Annualization Factor = $\frac{i}{(1+i)^n - 1} + i$	0.0626	(4)
Annualized Capital Cost [Calculate: (3) x (4)]	\$ 51,992.92	(5)

B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

Electricity for Conveyance to POTW	\$ 35,000.00	
Treatment Fee (2.4 MGD @ \$5/1,000 gallons)	\$ 4,380,000.00	
	\$	
	\$	
Total Annual O & M Costs (Sum column)	\$ 4,435,000	(6)

C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [(5) + (6)]	\$ 4,486,992.92	(7)
--------------------------------------------------------------	-----------------	-----

**Calculation of Total Annualized Project Costs
for Public-Sector Projects**

A. Capital Costs

Capital Cost of Project	\$ 4,875,750.00	
Other One-Time Costs of Project (Please List, if any)		
	\$ 0	
	\$ 0	
	\$ 0	
Total Capital Costs (Sum column)	\$ 4,875,750.00	(1)
Portion of Capital Costs to be Paid for with Grant Monies	\$ 0.00	(2)
Capital Costs to be Financed [Calculate: (1) – (2)]	\$ 4,875,750.00	(3)
Type of Financing (e.g., G.O. bond, revenue bond, bank loan)	CWSRF Loan	
Interest Rate for Financing (expressed as decimal)	0.0225	(i)
Time Period of Financing (in years)	20	(n)
Annualization Factor = $\frac{i}{(1+i)^n - 1} + i$	0.0626	(4)
Annualized Capital Cost [Calculate: (3) x (4)]	\$ 305,427.08	(5)

B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

Labor (Plant Operators)	\$ 35,000.00	
Utilities	\$ 51,000.00	
Materials, Expenses & General Operation (office)	\$ 5,000.00	
	\$	
Total Annual O & M Costs (Sum column)	\$ 91,000.00	(6)

C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [(5) + (6)]	\$ 396,427.08	(7)
--------------------------------------------------------------	---------------	-----

**Calculation of Total Annualized Project Costs
for Public-Sector Projects**

A. Capital Costs

Capital Cost of Project	\$ 4,493,250.00	
Other One-Time Costs of Project (Please List, if any)		
	\$ 0	
	\$ 0	
	\$ 0	
Total Capital Costs (Sum column)	\$ 4,493,250.00	(1)
Portion of Capital Costs to be Paid for with Grant Monies	\$ 0.00	(2)
Capital Costs to be Financed [Calculate: (1) – (2)]	\$ 4,493,250.00	(3)
Type of Financing (e.g., G.O. bond, revenue bond, bank loan)	CWSRF Loan	
Interest Rate for Financing (expressed as decimal)	0.0225	(i)
Time Period of Financing (in years)	20	(n)
Annualization Factor = $\frac{i}{(1+i)^n - 1} + i$	0.0626	(4)
Annualized Capital Cost [Calculate: (3) x (4)]	\$ 281,466.48	(5)

B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

Labor (Plant Operators)	\$ 50,000.00	
Utilities	\$ 95,000.00	
Materials, Expenses & General Operation (office)	\$ 15,000.00	
Total Annual O & M Costs (Sum column)	\$ 160,000.00	(6)

C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [(5) + (6)]	\$ 441,466.48	(7)
--------------------------------------------------------------	---------------	-----

**Calculation of Total Annualized Project Costs
for Public-Sector Projects**

A. Capital Costs

Capital Cost of Project	\$ 5,214,249.00	
Other One-Time Costs of Project (Please List, if any)		
	\$ 0	
	\$ 0	
	\$ 0	
Total Capital Costs (Sum column)	\$ 5,214,249.00	(1)
Portion of Capital Costs to be Paid for with Grant Monies	\$ 0.00	(2)
Capital Costs to be Financed [Calculate: (1) – (2)]	\$ 5,214,249.00	(3)
Type of Financing (e.g., G.O. bond, revenue bond, bank loan)	CWSRF Loan	
Interest Rate for Financing (expressed as decimal)	0.0225	(i)
Time Period of Financing (in years)	20	(n)
Annualization Factor = $\frac{i}{(1+i)^n - 1} + i$	0.0626	(4)
Annualized Capital Cost [Calculate: (3) x (4)]	\$ 326,631.35	(5)

B. Operating and Maintenance Costs

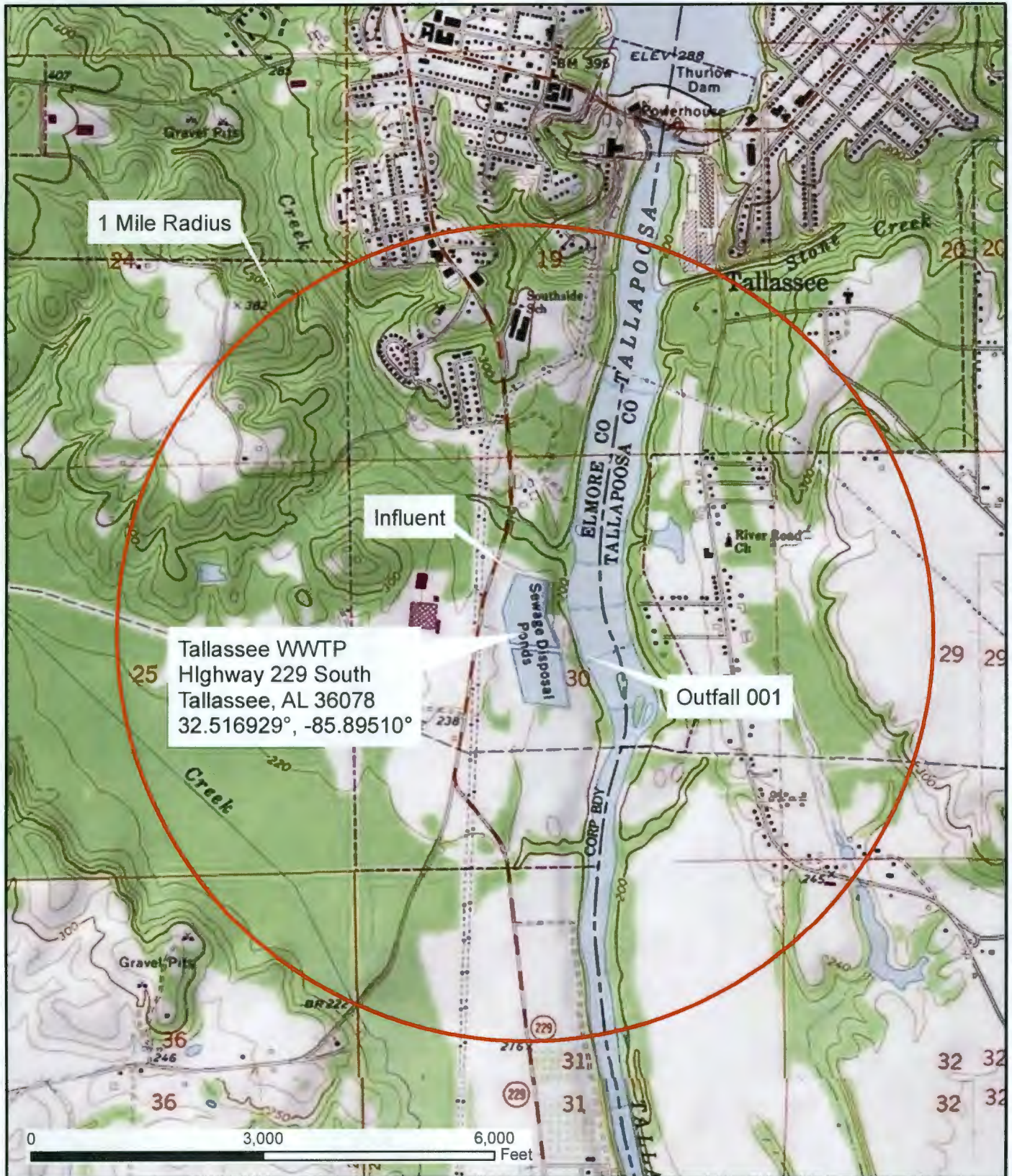
Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

Labor (Plant Operators)	\$ 95,000.00	
Utilities	\$ 125,000.000	
Materials, Expenses & General Operation (office)	\$ 35,000.000	
	\$	
Total Annual O & M Costs (Sum column)	\$ 255,000.00	(6)

C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [(5) + (6)]	\$ 581,631.35	(7)
--------------------------------------------------------------	---------------	-----

Form 188 - Exhibits



Engineering. Environmental. Answers.
www.cdge.com

Figure 1
 Site Topography Map

City of Tallassee
 Tallassee WWTP
 NPDES Permit Renewal
 March 2020



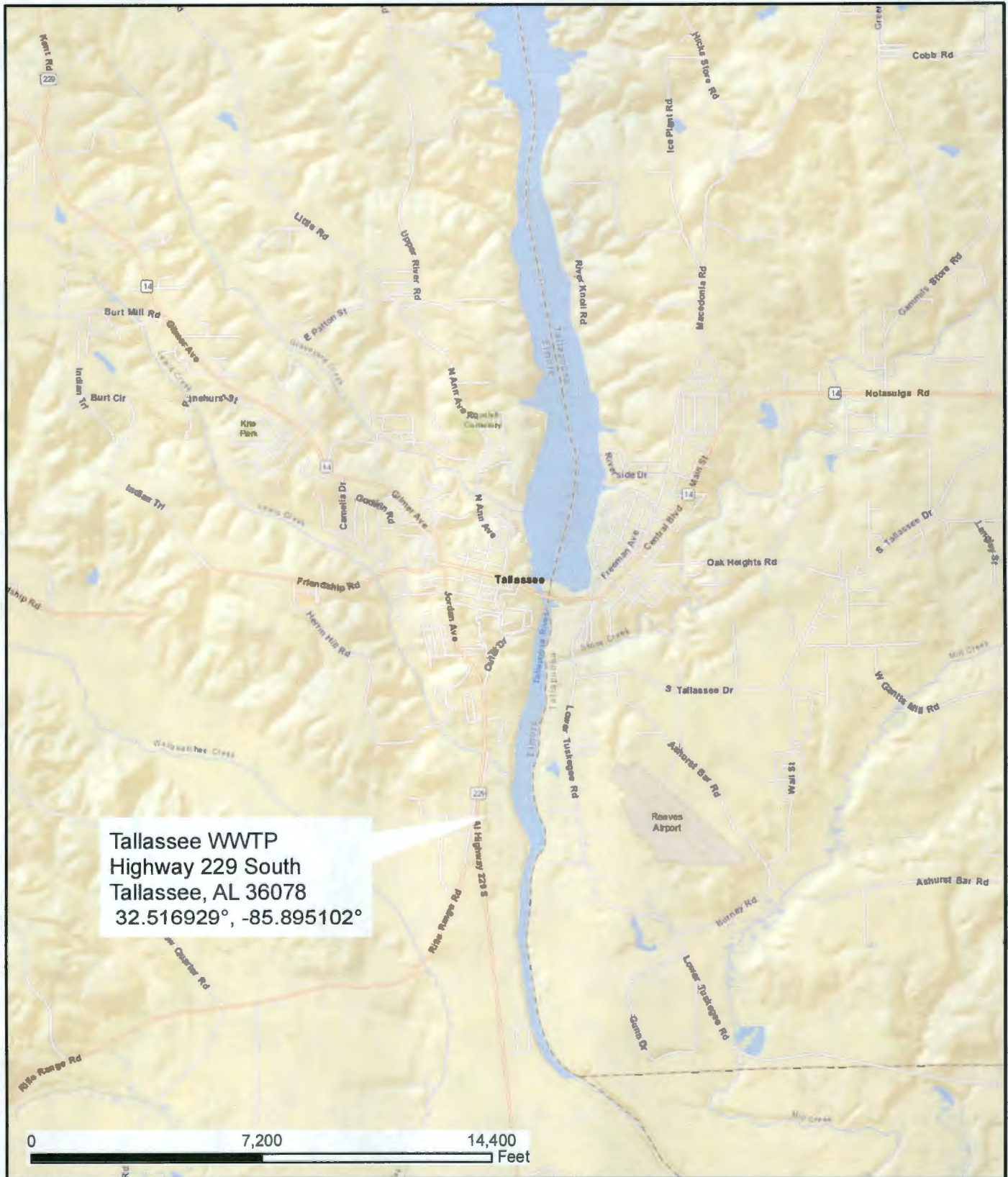


Figure 2
 Plan Location Map
 City of Tallassee
 Tallassee WWTP
 NPDES Permit Renewal
 March 2020

