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DEC 01 2020

Ed Becker Managing Member  
Weatherly Utility Services, LLC  
728 Volare Drive  
Birmingham, AL 35244

RE: Draft Permit  
NPDES Permit No. AL0076520  
Weatherly Utility Services - Site 2  
Shelby County, Alabama

Dear Mr. Becker:

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](mailto: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 [dastokes@adem.alabama.gov](mailto:dastokes@adem.alabama.gov) or by phone at (334) 271-7808.

Sincerely,

Dustin Stokes  
Municipal Section  
Water Division

Enclosure

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

**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)



# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: WEATHERLY UTILITY SERVICES, LLC  
728 VOLARE DRIVE  
BIRMINGHAM, ALABAMA 35244

FACILITY LOCATION: WEATHERLY UTILITY SERVICES - SITE 2 (0.2, 0.8 MGD)  
BALLANTRAE MUIR DRIVE  
PELHAM, ALABAMA  
SHELBY COUNTY

PERMIT NUMBER: AL0076520

RECEIVING WATERS: LAND APPLICATION (OUTFALLS 0011, 0051, 0052)  
SOUTH FORK YELLOWLEAF CREEK (OUTFALLS 002S, 0041, 0042)

*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 - Sprayfield

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 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
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	D	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
Solids, Total Suspended 00530 1 0 0	REPORT lbs/day	REPORT lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Nitrogen, Total (As N) 00600 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	D	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	D	*****
Nitrogen, Nitrate Total (As N) 00620 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	D	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	D	*****
Flow, In Conduit or Thru Treatment Plant 50050 G 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	I	CONTIN	A (5)	*****
Flow, In Conduit or Thru Treatment Plant (7) 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A (6)	*****
Coliform, Fecal General 74055 1 0 0	*****	*****	2000 col/100mL	*****	*****	4000 col/100mL	*****	E	GRAB	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, Carbonaceous 05 Day, 20C 80082 1 0 0	REPORT lbs/day	REPORT lbs/day	45.0 mg/l	67.5 mg/l	*****	*****	*****	E	COMP24	D	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset); Part IV.F (Other Requirements for Land Application)

\*\* 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

(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 - See Part IV.F.2

(4) Seasonal Limits:

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

(5) See Part IV.F.1.a. (Flow to the Treatment Plant)

(6) See Part IV.F.1.b (Flow to the Sprayfield)

(7) See Part IV.F.4.a.

2. Outfall 002S Discharge Limits – Stormwater

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 002S, which is described more fully in the Permittee’s application as Outfall as 002S. Such outfall shall be 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
pH 00400 SW 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	SW	GRAB	G	*****
Solids, Total Suspended 00530 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	G	*****
Nitrogen, Ammonia Total (As N) 00610 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	G	*****
Nitrogen, Kjeldahl Total (As N) 00625 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	G	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	G	*****
Phosphorus, Total (As P) 00665 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	G	*****
Flow, In Conduit or Thru Treatment Plant 50050 SW 0 0	*****	*****	*****	*****	*****	REPORT MGD	*****	SW	CALCTD	G	*****
E. Coli 51040 SW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	SW	GRAB	G	*****
BOD, Carbonaceous 05 Day, 20C 80082 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	G	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset) ; Part IV.H (Stormwater Monitoring Requirements)

\*\* 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
- 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 - See Part IV.F.2

(4) Seasonal Limits:

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

\*F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient flow to collect a sample during the measurable storm event.

No discharge should only be used if the storm water outfall did not discharge any water during the monitoring period.