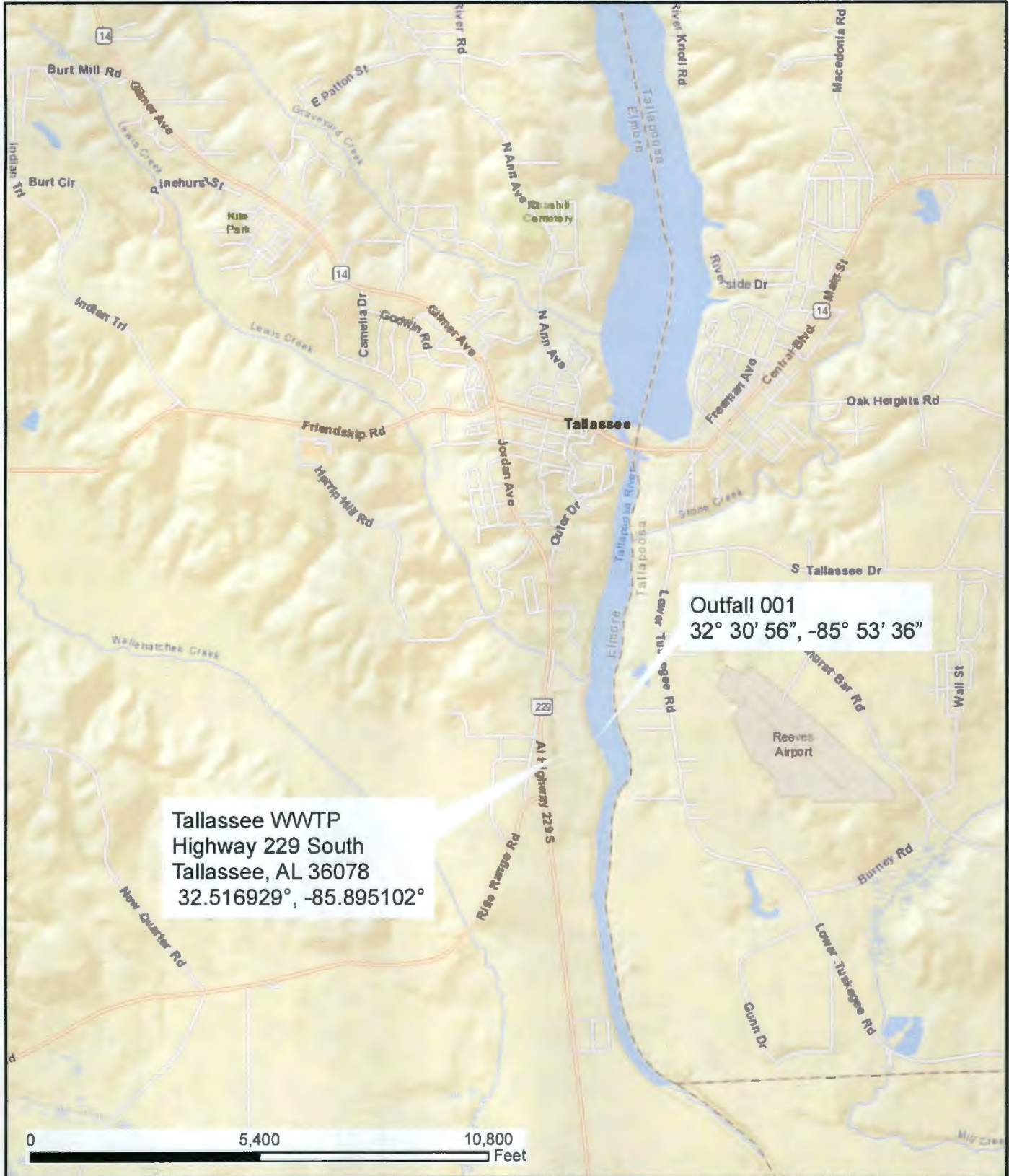




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Figure 3
Process Flow Diagram

City of Tallassee
Tallassee WWTP
NPDES Permit Renewal
March 2020



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Figure 6
 Outfall Location Map

City of Tallassee
 Tallassee WWTP
 NPDES Permit Renewal
 March 2020



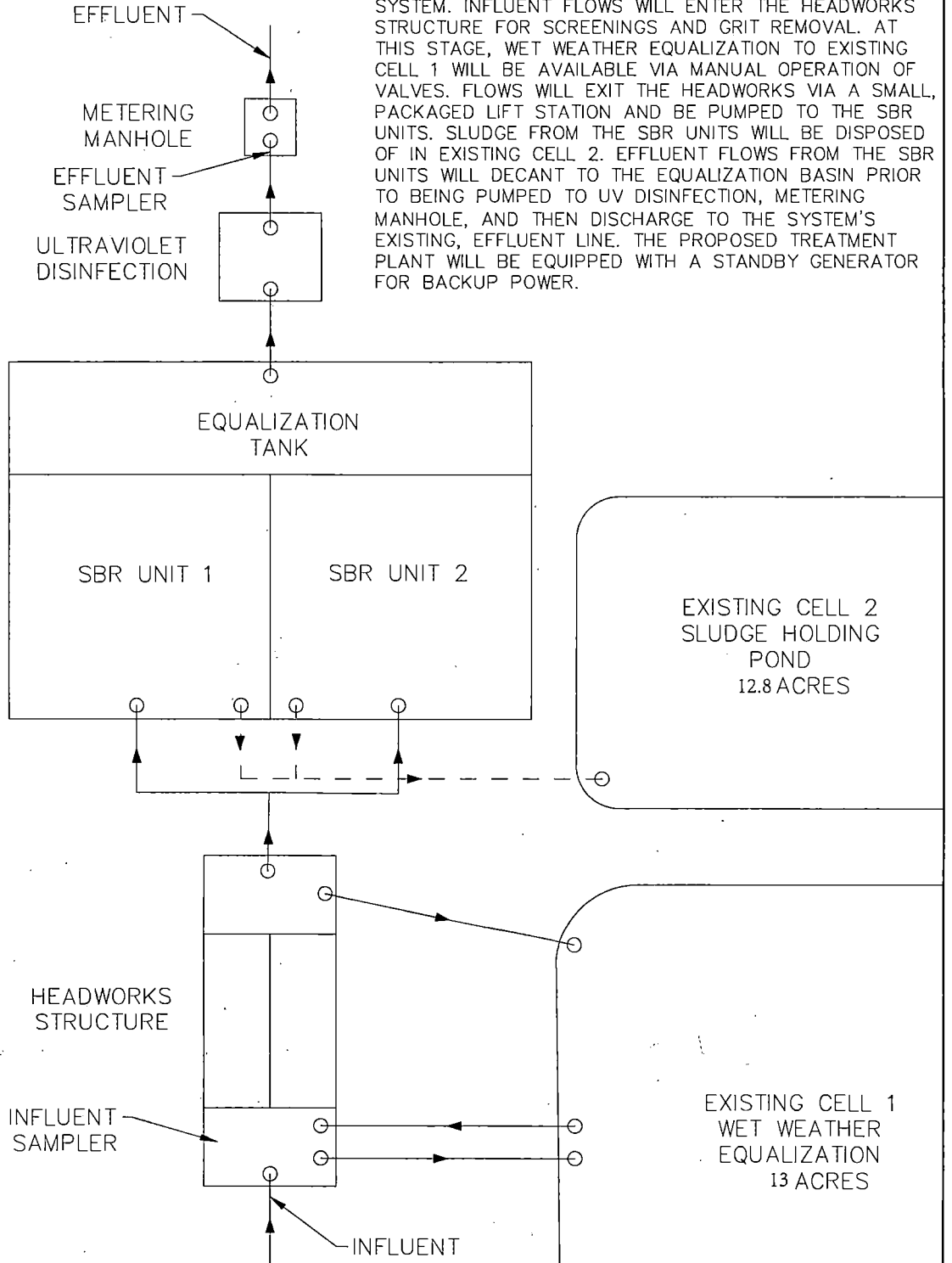
RECEIVED
JUL 16 2020
IND/MUN BRANCH

**PROPOSED MECHANICAL TREATMENT PLANT
 TO OUTFALL 002**

SYSTEM NARRATIVE:

THE PROPOSED MECHANICAL TREATMENT PLANT WILL BE CONSTRUCTED ADJACENT TO THE EXISTING LAGOON SYSTEM. INFLUENT FLOWS WILL ENTER THE HEADWORKS STRUCTURE FOR SCREENINGS AND GRIT REMOVAL. AT THIS STAGE, WET WEATHER EQUALIZATION TO EXISTING CELL 1 WILL BE AVAILABLE VIA MANUAL OPERATION OF VALVES. FLOWS WILL EXIT THE HEADWORKS VIA A SMALL, PACKAGED LIFT STATION AND BE PUMPED TO THE SBR UNITS. SLUDGE FROM THE SBR UNITS WILL BE DISPOSED OF IN EXISTING CELL 2. EFFLUENT FLOWS FROM THE SBR UNITS WILL DECANT TO THE EQUALIZATION BASIN PRIOR TO BEING PUMPED TO UV DISINFECTION, METERING MANHOLE, AND THEN DISCHARGE TO THE SYSTEM'S EXISTING, EFFLUENT LINE. THE PROPOSED TREATMENT PLANT WILL BE EQUIPPED WITH A STANDBY GENERATOR FOR BACKUP POWER.

DESIGN FLOW: 2.40 MGD



170 East Main Street
 Dothan, Alabama 36301
 Office 334.677.9431
 Fax 334.677.9450
 www.cdg.com

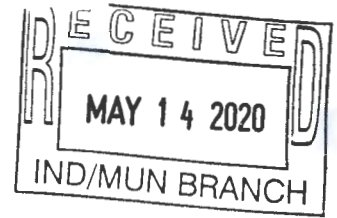
**CITY OF TALLASSEE
 NPDES PERMIT**

SCALE: NTS _____ DATE: _____
 DRAWN BY: _____ REVISED: _____
 CHECKED BY: _____ SHEET: _____



170 East Main Street
Dothan, AL 36301
Tel (334) 677-9431
Fax (334) 677-9450

www.cdge.com



May 6, 2020

Sandra Lee, Area Engineer
Alabama Department of Environmental Management
Municipal Section
1400 Coliseum Boulevard
P.O. Box 301463
Montgomery, AL 36130-1463

**RE: AL0020486 Permit Renewal Packet
Tallasse, Alabama**

Dear Sandra:

This letter is being submitted as explanation of why Stormwater Runoff Monitoring (EPA Form 2F) for the above referenced facility is not required.

The referenced facility is a bermed facility which is well maintained by the City year-round.

Please contact me at (334) 677-9431 if you have any questions.

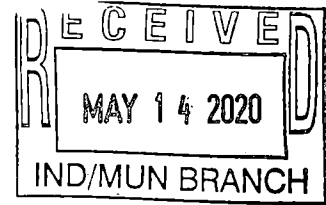
Sincerely,

CDG Engineers and Associates, Inc.

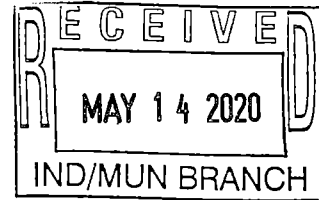
Carmen Chosie, P.E.
Project Manager

Encl.

- ALBERTVILLE
- ANDALUSIA
- AUBURN
- DOTHAN
- GADSDEN
- HOOVER
- HUNTSVILLE



Sewer Ordinance



STATE OF ALABAMA

COUNTIES OF ELMORE AND TALLAPOOSA

ORDINANCE NO. 83-170

AN ORDINANCE PROVIDING FOR THE REGULATION OF DIRECT AND INDIRECT CONTRIBUTORS TO THE MUNICIPAL WASTEWATER SYSTEM.

BE IT ORDERED by the Council of the City of Tallassee as follows:

SECTION 1 GENERAL PROVISIONS

1.1 Purpose and Policy

This ordinance sets forth uniform requirements for direct and indirect contributors into the wastewater collection and treatment system for the City of Tallassee, Alabama and enables the City to comply with all applicable State and Federal laws required by the Clean Water Act of 1977 and the General Pretreatment Regulations (40 CFR, Part 403).

The objectives of this ordinance are:

- (a) To prevent the introduction of pollutants into the municipality wastewater system which will interfere with the operation of the system or contaminate the resulting sludge;
- (b) To prevent the introduction of pollutants into the municipal wastewater system which will pass through the system, inadequately treated, into receiving waters or the atmosphere or otherwise be incompatible with the system;
- (c) To improve the opportunity to recycle and reclaim wastewaters and sludges from the system; and

- (d) To provide for equitable distribution of the cost of the municipal wastewater system.

This ordinance provides for the regulation of direct and indirect contributors to the municipal wastewater system through the issuance of permits to certain non-domestic users and through enforcement of general requirements for the other users, authorizes monitoring and enforcement activities, requires user reporting, assumes that existing customer's capacity will not be preempted, and provides for the setting of fees for the equitable distribution of costs resulting from the program established herein.

This ordinance shall apply to the City of Tallassee and to persons outside the City who are, by contract or agreement with the City, Users of the City POTW. This ordinance is a supplement to Ordinance No. _____. Except as otherwise provided herein, the superintendent of Sewage Works and/or of Wastewater Division of the City of Tallassee shall administer, implement, and enforce the provisions of this ordinance.

1.2 Definitions

Unless the context specifically indicates otherwise, the following terms and phrases, as used in this ordinance, shall have the meanings hereinafter designated:

- (a) Act or "the Act". The Federal Water Pollution Control Act; also known as the Clean Water Act, as amended, 33 U.S.C. 1251, et. seq.
- (b) Approval Authority. The Director of the Alabama Department of Environmental Management.

- (c) Authorized Representative of Industrial User. An authorized representative of an Industrial User may be: (1) A principal executive officer of at least the level of vice-president, if the Industrial User is a corporation; (2) A general partner or proprietor if the industrial user is a partnership or proprietor, respectively; (3) A duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the indirect discharge originates.
- (d) Biochemical Oxygen Demand (BOD). The quantity of oxygen utilized in the biochemical oxidation of organic matter under standard laboratory procedure five (5) days at 20° centigrade expressed in terms of weight and concentration (pounds per day (lbs/day) and milligrams per liter (mg/l) respectively).
- (e) Building Sewer. A sewer conveying wastewater from the premises of a User to the POTW.
- (f) Categorical Standards. National Categorical Pretreatment Standards or Pretreatment Standard.
- (g) City. The City of Tallassee or the City Council of Tallassee.
- (h) Cooling Water. The Water discharged from any use such as air conditioning, cooling or refrigeration, or to which the only pollutant adding is heat.
- (i) Control Authority. The term "control authority" shall refer to the "Approval Authority", defined hereinabove; or the Superintendent if the City has an approved Pretreatment Program under the provisions of 40 CFR, 403.11.
- (j) Direct Discharge. The discharge of treated or untreated wastewater directly to the waters of the State of Alabama.

- (k) Environmental Protection Agency, or EPA. The U.S. Environmental Protection Agency, or where appropriate the term may also be used as designation for the Administrator or other duly authorized official of said agency.
- (l) Grab Sample. A sample which is taken from a waste stream on a one-time basis with no regard to the flow in the waste stream and without consideration of time.
- (m) Holding Tank Waste. Any waste from holding tanks such as vessels, chemical toilets, campers, trailers, septic tanks, and vacuum-pump tank trucks.
- (n) Indirect Discharge. The discharge or the introduction of nondomestic pollutants from any source regulated under Section 307(b) or (c) of the Act, (33 U.S.C. 1317), into the POTW (including holding tank waste discharged into the system).
- (o) Industrial User. A source of Indirect Discharge which does not constitute a "discharge of pollutants" under regulations issued pursuant to Section 402, of the Act. (33 U.S.C. 1342).
- (p) Interference. The inhibition or disruption of the POTW treatment processes or operations which contributes to a violation of any requirement of the City's NPDES Permit. The term includes prevention of sewage sludge use or disposal by the POTW in accordance with 405 of the Act, (33 U.S.C. 1345) or any criteria, guidelines, or regulations developed pursuant to the Solid Waste Disposal Act (SWDA), the Clean Air Act, the Toxic Substances Control Act, or more stringent state criteria (including those contained in any State sludge management plan prepared pursuant to Title IV of SWDA) applicable to the method of disposal or use employed by the POTW.

- (q) National Categorical Pretreatment Standard or Pretreatment Standard. Any regulation containing pollutant discharge limits promulgated by the EPA in accordance with Sections 307(b) and (c) of the Act (33 U.S.C. 1347) which applies to a specific category of Industrial Users.
- (r) National Prohibitive Discharge Standard or Prohibitive Discharge Standard. Any regulation developed under the authority of 307(b) of the Act and 40 CFR, Section 403.5.
- (s) New Source. Any source, the construction of which is commenced after the publication of proposed regulations prescribing a Section 307(c) (33 U.S.C. 1317) Categorical Pretreatment Standard which will be applicable to such source, if such standard is thereafter promulgated within 120 days of proposal in the Federal Register. Where the standard is promulgated later than 120 days after proposal, a new source means any source, the construction of which is commenced after the date of promulgation of the standard.
- (t) National Pollutant Discharge Elimination System of NPDES Permit. A permit issued pursuant to Section 402 of the Act (33 U.S.C. 1342).
- (u) Person. Any individual, partnership, copartnership, firm company, corporation, association, joint stock company, trust, estate, governmental entity or any other legal entity or their legal representatives, agents or assigns. The masculine gender shall include the feminine, the singular shall include the plural where indicated by the context.
- (v) pH. The negative logarithm (base 10) of the effective hydrogen ion concentration or Hydrogen-ion activity expressed in gram equivalents per liter of solution.
- (w) Pollution. The man-made or man-induced alteration of the chemical, physical, biological, and radiological integrity of water.

- (x) Pollutant. Any dredged spoil, solid waste, incinerator residue, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials, heat, wrecked or discharged equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water.

- (y) Pretreatment or Treatment. The reduction of the amount of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater to a less harmful state prior to or in lieu of discharging or otherwise introducing such pollutants into a POTW. The reduction or alteration can be obtained by physical, chemical or biological processes, process changes, or other means, except as prohibited by 40 CFR Section 403.6(d).

- (z) Pretreatment Requirements. Any substantive or procedural requirement related to pretreatment, other than a National Pretreatment Standard imposed on an industrial user.

- (aa) Publicly Owned Treatment Works (POTW). A treatment works as defined by Section 212 of the Act, (33 U.S.C. 1292) which is owned in this instance by the City. This definition includes any sewers that convey wastewater to the POTW treatment plant, but does not include pipes, sewers or other conveyances not connected to a facility providing treatment. For the purposes of this ordinance, "POTW" shall also include any sewers that convey wastewaters to the POTW from persons outside the city who are, by contract or agreement with the city, users of the city's POTW.

- (bb) POTW Treatment Plant. That portion of the POTW designed to provide treatment to wastewater.

- (cc) Shall. is mandatory: May is permissive.

- (dd) Significant Industrial User. Any Industrial User of the City's wastewater disposal system who (i) has a discharge flow of 25,000 gallons or more per average work day, or (ii) has a flow greater than 5% of the hydraulic or organic design capacity of the receiving wastewater treatment facility, or (iii) has in his wastes toxic pollutants as defined pursuant to Section 307 of the Act of State Statutes and rules or (iv) is found by the City; Alabama Department of Environmental Management (ADEM) or the U.S. Environmental Protection Agency (EPA) to have significant impact, either singly or in combination with other contributing industries, on the wastewater treatment system, the quality of sludge, the system's effluent quality, or air emissions generated by the system.
- (ee) State. State of Alabama.
- (ff) Standard Industrial Classification (SIC). A classification pursuant to the Standard Industrial Classification Manual issued by the Executive Office of the President, Office of Management and Budget, 1972.
- (gg) Storm Water. Any flow occurring during or following any form of natural precipitation and resulting therefrom.
- (hh) Suspended Solids. The total suspended matter that floats on the surface of, or is suspended in, water, wastewater or other liquids, and which is removable by laboratory filtering.
- (ii) Superintendent. The person designated by the City to supervise the operation of the publicly owned treatment works and who is charged with certain duties and responsibilities by this article, or his duly authorized representative.
- (jj) Toxic Pollutant. Any pollutant or combination of pollutants listed as toxic in regulations promulgated by the Administrator of the Environmental Protection Agency under the provision of CWA 307(a) or other Acts.

(kk) User. Any person who contributes, causes or permits the contribution of wastewater into the City's POTW.

(ll) Wastewater. The liquid and water-carried industrial or domestic wastes from dwellings, commercial buildings, industrial facilities, and institutions, together with and groundwater, surface water and stormwater that may be present, whether treated or untreated, which is contributed into or permitted to enter the POTW.

(mm) Waters of the State. All streams, lakes, ponds, marshes, watercourses, waterways, wells, springs, reservoir, aquifers, irrigation systems, drainage systems and all other bodies or accumulations of water, surface or underground, natural or artificial, public or private, which are contained within, flow through, or border upon the State or any portion thereof.

(nn) Wastewater Contribution Permit. As set forth in Section 4.2 of this ordinance.

1.3 Abbreviations

The following abbreviations shall have the designated meanings.

°	BOD	Biochemical Oxygen Demand
°	CFR	Code of Federal Regulations
°	COD	Chemical Oxygen Demand
°	EPA	Environmental Protection Agency
°	l	Liter
°	<u>mg</u>	Milligrams
°	<u>mg/l</u>	Milligrams per liter
°	NPDES	National Pollutant Discharge Elimination System
°	<u>POTW</u>	Publicly Owned Treatment Works
°	SIC	Standard Industrial Classification
°	SWDA	Solid Waste Disposal Act, 42 U.S.C. 6901, et. seq.
°	<u>USC</u>	United States Code
°	TSS	Total Suspended Solids
0	ADEM	Alabama Department of Environmental Management
0	SID	State Indirect Discharge Permit

SECTION 2 - REGULATIONS

2.1 General Discharge Prohibitions

No User shall contribute or cause to be contributed, directly or indirectly, any pollutant or wastewater which will interfere with the operation or performance of the POTW. These general prohibitions apply to all such Users of a POTW whether or not the User is subject to National Categorical Pretreatment Standards or any other National, State, or local Pretreatment Standards or Requirements. A user may not contribute the following to any POTW:

- (a) Any liquids, solids or gases which by reason of their nature or quantity are, or may be, sufficient either alone or by interaction with other substances to cause fire or explosion or be injurious in any other way to the POTW or to the operation of the POTW. At no time, shall two successive readings on an explosion hazard meter, at the point of discharge into the system (or at any point in the system) be more than five percent (5%) nor any single reading over ten percent (10%) of the Lower Explosive Limit (LEL) of the meter. Prohibited materials include, but are not limited to, gasoline, kerosene, naphtha, benzene, toluene, xylene, ethers, alcohols, ketones, aldehydes, peroxides, chlorates, perchlorates, bromates, carbides, hydrides and sulfides and any other substances which the City, the State or EPA has notified the User is a fire hazard or a hazard to the system.
- (b) Solid or viscous substances which may cause obstruction to the flow in a sewer or other interference with the operation of the wastewater treatment facilities such as, but not limited to: grease, garbage with particles greater than one-half inch (1/2") in any dimension, animal guts or tissues, paunch manure, bones, hair, hides or fleshings, entrails, whole blood, feathers, ashes, cinders, sand, spent lime, stone or marble dust, metal, glass, straw, shavings,

grass clippings, rags, spent grains, spent hops, waste paper, wood, plastics, gas, tar, asphalt residues, residues from refining, or processing of fuel or lubricating oil, and mud, or glass grinding or polishing wastes.