3. Outfall 003D Discharge Limits - Downstream Monitoring

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 003D, which is a designated outfall for downstream monitoring. Such outfall shall be 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 6 0 0	*****	*****	*****	*****	REPORT mg/l	*****	*****	DS	GRAB	G	*****
pH 00400 6 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	DS	GRAB	G	*****
Solids, Total Suspended 00530 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Nitrogen, Ammonia Total (As N) 00610 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Nitrogen, Kjeldahl Total (As N) 00625 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Nitrite Plus Nitrate Total I Det. (As N) 00630 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Phosphorus, Total (As P) 00665 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
E. Coli 51040 6 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	DS	GRAB	G	*****
BOD, Carbonaceous 05 Day, 20C 80082 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset); Part IV.F (Other Requirements for Land Application)

\*\* Monitoring Requirements

- |  |                            |  |  |
|--|----------------------------|--|--|
| <u>(1) Sample Location</u>   | <u>(2) Sample Type:</u>    | <u>(3) Measurement Frequency:</u> See also Part I.B.2. | <u>(4) Seasonal Limits:</u>                    |
| I – Influent   | CONTIN - Continuous        | A - 7 days per week                                    | S = Summer (April – October)                   |
| E – Effluent   | INSTAN - Instantaneous     | B - 5 days per week                                    | W = Winter (November – March)                  |
| X – End Chlorine Contact Chamber   | COMP-8 - 8-Hour Composite  | C - 3 days per week                                    | ECS = <u>E. coli</u> Summer (May – October)    |
| K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration. | COMP24 - 24-Hour Composite | D - 2 days per week                                    | ECW = <u>E. coli</u> Winter (November – April) |
| RS - Receiving Stream  | GRAB – Grab                | E - 1 day per week                                     |  |
| US – Upstream  | CALCTD - Calculated        | Q - See Part IV.F.2                                    |  |
| DS – Downstream  |                            |  |  |

\*F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water instream to collect a sample during the monitoring period.

4. Outfall 0041 Discharge Limits - Effluent Discharge to South Fork Yellowleaf Creek (0.2 MGD)

During the period beginning on the effective date of this permit and lasting through the completion of the facility expansion and initiation of Outfall 0042, the Permittee is authorized to discharge from Outfall 0041, 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	*****	*****	*****	*****	7.0 mg/l	*****	*****	E	GRAB	D	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	D	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
Solids, Total Suspended 00530 1 0 0	50.0 lbs/day	75.0 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	1.6 lbs/day	2.5 lbs/day	1.0 mg/l	1.5 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	S
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	S
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
Chlorine, Total Residual See note (5) (6) 50060 1 0 0	*****	*****	0.011 mg/l	*****	*****	0.019 mg/l	*****	E	GRAB	D	*****
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 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	5.8 lbs/day	8.7 lbs/day	3.5 mg/l	5.2 mg/l	*****	*****	*****	E	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

(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 - See Part IV.F.2

(4) Seasonal Limits:

S = Summer (April – October)  
W = Winter (November – March)  
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.

(6) A measurement of Total Residual Chlorine below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as NODI=B or \*B on the discharge monitoring reports.



5. Outfall 0042 Discharge Limits - Effluent Discharge to South Fork Yellowleaf Creek (0.8 MGD)

During the period beginning on the date of completion of the facility expansion and termination date of Outfall 0041 and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0042, 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	*****	*****	*****	*****	7.0 mg/l	*****	*****	E	GRAB	C	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	C	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	C	*****
Solids, Total Suspended 00530 1 0 0	200 lbs/day	300 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	C	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	6.6 lbs/day	10.0 lbs/day	1.0 mg/l	1.5 mg/l	*****	*****	*****	E	COMP24	C	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
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	S
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
Chlorine, Total Residual See note (5) (6) 50060 1 0 0	*****	*****	0.011 mg/l	*****	*****	0.019 mg/l	*****	E	GRAB	C	*****
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	C	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	C	ECW
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	C	*****
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	23.3 lbs/day	35.0 lbs/day	3.5 mg/l	5.2 mg/l	*****	*****	*****	E	COMP24	C	*****
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

(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 - See Part IV.F.2

(4) Seasonal Limits:

S = Summer (April – October)  
W = Winter (November – March)  
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.

(6) A measurement of Total Residual Chlorine below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as NODI=B or \*B on the discharge monitoring reports.