- (c) Any wastewater having a pH less than 5.0, unless the POTW is specifically designed to accommodate such wastewater, or wastewater having any other corrosive property capable of causing damage or hazard to structures, equipment, and/or personnel of the POTW.
- (d) Any wastewater containing toxic pollutants in sufficient quantity, either singly or by interaction with other pollutants, to injure or interfere with any wastewater treatment process, constitute a hazard to humans or animals, create a toxic effect in the receiving waters of the POTW, or to exceed the limitation set forth in a Categorical Pretreatment Standard. A toxic pollutant shall include but not be limited to any pollutant identified pursuant to Section 307(a) of the Act.
- (e) Any noxious or malodorous liquids, gases, or solids which either singly or by interaction with other wastes are sufficient to create public nuisance or hazard to life or are sufficient to prevent entry into the sewers for maintenance and repair.
- (f) Any substances which may cause the POTW's effluent or any other product of the POTW such as residues, sludges, or scums, to be unsuitable for reclamation and reuse or to interfere with the reclamation process. In no case, shall a substance discharge to the POTW cause the POTW to be in non-compliance with sludge use or disposal criteria, guidelines or regulations developed under Section 405 of the Act; any criteria, guidelines, or regulations affecting sludge use or disposal developed pursuant to the Solid Waste Disposal Act, the Clean Air Act, the Toxic Substances Control Act, or State Criteria applicable to the sludge management method being used.

- (g) Any substance which will cause the POTW to violate its NPDES and/or State Disposal System Permit or the receiving water quality standards.
- (h) Any wastewater with objectional color not removed in the treatment process, such as, but not limited to, dye wastes, and vegetable tanning solutions.
- (i) Any wastewater having a temperature which will inhibit biological activity in the POTW treatment plant resulting in Interference, but in no case wastewater with a temperature at the introduction into the POTW which exceeds 40°C (104°F) unless the POTW treatment plant is designed to accommodate such treatment.
- (j) Any pollutants, including oxygen demanding pollutants (BOD, etc.) released at a flow rate and/or pollutant concentration which a user knows or has reason to know will cause Interference to the POTW. In no case shall a slug load have a flow rate or contain concentration or qualities of pollutants that exceed for any time period longer than fifteen (15) minutes more than five (5) times the average twenty-four (24) hour concentration, quantities, or flow during normal operation.
- (k) Any wastewater containing any radioactive wastes or isotopes of such half-life or concentration as may exceed limits established by the Superintendent in compliance with applicable State or Federal regulations.
- (l) Any wastewater which causes a hazard to human life or creates a public nuisance.

When the Superintendent determines that a User(s) is contributing to the POTW, any of the above enumerated substances in such amounts as to Interfere with the operation of the POTW, the Superintendent shall: 1) Advise the User(s) of the impact of the contribution on the POTW; and 2) Develop effluent limitation(s) for such User to correct the Interference with the POTW.

2.2 Federal Categorical Pretreatment Standards

Upon the promulgation of the Federal Categorical Pretreatment Standards for a particular industrial subcategory, the Federal Standard, if more stringent than limitations imposed under this Ordinance for sources in that subcategory, shall immediately supersede the limitations imposed under this Ordinance. The Superintendent shall notify all affected Users of the applicable reporting requirements under 40 CFR, Section 403.12.

2.3 Modification of Federal Categorical Pretreatment Standards

Where the City's wastewater treatment system achieves consistent removal of pollutants limited by Federal Pretreatment Standards, the City may apply to the Approval Authority of modification of specific limits in the Federal Pretreatment Standards. "Consistent Removal" shall mean reduction in the amount of a pollutant or alteration of the nature of the pollutant by the wastewater treatment system to a less toxic or harmless state in the effluent which is achieved by the system 95 percent of samples taken when measured according to the procedures set forth in Section 403.7(c) of (Title 40 of the Code of Federal Regulations, Part 403) - "General Pretreatment Regulations for Existing and New Sources of Pollution" promulgated pursuant to the Act. The City may then modify pollutant discharge limits in the Federal Pretreatment Standards if the requirements contained in 40 CFR, Part 403, Section 403.7, are fulfilled and prior approval from the approval Authority is obtained.

2.4 Pollutant Limitations

No person shall discharge wastewater containing any pollutant contrary to National Categorical Pretreatment Standards or any other National, State, or local Pretreatment Standards or requirements.

2.5 State Requirements

State requirements and limitations on discharges shall apply in any case where they are more stringent than Federal Requirements and limitations or those in this ordinance.

2.6 City's Right of Revision

The City reserves the right to establish by ordinance more stringent limitations or requirements on discharges to the wastewater disposal system if deemed necessary to comply with the objectives presented in Section 1.1 of this ordinance.

2.7 Excessive Discharge

No User shall ever increase the use of process water or, in any way, attempt to dilute a discharge as a partial or complete substitute for adequate treatment to achieve compliance with the limitations contained in the Federal Categorical Pretreatment Standards, or in any other pollutant-specific limitation developed by the City or State. (Comment: Dilution may be an acceptable means of complying with some of the prohibitions set forth in Section 2.1, e.g. the pH prohibition).

2.8 Accidental Discharges

Each User shall provide protection from accidental discharge of prohibited materials or other substances regulated by this Ordinance. Facilities to prevent accidental discharge of prohibited materials shall be provided and maintained at the owner or user's own cost and expense. Detailed plans showing facilities and operating procedures to provide this protection shall be submitted to the City for review, and shall be approved by the City before construction of the facility. All existing Users shall complete such a plan by July 1, 1984. No user who commences contribution to the POTW after the effective date of this ordinance shall be permitted to introduce pollutants into the system until accidental discharge procedures have been approved by the City. Review and approval of such plans and operating procedures shall not relieve the industrial user from the responsibility to modify the user's facility as necessary to meet the requirements of this Ordinance. In the case of an accidental discharge, it is the responsibility of the user to immediately telephone and notify the POTW of the incident. The notification shall include location of discharge, type of waste, concentration and volume, and corrective actions.

Written Notice Within five (5) days following an accidental discharge; the User shall submit to the Superintendent a detailed written report describing the cause of the discharge and the measures to be taken by the User to prevent similar future occurrences. Such notification shall not relieve the user of any expense, loss, damage, or other liability which may be incurred as a result of damage to the POTW, fish kills, or any other damage to person or property; nor shall such notification relieve the user of any fines, civil penalties, or other liability which may be imposed by this article or other applicable law.

Notice to Employees A notice shall be permanently posted on the User's bulletin board or other prominent place advising employees whom to call in the event of a dangerous discharge. Employers shall insure that all employees who may cause or suffer such a dangerous discharge to occur are advised of the emergency notification procedure.

SECTION 3 - FEES

3.1 Purpose

It is the purpose of this chapter to provide for the recovery of costs from Users of the City's wastewater disposal system for the implementation of the program established herein. The applicable charges or fees shall be set forth in the City's Schedule Charges and Fees.

3.2 Charges and Fees

The City may adopt charges and fees which may include:

- (a) fees for reimbursement of costs of setting up and operating the City's Pretreatment Program;
- (b) fees for monitoring, inspections and surveillance procedures;

- (c) fees for reviewing accidental discharge procedures and construction;
- (d) fees for permit applications;
- (e) fees for filing appeals;
- (f) fees for consistent removal (by the City) of pollutants otherwise subject to Federal Pretreatment Standards;
- (g) other fees as the City may deem necessary to carry out the requirements contained herein.

These fees relate solely to the matters covered by this Ordinance and are separate from all other fees chargeable by the City.

SECTION 4 - ADMINISTRATION

4.1 Wastewater Dischargers

It shall be unlawful to discharge without a city permit to any natural outlet within the City of Tallassee, or in any area under the jurisdiction of said city, and/or to the POTW any wastewater except as authorized by the Superintendent in accordance with the provisions of this Ordinance.

4.2 Wastewater Contribution Permits

4.2.1 General Permits

All significant users proposing to connect to or to contribute to the POTW shall obtain a Wastewater Discharge Permit before connecting to or contributing to the POTW. All existing significant users connected to or contributing to the POTW shall obtain a Wastewater Contribution Permit within 180 days after the effective date of this Ordinance.

4.2.2 Permit Application

Users required to obtain a Wastewater Contribution Permit shall complete and file with the City, an application in the form prescribed by the City, and accompanied by a fee of \$25.00. Existing users shall apply for a Wastewater Contribution Permit within 30 days after the effective date of this Ordinance, and proposed new users shall apply at least 90 days prior to connecting to or contributing to the POTW. In support of the application, the user shall submit, in units and terms appropriate for evaluation, the following information:

- (a) Name, address, and location, (if different from the address);
- (b) SIC number according to the Standard Industrial Classification Manual, Bureau of the Budget, 1972, as amended;
- (c) Wastewater constituents and characteristics including but not limited to those mentioned in Section 2 of this Ordinance as determined by a reliable analytical laboratory; sampling and analysis shall be performed in accordance with procedures established by the EPA pursuant to Section 304(g) of the Act and contained in 40 CFR, Part 136, as amended.
- (d) Time and duration of contribution;
- (e) Average daily and 3 minute peak wastewater flow rates, including daily, monthly and seasonal variation if any;
- (f) Site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location and elevation;
- (g) Description of activities, facilities and plant processes on the premises including all materials which are or could be discharged;

- (h) Where known, the nature and concentration of any pollutants in the discharge which are limited by any City, State, or Federal Pretreatment Standards, and a statement regarding whether or not the pretreatment standards are being met on a consistent basis and if not, whether additional Operation and Maintenance (O&M) and/or additional pretreatment is required for the User to meet applicable Pretreatment Standards;
- (i) If additional pretreatment and/or O&M will be required to meet the Pretreatment Standards; the shortest schedule by which the user will provide such additional pretreatment. The completion date in this schedule shall not be later than the compliance date established for the applicable Pretreatment Standard:

The following conditions shall apply to this schedule:

- (1) The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and operation of additional pretreatment required for the User to meet the applicable Pretreatment Standards (e.g., hiring an engineer, completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc.).
- (2) No increment referred to in paragraph (1) shall exceed 9 months.
- (3) Not later than 14 days following each date in the schedule and the final date for compliance, the User shall submit a progress report to the Superintendent including, as a minimum, whether or not it complied with the increment of progress to be met on such date and, if not, the date on which it expects to comply with this increment of progress,

the reason for delay, and the steps being taken by the Owner to return the construction to the schedule established. In no event shall more than 9 months elapse between such progress reports to the Superintendent.

- (j) Each product produced by type, amount, process or processes and rate of production;
- (k) Type and amount of raw materials processed (average and maximum per day);
- (l) Number and type of employees, and hours of operation of plant and proposed or actual hours of operation of pretreatment system;
- (m) Any other information as may be deemed by the City to be necessary to evaluate the permit application.

The City will evaluate the data furnished by the user and may require additional information. After evaluation and acceptance of the data furnished, the City may issue a Wastewater Contribution Permit subject to terms and conditions provided herein.

4.2.3 Permit Modification

Within 9 months of the promulgation of a National Categorical Pretreatment Standard, the Wastewater Contribution Permit of Users subject to such standards shall be revised to require compliance with such standard within the time frame prescribed by such standard. Where a User, subject to a National Categorical Pretreatment Standard, has not previously submitted an application for a Wastewater Contribution Permit as required by 4.2.2, the User shall apply for a Wastewater Contribution Permit within 180 days after the promulgation of the Applicable National Categorical Pretreatment Standard. In addition, the User with an existing Wastewater

Contribution Permit shall submit to the Superintendent within 180 days after the promulgation of an applicable Federal Categorical Pretreatment Standard the information required by paragraph (h) and (i) of Section 4.2.2.

4.2.4 Permit Conditions

Wastewater Discharge Permits shall be expressly subject to all provisions of this Ordinance and all other applicable regulations, user charges and fees established by the City. Permits may contain the following:

- (a) The unit charge or schedule of user charges and fees for the wastewater to be discharged to a community sewer;
- (b) Limits on the average and maximum wastewater constituents and characteristics;
- (c) Limits on average and maximum rate and time of discharge or requirements for flow regulations and equalization.
- (d) Requirements for installation and maintenance of inspection sampling facilities;
- (e) Specifications for monitoring programs which may include sampling locations, frequency of sampling, number, types and standards for tests and reporting schedule;
- (f) Compliance schedules;
- (g) Requirements for submission of technical reports or discharge reports (see 4.3);

- (h) Requirements for maintaining and retaining plant records relating to wastewater discharge as specified by the City, and affording City access thereto;
- (i) Requirements for notification of the City or any new introduction of wastewater constituents or any substantial change in the volume or character of the wastewater treatment system.
- (j) Requirements for notification of slug discharges as per 5.2;
- (k) Other conditions as deemed appropriate by the City to ensure compliance with this Ordinance.

4.2.5 Permits Duration

Permits shall be issued for a specified time period, not to exceed five (5) years. A permit may be issued for a period less than a year or may be stated to expire on a specific date. The user shall apply for permit reissuance a minimum of 180 days prior to the expiration of the user's existing permit. The terms and conditions of the permit may be subject to modification by the City during the term of the permit as limitations or requirements as identified in Section 2 are modified or other just cause exists. The User shall be informed of any proposed changes in his permit at least 30 days prior to the effective date of change. Any changes or new conditions in the permit shall include a reasonable time schedule for compliance.

4.2.6 Permit Transfer

Wastewater Discharge Permits are issued to a specific User for a specific operation. A wastewater discharge permit shall not be reassigned or transferred or sold to a new owner, new User, different premises, or a new or changed operation without the approval of the City. Any succeeding owner or User shall also comply with the terms and conditions of the existing permit.

4.3 Reporting Requirements for Permittee

4.3.1 Compliance Date Report

Within 90 days following the date for final compliance with applicable Pretreatment Standards or, in the case of a New Source, following commencement of the introduction of wastewater into the POTW, any User subject to Pretreatment Standards and Requirements shall submit to the Superintendent a report indicating the nature and concentration of all pollutants in the discharge from the regulated process which are limited by Pretreatment Standards and Requirements and the average and maximum daily flow for these process units in the User facility which are limited by such Pretreatment Standards or Requirements. The report shall state whether the applicable Pretreatment Standard or Requirements are being met on a consistent basis and, if not, what additional O & M and/or pretreatment is necessary to bring the User into compliance with the applicable Pretreatment Standards or Requirements. This statement shall be signed by an authorized representative of the Industrial User, and certified to by a qualified professional.

4.3.2 Periodic Compliance Reports

- (1) Any user subject to a Pretreatment Standard, after the compliance date of such Pretreatment Standard, or, in the case of a New Source, after commencement of the discharge into the POTW, shall submit to the Superintendent during the months of June and December, unless required more frequently in the Pretreatment Standard or by the Superintendent, a report indicating the nature and concentration, of pollutants in the effluent which are limited by such Pretreatment Standards. In addition, this report shall include a record of all daily flows which during the reporting period exceeded the average daily flow, reported in paragraph (b) (4) of this section. At the

discretion of the Superintendent and in consideration of such factors as local high or low flow rates, holidays, budget cycles, etc., the Superintendent may agree to alter the months during which the above reports are to be submitted.

- (2) The Superintendent may impose mass limitations on Users which are using dilution to meet applicable Pretreatment Standards or Requirements, or in other cases where the imposition of mass limitations are appropriate. In such cases, the report required by subparagraph (1) of this paragraph shall indicate the mass of pollutants regulated by Pretreatment Standards in the effluent of the User. These reports shall contain the results of sampling and analysis of the discharge, including the flow and the nature and concentration, or production and mass where requested by the Superintendent, of pollutants contained therein which are limited by the applicable Pretreatment Standards. The frequency of monitoring shall be prescribed in the applicable Pretreatment Standard. All analysis shall be performed in accordance with procedures established by the Administrator pursuant to Section 304(g) of the Act and contained in 40 CFR, Part 136 and amendments thereto or with any other test procedures approved by the Administrator. Sampling shall be performed in accordance with the techniques approved by the Administrator. (Comment: Where 40 CFR, Part 136 does not include a sampling or analytical technique for the pollutant in question sampling and analysis shall be performed in accordance with the procedures set forth in the EPA publication, Sampling and Analysis Procedures for Screening of Industrial Effluents for Priority Pollutants, April, 1977, and amendments thereto, or with any other sampling and analytical procedures approved by the Administrator).

4.4 Monitoring the Facilities

The City shall require to be provided and operated at the User's own expense, monitoring facilities to allow inspection, sampling, and flow measurement of the building sewer and/or internal drainage systems. The monitoring facility should normally be situated on the User's premises, but the City may, when such a location would be impractical or cause undue hardship on the User, allow the facility to be constructed in the public street or sidewalk area and located so that it will not be obstructed by landscaping or parked vehicles.

There shall be ample room in or near such sampling manhole or facility to allow accurate sampling and preparation of samples for analysis. The facility, sampling, and measuring equipment shall be maintained at all times in a safe and proper operating condition at the expense of the user.

Whether constructed on public or private property, the sampling and monitoring facilities shall be provided in accordance with the City's requirements and all applicable local construction standards and specifications. Construction shall be completed within 90 days following written notification by the City.

4.5 Inspection and Sampling

The City shall inspect the facility of any User to ascertain whether the purpose of this Ordinance is being met and all requirements are being complied with. Persons or occupants of premises where wastewater is created or discharged shall allow the City or their representative ready access at all reasonable times to all parts of the premises for the purposes of inspection, sampling, records examination or in the performance of any of their duties. The City, Approval Authority (where the NPDES State is the Approval Authority) and EPA shall have the right to set up on the User's property such devices as are necessary to conduct sampling inspection, compliance monitoring and/or metering operations. Where a User has security measures in force which

would require proper identification and clearance before entry into their premises, the User shall make arrangements with their security guards so that upon presentation of suitable identification, personnel from the City, Approval Authority and EPA will be permitted to enter, without delay, for the purposes of performing their specific responsibilities.

4.6 Pretreatment

Users shall provide necessary wastewater treatment as required to comply with this Ordinance and shall achieve compliance with all Federal Categorical Pretreatment Standards within the time limitations as specified by the Federal Pretreatment Regulations. Any facilities required to pretreat wastewater to a level acceptable to the City shall be provided, operated, and maintained at the User's expense. Detailed plans showing the pretreatment facilities and operating procedures shall be submitted to the City for review, and shall be acceptable to the City before construction of the facility. The review of such plans and operating procedures will in no way relieve the user from the responsibility of modifying the facility as necessary to produce an effluent acceptable to the City under the provisions of this Ordinance. Any subsequent changes in the pretreatment facilities or method of operation shall be reported to and be acceptable to the City prior to the user's initiation of the changes.

The City shall annually publish in the Tallahassee newspaper a list of the Users which were not in compliance with any Pretreatment Requirements or Standards at least once during the 12 previous months. The notification shall also summarize any enforcement actions taken against the user(s) during the same 12 months.

All records relating to compliance with Pretreatment Standards shall be made available to officials of the EPA or Approval Authority upon request.

4.7 Confidential Information

Information and data on a User obtained from reports, questionnaires, permit applications, permits and monitoring programs and from inspections shall be available to the public or other governmental agency without restriction unless the User specifically requests and is able to demonstrate to the satisfaction of the City that the release of such information would divulge information, processes or methods of production entitled to protection as trade secrets of the User.

When requested by the person furnishing a report, the portions of a report which might disclose trade secrets or secret processes shall not be made available for inspection by the public but shall be made available upon written request to governmental agencies for uses related to this Ordinance, the National Pollutant Discharge Elimination System (NPDES) Permit, State Disposal System permit and/or the Pretreatment Programs; provided, however, that such portions of a report shall be available for use by the State or any state agency in judicial review or enforcement proceedings involving the person furnishing the report. Wastewater constituents and characteristics will not be recognized as confidential information.

Information accepted by the City as confidential, shall not be transmitted to any governmental agency or to the general public by the City until and unless a ten-day notification is given to the User.

SECTION 5 - ENFORCEMENT

5.0 Harmful Contributions

The City may suspend the wastewater treatment service and/or a Wastewater Contribution Permit when such suspension is necessary, in the opinion of the City, in order to stop an actual or threatened discharge which presents or may present an imminent or substantial endangerment to the health or welfare of persons, to the environment, causes Interference to the POTW or causes the City to violate any condition of its NPDES Permit.

Any person notified of a suspension of the wastewater treatment service and/or the Wastewater Contribution Permit shall immediately stop or eliminate the contribution. In the event of a failure of the person to comply voluntarily with the suspension order, the City shall take such steps as deemed necessary including immediate severance of the sewer connection, to prevent or minimize damage to the POTW system or endangerment to any individuals. The City shall reinstate the Wastewater Contribution Permit and/or the wastewater treatment service upon proof of the elimination of the non-complying discharge. A detailed written statement submitted by the user describing the causes of the harmful contribution and the measures taken to prevent any future occurrence shall be submitted to the City within 15 days of the date of occurrence.

5.1 Revocation of Permit

Any User who violates the following conditions of this Ordinance, or applicable state and federal regulations, is subject to having his permit revoked in accordance with the procedures of Section 5 of this Ordinance:

- (a) Failure of a User to factually report the wastewater constituents and characteristics of his discharge;
- (b) Failure of the User to report significant changes in operations, or wastewater constituents and characteristics;
- (c) Refusal of reasonable access to the User's premises for the purpose of inspection or monitoring; or,
- (d) Violation of conditions of the permit.

5.2 Notification of Violation

Whenever the City finds that any User has violated or is violating this Ordinance, wastewater contribution permit, or any prohibition, limitation or requirements contained herein, the City may serve upon such person a written notice stating the nature of the violation. Within 30 days of the date of the notice, a plan for the satisfactory correction thereof shall be submitted to the City by the User.

5.3 Show Cause Hearing

5.3.1

The City may order any User who causes or allows an unauthorized discharge to enter the POTW to show cause before the City why the proposed enforcement action should not be taken. A notice shall be served on the User specifying the time and place of a hearing to be held by the City regarding the violation, the reasons why the action is to be taken, the proposed enforcement action, and directing the User to show cause before the City Council why the proposed enforcement action should not be taken. The notice of the hearing shall be served personally or by registered or certified mail (return receipt requested) at least ten days before the hearing. Service may be made on any agent or officer of a corporation.

5.3.2

The City may itself conduct the hearing and take the evidence, or may designate any of its members or any officer or employee of the (assigned department) to:

- (a) Issue in the name of the City notices of hearings requesting the attendance and testimony of witnesses and the production of evidence relevant to any matter involved in such hearings;
- (b) Take the evidence;
- (c) Transmit a report of the evidence and hearing, including transcripts and other evidence, together with recommendations to the City for action thereon.

5.3.3

At any hearing held pursuant to this Ordinance, testimony taken must be under oath and recorded stenographically. The transcript, so recorded, will be made available to any member of the public or any party to the hearing upon payment of the usual charges thereof.

5.3.4

After the City has reviewed the evidence, it may issue an order to the User responsible for the discharge directing that, following a specified time period, the sewer service be discontinued unless adequate treatment facilities, devices or other related appurtenances shall have been installed on existing treatment facilities, devices or other related appurtenances are properly operated. Further orders and directives as are necessary and appropriate may be issued.

5.4 Legal Action

If any person discharges sewage, industrial wastes or other wastes into the city's wastewater disposal system contrary to the provisions of this Ordinance, Federal or State Pretreatment Requirements, or any order of the City, the City Attorney may commence an action for appropriate legal and/or equitable relief in the Circuit Court of this county.

SECTION 6 - PENALTY: COSTS

6.1 Civil Penalties

Any User who is found to have violated an Order of the City or who willfully or negligently failed to comply with any provision of this Ordinance, and the orders, rules, regulations and permits issued hereunder, shall be fined not less than One Hundred Dollars nor more than Five Hundred Dollars for each offense. Each day on which a violation shall occur or

continue shall be deemed a separate and distinct offense. In addition to the penalties provided herein, the City may recover reasonable attorneys' fees, court costs, court reporters' fees and other expenses of litigation by appropriate suit at law against the person found to have violated this Ordinance or the orders, rules, regulation, and permits issued hereunder.

6.2 Falsifying Information

Any person who knowingly makes any false statements, representation or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this Ordinance, or Wastewater Contribution Permit, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required under this Ordinance, shall upon conviction, be punished by a fine of not more than \$500.00 or by imprisonment for not more than 180 days, or by both.

SECTION 7 - SEVERABILITY

If any provision, paragraph, word, section or article of this Ordinance is invalidated by any court of competent jurisdiction, the remaining provisions, paragraphs, words, sections, and chapters shall not be affected and shall continue in full force and effect.

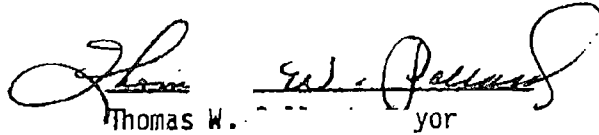
SECTION 8 - CONFLICT

All other Ordinances and parts of other Ordinances inconsistent or conflicting with any part of this Ordinance are hereby repealed to the extent of such inconsistency or conflict.

SECTION 9 - EFFECTIVE DATE


This Ordinance shall become effective immediately following publication as required by law.

Adopted this the 23th day of May, 1983.


Thomas W. Palmer, Mayor

The City of Tallassee




Billy A. Hood
City Clerk

ORDINANCE NO. 83-169

REGULATION OF SEWER USE

AN ORDINANCE REGULATING THE USE OF PUBLIC AND PRIVATE SEWERS AND DRAINS, PRIVATE SEWAGE DISPOSAL, THE INSTALLATION AND CONNECTION OF BUILDING SEWERS, AND THE DISCHARGE OF WATERS AND WASTES INTO THE PUBLIC SEWER SYSTEM(S), AND PROVIDING PENALTIES FOR VIOLATION THEREOF, IN THE CITY OF TALLASSEE, COUNTIES OF ELMORE AND TALLAPOOSA, STATE OF ALABAMA.

BE IT ORDAINED by the Council of the City of Tallassee, Alabama, as follows:

ARTICLE I - Definitions

Unless the context specifically indicates otherwise, the meaning of terms used in this Ordinance shall be as follows:

SECTION 1. "BOD" (denoting Biochemical Oxygen Demand) shall mean the quantity of oxygen utilized in the biochemical oxidation of organic matter under standard laboratory procedure in five (5) days at 20°C. expressed in milligrams per liter.

SECTION 2. "Building Drain" shall mean that part of the lowest horizontal piping of drainage system which receives the discharge from soil, waste, and other drainage pipes inside the walls of the building and conveys it to the building sewer, beginning five (5) feet (1.5 meters) outside the inner face of the building wall.

SECTION 3. "Building Sewer" shall mean a sewer receiving both surface runoff and sewage.

SECTION 4. "Combined Sewer" shall mean a sewer receiving both surface runoff and sewage.

SECTION 5. "Garbage" shall mean solid wastes from the domestic and commercial preparation, cooking, and dispensing of food, and from the handling, storage, and sale of produce.

SECTION 6. "Industrial Wastes" shall mean the liquid wastes from industrial manufacturing processes, trade, or business as distinct from sanitary sewage.

SECTION 7. "Natural Outlet" shall mean any outlet into a watercourse, pond, ditch, lake, or other body of surface or groundwater.

SECTION 8. "Person" shall mean any individual, firm, company, association, society, corporation, or group.

SECTION 9. "pH" shall mean the logarithm of the reciprocal of the weight of hydrogen ions and grams per liter of solution.

SECTION 10. "Properly Shredded Garbage" shall mean the wastes from the preparation, cooking, and dispensing of food that have been shredded to such a degree that all particles will be carried freely under the flow conditions normally prevailing in public sewers, with no particle greater than one half (1/2) inch (1.27 centimeters) in any dimension.

SECTION 11. "Public Sewer" shall mean a sewer in which all owners of abutting properties have equal rights, and is controlled by public authority.

SECTION 12. "Sanitary Sewer" shall mean a sewer which carries sewage and to which storm, surface, and groundwaters are not intentionally admitted.

SECTION 13. "Sewage" shall mean a combination of the water-carried wastes from residences, business buildings, institutions, and industrial establishments, together with such ground, surface, and stormwaters as may be present.

SECTION 14. "Sewage Treatment Plant" shall mean any arrangement of devices and structures used for treating sewage.

SECTION 15. "Sewage Works" shall mean all facilities for collecting, pumping, treating, and disposing of sewage.

SECTION 16. "Sewer" shall mean a pipe or conduit for carrying sewage.

SECTION 17. "Shall" is mandatory; "May" is permissive.

SECTION 18. "Slug" shall mean any discharge of water, sewage, or industrial waste which in concentration of any given constituent or in quantity of flow exceeds for any period of duration longer than fifteen (15) minutes more than five (5) times the average twenty-four (24) hour concentration or flows during normal operation.

SECTION 19. "Storm Drain" (sometimes termed "storm sewer") shall mean a sewer which carries storm and surface waters and drainage, but excludes sewage and industrial wastes, other than unpolluted cooling water.

SECTION 20. "Superintendent" shall mean the Superintendent of Sewage Works and/or of Wastewater Division of the City of Tallassee, or his authorized deputy, agent, or representative.

SECTION 21. "Suspended Solids" shall mean solids that are in suspension in water, sewage, or other liquids, and which are removable by laboratory filtering.

SECTION 22. "Watercourse" shall mean a channel in which a flow of water occurs, either continuously or intermittently.

ARTICLE II - Use of Public Sewers Required

SECTION 1. It shall be unlawful for any person to place, deposit, or permit to be deposited in any unsanitary manner on public or private property within the City of Tallassee, or in any area under the jurisdiction of said City of Tallassee, any human or animal excrement, garbage, or other objectionable waste.

SECTION 2. It shall be unlawful to discharge to any natural outlet within the City of Tallassee, or in any area under the jurisdiction of said City of Tallassee, any sewage or other polluted waters, except where suitable treatment has been provided in accordance with subsequent provisions of this ordinance.

SECTION 3. Except as hereinafter provided, it shall be unlawful to construct or maintain any privy, privy vault, septic tank, cesspool, or other facility intended or used for the disposal of sewage.

SECTION 4. The owner of any house, building, or property constructed after the effective date of this ordinance and used for human occupancy, employment, recreation, or other purposes situated within the City of Tallassee and abutting on any street, alley, or right-of-way in which there is located a public sanitary sewer of the City of Tallassee, is hereby required, at his expense, to install suitable toilet facilities therein, and to connect such facilities directly with the property public sewer in accordance with the provisions of this ordinance, provided that said public sewer is within 100 feet (30.5 meters) of the property line.

SECTION 5. Whenever any privy, privy vault, septic tank, cesspool, or other private facility intended or used for the disposal of sewage is declared to be unsanitary or a hazard to public health, the County Health Officer, or his duly authorized representatives, may require the owner of such facilities to connect such facilities directly with an available public sewer in accordance with the provisions of this ordinance, provided such public sewer is within 100 feet (30.5) meters of the property line.

ARTICLE III - Private Sewage Disposal

SECTION 1. The disposal of sewage by means other than the use of the available sanitary sewage system shall be in accordance with local county and state law. The disposal of sewage by private disposal systems shall be permissible only in those instances where service from the available sanitary sewage system is not available and said system is approved by the County Health Department.

ARTICLE IV - Building Sewers and Connections

SECTION 1. No unauthorized person shall uncover, make any connection with or opening into, use, alter, or disturb any public sewer or appurtenance thereof without first obtaining a written permit from the Superintendent.

SECTION 2. All costs and expense incident to the installation and connection of the building sewer shall be borne by the owner. The owner shall indemnify the City of Tallassee from any loss or damage that may directly or indirectly be occasioned by the installation of the building sewer.

SECTION 3. A separate and independent building sewer shall be provided for every building, except where one building stands at the rear of another on an interior lot and no private sewer is available or can be constructed to the rear building through an adjoining alley, court, yard, or driveway, the building sewer from the front building may be extended to the rear building and the whole considered as one building sewer.

SECTION 4. Old building sewers may be used in connection with new buildings only when they are found, on examination and test by the Superintendent, to meet all requirements of this ordinance.

SECTION 5. The size, slope, alignment, materials of construction of a building sewer, and the methods to be used in excavating, placing of the pipe, jointing, testing, and backfilling the trench, shall all conform to the requirements of the Building and Plumbing Code or other applicable rules and regulations of the City of Tallassee. In the absence of code provisions or in amplification thereof, the materials and procedures set forth in appropriate specifications of the A.S.T.M. and W.P.C.F Manual of Practice No. 9 shall apply.

SECTION 6. Whenever possible, the building sewer shall be brought to the building at an elevation below the basement floor. In all buildings in which any building drain is too low to permit gravity flow to the public sewer, sanitary sewage carried by such building drain shall be lifted by an approved means and discharged to the building sewer.

SECTION 7. No person shall make connection of roof downspouts, exterior foundation drains, areaway drains, or other sources of surface runoff or groundwater to a building sewer or building drain which in turn is connected directly or indirectly to a public sanitary sewer.

SECTION 8. The connection of the building sewer into the public sewer shall conform to the requirements of the Building and Plumbing Code or other applicable rules and regulations of the City of Tallassee, or the procedures set forth in appropriate specifications of the A.S.T.M. and W.P.C.F. Manual of Practice No. 9. All such connections shall be made gastight and watertight. Any deviation from the prescribed procedures and materials must be approved by the Superintendent before installation.

SECTION 9. The applicant for the building sewer permit shall notify the Superintendent when the building sewer is ready for inspection and connection to the public sewer. The connection shall be made under the supervision of the Superintendent or his representative.

SECTION 10. All excavations for building sewer installation shall be adequately guarded with barricades and lights so as to protect the public from hazard. Streets, sidewalks, parkways, and other public property disturbed in the course of the work shall be restored in a manner satisfactory to the City of Tallassee.

ARTICLE V - Use of the Public Sewers

SECTION 1. No person shall discharge or cause to be discharged any stormwater, surface water, groundwater, roof runoff, subsurface drainage, uncontaminated cooling water, or unpolluted industrial process waters to any sanitary sewer.

SECTION 2. Stormwater and all other unpolluted drainage shall be discharged to such sewers as are specifically designated as storm sewers, or to a natural outlet approved by the Alabama Department of Environmental Management. Industrial cooling water or unpolluted process waters may be discharged, on approval of the Alabama Department of Environmental Management, to a storm sewer, or natural outlet.

SECTION 3. No person shall discharge or cause to be discharged any of the following described waters or wastes to any public sewers:

- (a) Any gasoline, benzene, naphtha, fuel oil, or other flammable or explosive liquid, solid or gas.
- (b) Any waters or wastes containing toxic or poisonous solids, liquids, or gasses in sufficient quantity, either singly or by interaction with other wastes, to injure or interfere with any sewage treatment process, constitute a hazard to humans, or animals, create a public nuisance, or create any hazard in the receiving waters of the sewage treatment plant.
- (c) Any waters or wastes having the pH lower than 5.5 or having any other corrosive property capable of causing damage or hazard to structures, equipment, and personnel of the sewage works.
- (d) Solid or viscous substances in quantities or of such size capable of causing obstruction to the flow in sewers, or other interference with the proper operation of the sewage works such as, but not limited to, ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, unground garbage, whole blood, paunch manure, hair and fleshings, entrails and paper dishes, cups, milk containers, etc., either whole or ground by garbage grinders.

SECTION 4. No person shall discharge or cause to be discharged the following described substances, materials, water, or wastes if it appears likely in the opinion of the Superintendent that such wastes can harm either the sewers, sewage treatment process, or equipment; have an adverse effect on

the receiving stream, or can otherwise endanger life, limb, public property, or constitute a nuisance. In forming an opinion as to the acceptability of these wastes, the Superintendent will give consideration of such factors as the quantities of subject wastes in relation to flows and velocities in the sewers, materials of construction of the sewers, nature of the sewage treatment process, capacity of the sewage treatment plant, degree of treatability of wastes in the sewage treatment plant, and other pertinent factors. The substances prohibited are:

- (a) Any liquid or vapor having a temperature higher than one hundred fifty (150)°F (65°C).
- (b) Any water or waste containing fats, wax, grease, or oils, whether emulsified or not, in excess of one hundred (100) mg/l or containing substances which may solidify or become viscous at temperatures between thirty-two (32) and one hundred fifty (150)°F (0 and 65°C).
- (c) Any garbage that has not been properly shredded. The installation and operation of any garbage grinder equipped with a motor of three-fourths (3/4) horsepower (0.76 hp metric) or greater shall be subject to the review and approval of the Superintendent.
- (d) Any waters or wastes containing strong acid iron pickling wastes, or concentrated plating solutions whether neutralized or not.
- (e) Any waters or wastes containing iron, chromium, copper, zinc, cyanide, and similar objectionable or toxic substances; or wastes exerting an excessive chlorine requirement, to such degree that any such material received in the composite sewage at the sewage treatment works exceeds the limits established by the Superintendent and/or the Alabama Department of Environmental Management for such materials.
- (f) Any waters or wastes containing phenols or other taste or odor producing substances, in such concentrations exceeding limits which may be established by the Superintendent as necessary, after treatment of the composite sewage, to meet the requirements of the State, Federal, or other public agencies of jurisdiction for such discharge to the receiving water.
- (g) Any radioactive wastes or isotopes of such half-life or concentration as may exceed limits established by the Superintendent in compliance with applicable State or Federal regulations.
- (h) Any waters or wastes having a pH in excess of 9.5.
- (i) Materials which exert or cause:
 - (1) Unusual concentrations of inert suspended solids (such as, but not limited to, Fullers earth, lime slurries, and lime residues) or of dissolved solids (such as but not limited to sodium chloride and sodium sulfate).

- (2) Excessive discoloration (such as, but not limited to, dye wastes and vegetable tanning solutions).
- (3) Unusual BOD (above 200 mg/l), chemical oxygen demand, or chlorine requirements in such quantities as to constitute a significant load on the sewage treatment works.
- (j) Waters or wastes containing substances which are not amenable to treatment or reduction by the sewage treatment processes employed, or are amenable to treatment only to such degree that the sewage treatment plant effluent cannot meet the requirements of other agencies having jurisdiction over discharge to the receiving waters.
- (k) Waters or wastes containing suspended solids in excess of 300 mg/l.

SECTION 5. If any waters or wastes are discharged, or are proposed to be discharged to the public sewers, which waters contain the substances or possess the characteristics enumerated in Section 4 of this Article, and which in the judgment of the Superintendent and/or the Alabama Department of Environmental Management, may have a deleterious effect upon the sewage works, processes, equipment, or receiving waters, or which otherwise create a hazard to life or constitute a public nuisance, the Superintendent may:

- (a) Reject the wastes.
- (b) Require pretreatment to an acceptable condition for discharge to the public sewers.
- (c) Require control over the quantities and rates of discharge, and/or,
- (d) Require payment to cover the added cost of handling and treating the wastes not covered by existing taxes or sewer charges under the provisions of Section 10 of this Article.

If the Superintendent permits the pretreatment or equalization of waste flows, the design and installation of the plants and equipment shall be subject to the review and approval of the Superintendent, and the Alabama Department of Environmental Management and subject to the requirements of all applicable codes, ordinances, and laws.

SECTION 6. Grease, oil, and sand interceptors shall be provided when in the opinion of the Superintendent, they are necessary for the proper handling of liquid wastes containing grease in excessive amounts, or any flammable wastes, sand, or other harmful ingredients; except that such interceptors shall not be required for private living quarters or dwelling units. All interceptors shall be of a type and capacity approved by the Superintendent and shall be located as to be readily and easily accessible for cleaning and inspection.

SECTION 7. Where preliminary treatment for flow-equalizing facilities are provided for any waters or wastes, they shall be maintained continuously in satisfactory and effective operation by the owner at his expense.

SECTION 8. When required by the Superintendent, the owner of any property serviced by a building sewer carrying industrial waste shall install a suitable control manhole together with such necessary meters and other appurtenances in the building sewer to facilitate observation, sampling, and measurement of the wastes. Such manhole, when required, shall be accessibly and safely located, and shall be constructed in accordance with plans approved by the Superintendent. The manhole shall be installed by the owner at his expense, and shall be maintained by him so as to be safe and accessible at all times.

SECTION 9. All measurements, tests, and analyses of the characteristics of waters and wastes to which reference is made in this ordinance shall be determined in accordance with the latest edition of "Standard Methods for the Examination of Water and Wastewater," published by the American Public Health Association, and shall be determined at the control manhole provided, or upon suitable samples taken at said control manhole. In the event that no special manhole has been required, the control manhole shall be considered to be the nearest downstream manhole in the public sewer to the point at which the building sewer is connected. Sampling shall be carried out by customarily accepted methods to reflect the effect of constituents upon the sewage works and to determine the existence of hazards of life, limb, and property. (The particular analyses involved will determine whether a twenty-four (24) hour composite of all outfalls of a premise is appropriate or whether a grab sample or samples should be taken. Normally, but not always, BOD and suspended solids analyses are obtained from 24 hour composites of all outfalls whereas pH's are determined from periodic grab samples.)

SECTION 10. No statement contained in this Article shall be construed as preventing any special agreement or arrangement between the City of Tallassee and any industrial concern whereby an industrial waste of unusual strength or character may be accepted by the City of Tallassee for treatment, subject to payment therefor, by the industrial concern.

ARTICLE VI - Protection from Damage

SECTION 1. No unauthorized person shall maliciously, willfully, or negligently break, damage, destroy, uncover, deface, or tamper with any structure, appurtenance, or equipment which is a part of the sewage works. Any person violating this provision shall be subject to immediate arrest under charge of disorderly conduct.

ARTICLE VII - Powers and Authority of Inspectors

SECTION 1. The Superintendent and other duly authorized employees of the City of Tallassee bearing proper credentials and identification shall be permitted to enter all properties for the purposes of inspection, observation,

measurement sampling, and testing in accordance with the provisions of this ordinance. The Superintendent or his representatives shall have no authority to inquire into any processes including metallurgical, chemical, oil, refining, ceramic, paper, or other industries beyond that point having a direct bearing on the kind and source of discharge to the sewers or waterways or facilities for waste treatment.

SECTION 2. While performing the necessary work on private properties referred to in Article VII, Section 1 above, the Superintendent or duly authorized employees of the City of Tallassee shall observe all safety rules applicable to the premises established by the company and the company shall be held harmless for injury or death to the City of Tallassee's employees and the City of Tallassee shall indemnify the company against loss or damage to its property by City of Tallassee employees and against liability claims and demands for personal injury or property damage asserted against the company and growing out of the gauging and sampling operation, except as such may be caused by negligence or failure of the company to maintain safe conditions as required in Article V, Section 8.

SECTION 3. The Superintendent and other duly authorized employees of the City of Tallassee, bearing proper credentials and identification shall be permitted to enter all private properties through which the City of Tallassee holds a duly negotiated easement for the purposes of, but not limited to, inspection, observation, measurement, sampling, repair, and maintenance of any portion of the sewage works lying within said easement. All entry and subsequent work if any, on said easement, shall be done in full accordance with the terms of the duly negotiated easement pertaining to the private property involved.

ARTICLE VIII - Penalties

SECTION 1. Any person found to be violating any provision of this ordinance except Article VI shall be served by the City of Tallassee with written notice stating the nature of the violation and providing a reasonable time limit for the satisfactory correction thereof. The offender shall, within the period of time stated in such notice, permanently cease all violations.

SECTION 2. Any person who shall continue any violation beyond the time limit provided for in Article VIII, Section 1, shall be guilty of a misdemeanor, and on conviction thereof shall be fined in the amount not exceeding five Hundred Dollars (\$500.00) for each violation. Each day in which any such violation shall continue shall be deemed a separate offense.

SECTION 3. Any person violating any of the provisions of this ordinance shall become liable to the City of Tallassee for any expense, loss, or damage occasioned the City of Tallassee by reason of such violation.

SECTION XI - Validity

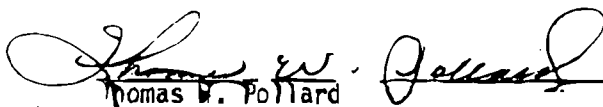
SECTION 1. All ordinances or parts of ordinances in conflict herewith are hereby repealed.

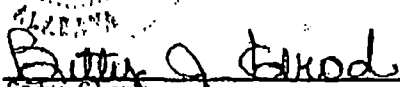
SECTION 2. The invalidity of any section, clause, sentence, or provision of this ordinance shall not affect the validity of any other part of this ordinance which can be given effect without such invalid part or parts.

SECTION 3. This ordinance shall become effective immediately following publication as required by law.


Adopted this the 22th day of May, 1983

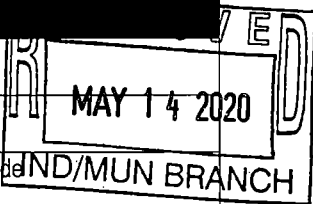



Thomas W. Pollard
Mayor, City of Tallahassee


Betty J. Ekrod
City Clerk

EPA Form 2S

EPA Identification Number 110055980577		NPDES Permit Number AL0020486		Facility Name Tallassee Sewer Stabilization		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2S NPDES		U.S Environmental Protection Agency Application for NPDES Permit for Sewage Sludge Management NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE					
PRELIMINARY INFORMATION							
Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?							
<input checked="" type="checkbox"/> Yes → Complete Part 2 of application package (begins p. 7). <input type="checkbox"/> No → Complete Part 1 of application package (below).							
PART 1		LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))					
Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).							
PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))							
Facility Information	1.1	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	
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address					
		City or town			State	ZIP code	
		1.2	Ownership Status				
		<input type="checkbox"/> Public—federal	<input type="checkbox"/> Public—state	<input type="checkbox"/> Other public (specify) _____			
		<input type="checkbox"/> Private	<input type="checkbox"/> Other (specify) _____				
PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))							
Applicant Information	2.1	Is applicant different from entity listed under Item 1.1 above?					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).				
	2.2	Applicant name					
		Applicant address (street or P.O. box)					
		City or town			State	ZIP code	
		Contact name (first and last)		Title	Phone number	Email address	
	2.3	Is the applicant the facility's owner, operator, or both? (Check only one response.)					
		<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Both			
	2.4	To which entity should the NPDES permitting authority send correspondence? (Check only one response.)					
		<input type="checkbox"/> Facility	<input type="checkbox"/> Applicant	<input type="checkbox"/> Facility and applicant (they are one and the same)			
PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))							
Sewage Sludge Amount	3.1	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:					
		Practice				Dry Metric Tons per 365-Day Period	
		Amount generated at the facility					
		Amount treated at the facility					
		Amount used (i.e., received from off site) at the facility					
	Amount disposed of at the facility						

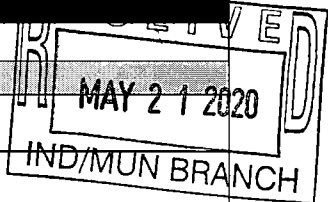


PART 2 PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))

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. 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.

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))

General Information	All Part 2 applicants must complete this section.			
	Facility Information			
	1.1	Facility name Tallassee Sewer Stabilization Pond		
		Mailing address (street or P.O. box) 3 Freeman Avenue		
		City or town Tallassee	State Alabama	ZIP code 36078
		Phone number (334) 283-6571		
		Contact name (first and last) John Hammock	Title Mayor	Email address mayor@tallassee-al.gov
		Location address (street, route number, or other specific identifier) Highway 229 South		<input type="checkbox"/> Same as mailing address
		City or town Tallassee	State Alabama	ZIP code 36078
	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	1.40 million gallons per day (mgd)	
	1.4	Total Population Served	5,000	
	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).			
1.7	Applicant name			
	Applicant mailing address (street or P.O. box)			
	City or town	State	ZIP code	
	Contact name (first and last)	Title	Phone number	
			Email address	
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 type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)			

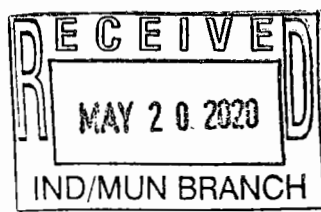


PART 2 PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))

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. 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.

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1) 7) AND (q)(13))

General Information	All Part 2 applicants must complete this section.			
	Facility Information			
	1.1	Facility name Tallassee Sewer Stabilization Pond		
		Mailing address (street or P.O. box) 3 Freeman Avenue		
		City or town Tallassee	State Alabama	ZIP code 36078
		Phone number (334) 283-6571		
		Contact name (first and last) John Hammock	Title Mayor	Email address mayor@tallassee-al.gov
		Location address (street, route number, or other specific identifier) Highway 229 South		<input type="checkbox"/> Same as mailing address
		City or town Tallassee	State Alabama	ZIP code 36078
	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	2.40 million gallons per day (mgd)	
	1.4	Total Population Served	5,000	
	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).			
1.7	Applicant name			
	Applicant mailing address (street or P.O. box)			
	City or town	State	ZIP code	
	Contact name (first and last)	Title	Phone number	
			Email address	
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 type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)			



EPA Identification Number
110055980577

NPDES Permit Number
AL0020486

Facility Name
Tallahsee Sewer Stabilization

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

General Information Continued

1.17 cont.		Contractor 1	Contractor 2	Contractor 3
	Responsibilities of contractor			

Pollutant Concentrations

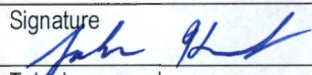
Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.

Check here if you have attached additional sheets to the application package.

1.18	Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
	Arsenic	N/A	N/A	N/A
	Cadmium	N/A	N/A	N/A
	Chromium	N/A	N/A	N/A
	Copper	N/A	N/A	N/A
	Lead	N/A	N/A	N/A
	Mercury	N/A	N/A	N/A
	Molybdenum	N/A	N/A	N/A
	Nickel	N/A	N/A	N/A
	Zinc	N/A	N/A	N/A

Checklist and Certification Statement

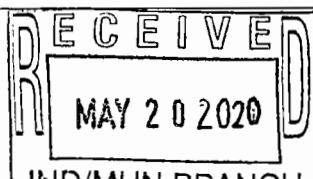
1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.	
	Column 1	Column 2
	<input type="checkbox"/> Section 1 (General Information)	<input type="checkbox"/> w/ attachments
	<input checked="" 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	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) John Hammock	Official title Mayor
	Signature 	Date signed 05/08/2020
Telephone number (334) 283-6571		

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.

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:		371.4
	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.			
	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.)			
	<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 checked="" type="checkbox"/> Other (specify) <u>None - existing lagoon cell</u>			



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 type="checkbox"/> Land application of biosolids (bulk) <input type="checkbox"/> Land application of biosolids (bags) <input type="checkbox"/> Surface disposal in a landfill <input type="checkbox"/> Other surface disposal <input type="checkbox"/> Incineration	<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

2.9 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 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	

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.

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?
 Yes 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.
 Check here to indicate that you have attached all labels or notices to this application package.

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.)
 Yes 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.
 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

Email address

Location address (street, route number, or other specific identifier)

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?
 Yes 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

- Not applicable
- Class A, Alternative 1
- Class A, Alternative 2
- Class A, Alternative 3
- Class A, Alternative 4
- Class A, Alternative 5
- Class A, Alternative 6
- Class B, Alternative 1
- Class B, Alternative 2
- Class B, Alternative 3
- Class B, Alternative 4
- Domestic septage, pH adjustment

- Not applicable
- Option 1
- Option 2
- Option 3
- Option 4
- Option 5
- Option 6
- Option 7
- Option 8
- Option 9
- Option 10
- Option 11

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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"/> 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) _____
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		Email address
	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 type="checkbox"/> Yes <input checked="" 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.							

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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.48	Name of landfill						
		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	
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:						
	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				
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 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?
 Yes No → SKIP to Part 2, Section 4.

3.2 Do any of the following conditions apply?
• 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.
 Yes → SKIP to Part 2, Section 4. No

3.3 Complete Section 3 for every site on which the sewage sludge is applied.
 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) Same as mailing address

County County code Not available

City or town State ZIP code

Latitude/Longitude of Land Application Site (see instructions)

Latitude

Longitude

Method of Determination

USGS map Field survey Other (specify) _____

3.5 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
 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?
 Yes → SKIP to Item 3.8 (Part 2, Section 3) below. 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?
 Yes → SKIP to Item 3.10 (Part 2, Section 3) below. 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:	
		<input type="checkbox"/> Agricultural land	<input type="checkbox"/> Forest
		<input type="checkbox"/> Reclamation site	<input type="checkbox"/> Public contact site
		<input type="checkbox"/> Other (describe)	
	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?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 3.16 (Part 2, Section 3) below.
	3.14	Indicate which vector attraction reduction option is met. (Check only one response.)	
		<input type="checkbox"/> Option 9 (injection below land surface)	<input type="checkbox"/> Option 10 (incorporation into soil within 6 hours)
	3.15	Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.	
		<input type="checkbox"/> Check here if you have attached your description to the application package.	
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)?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Part 2, Section 4.	
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?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.	
3.18	Provide the following information about your NPDES permitting authority:		
	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?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Part 2, Section 4.	
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.		
	<input type="checkbox"/> Check here to indicate that additional pages are attached.		
	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	

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
		° ' "		° ' "
		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"/> Not applicable				
	<input type="checkbox"/> Class A, Alternative 1			<input type="checkbox"/> Option 1				
	<input type="checkbox"/> Class A, Alternative 2			<input type="checkbox"/> Option 2				
	<input type="checkbox"/> Class A, Alternative 3			<input type="checkbox"/> Option 3				
	<input type="checkbox"/> Class A, Alternative 4			<input type="checkbox"/> Option 4				
	<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				
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"/> 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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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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Facility Name
Tallassee Sewer Stabilization

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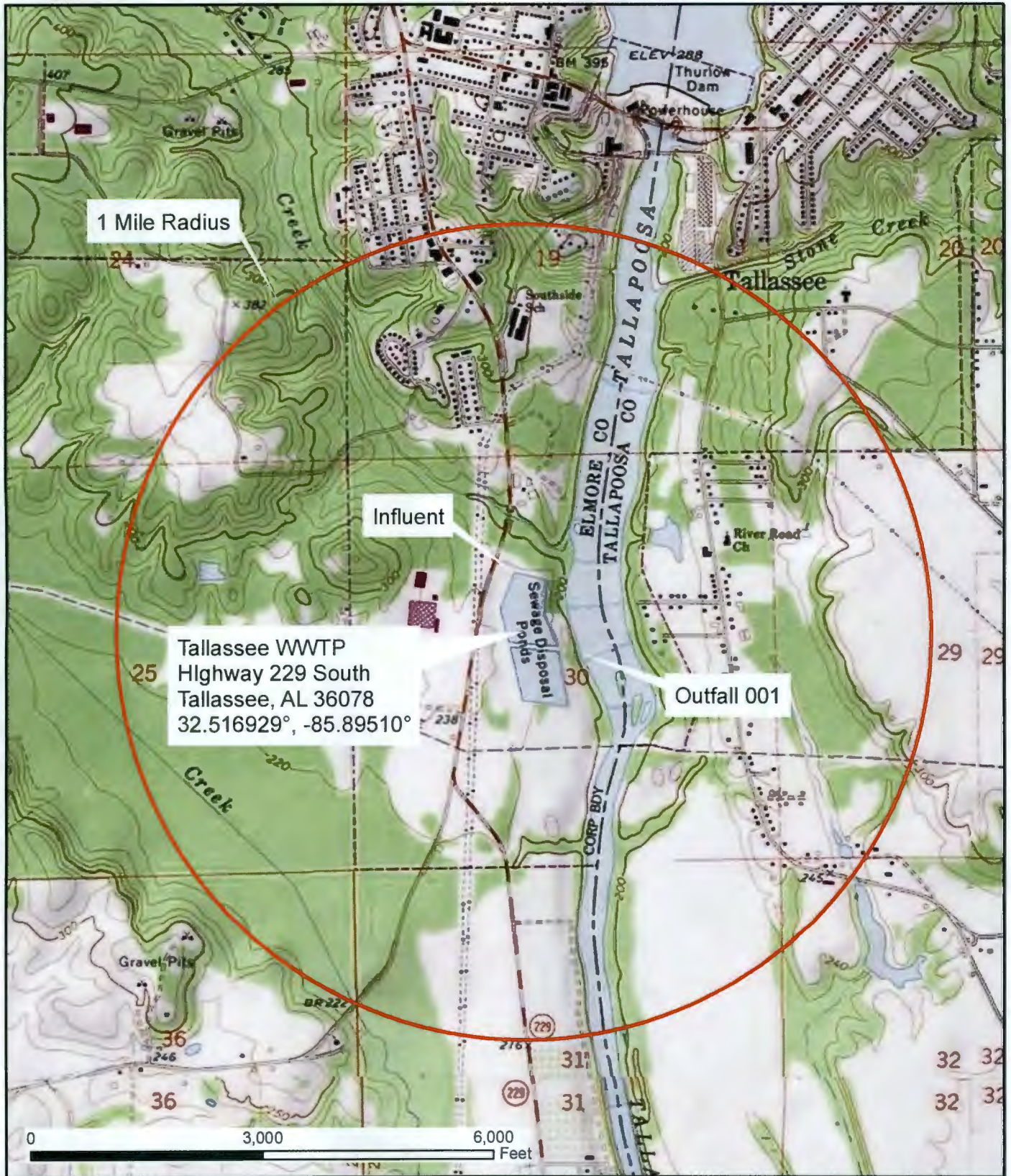
PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11))

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 <input type="checkbox"/> Not available
	County code
	City or town
	State
	ZIP code
Latitude/Longitude of Incinerator (see instructions)	
	Latitude
	Longitude
	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 <i>and</i> 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.		
		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			

Form 2S - Exhibits



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Figure 1
Site Topography Map

City of Tallassee
Tallassee WWTP
NPDES Permit Renewal
March 2020



Sludge is stored in existing lagoon cell.