6. Outfall 0051 Discharge Limits - Discharge to Balantrae Golf Course (0.2 MGD)

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 0051, 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
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	D	*****
Solids, Total Suspended 00530 1 0 0	REPORT lbs/day	REPORT lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	GRAB	D	*****
Nitrogen, Total (As N) 00600 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	D	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	D	*****
Nitrogen, Nitrate Total (As N) 00620 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	D	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	D	*****
Nitrite Plus Nitrate Total I Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	10.0 mg/l	15.0 mg/l	*****	*****	*****	E	GRAB	D	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	D	*****
Flow, In Conduit or Thru Treatment Plant 50050 G 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	I	CONTIN	A (5)	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A (6)	*****
E. Coli 51040 1 0 0	*****	*****	18 col/100mL	*****	*****	34 col/100mL	*****	E	GRAB	D	*****
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	REPORT lbs/day	REPORT lbs/day	10.0 mg/l	15.0 mg/l	*****	*****	*****	E	GRAB	D	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset); Part IV.G (Other Requirements for Land Application at Balantrae Gold Course)

\*\* 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

(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 - See Part IV.F.2

(4) Seasonal Limits:

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

(5) See Part IV.G.1.a. (Flow to the Treatment Plant)

(6) See Part IV.G.1.b (Flow to the golf course)

7. Outfall 0052 Discharge Limits - Discharge to Balantrae Golf Course (0.8 MGD)

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 0052, 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
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	C	*****
Solids, Total Suspended 00530 1 0 0	REPORT lbs/day	REPORT lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	GRAB	C	*****
Nitrogen, Total (As N) 00600 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	C	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	C	*****
Nitrogen, Nitrate Total (As N) 00620 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	C	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	C	*****
Nitrite Plus Nitrate Total I Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	10.0 mg/l	15.0 mg/l	*****	*****	*****	E	GRAB	C	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	C	*****
Flow, In Conduit or Thru Treatment Plant 50050 G 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	I	CONTIN	A (5)	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A (6)	*****
E. Coli 51040 1 0 0	*****	*****	18 col/100mL	*****	*****	34 col/100mL	*****	E	GRAB	C	*****
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	REPORT lbs/day	REPORT lbs/day	10.0 mg/l	15.0 mg/l	*****	*****	*****	E	GRAB	C	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset); Part IV.G (Other Requirements for Land Application at Ballantrae Gold Course)

\*\* 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

(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 - See Part IV.F.2

(4) Seasonal Limits:

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

(5) See Part IV.G.1.a. (Flow to the Treatment Plant)

(6) See Part IV.G.1.b (Flow to the golf course)

8. Outfall 006U Discharge Limits - Upstream Monitoring

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 006U, which was previously designated as Outfall 003U, and is a designated outfall for upstream monitoring. Such outfall shall be 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 5 0 0	*****	*****	*****	*****	REPORT mg/l	*****	*****	US	GRAB	G	*****
pH 00400 5 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	US	GRAB	G	*****
Solids, Total Suspended 00530 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Nitrogen, Ammonia Total (As N) 00610 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Nitrogen, Kjeldahl Total (As N) 00625 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Phosphorus, Total (As P) 00665 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
E. Coli 51040 5 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	US	GRAB	G	*****
BOD, Carbonaceous 05 Day, 20C 80082 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset); Part IV.F (Other Requirements for Land Application)

\*\* 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

(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 - See Part IV.F.2

(4) Seasonal Limits:

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

\*F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water instream to collect a sample during the monitoring period.

9. Outfalls MW11, MW 21, & MW31 Discharge Limits - Groundwater Monitoring

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfalls MW11, MW21, and MW31, which represents monitoring wells. Such outfalls shall be 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
Nitrogen, Total (As N) 00600 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Nitrogen, Ammonia Total (As N) 00610 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Nitrogen, Nitrite Total (As N) 00615 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Nitrogen, Nitrate Total (As N) 00620 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Phosphorus, Total (As P) 00665 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Carbon, Tot Organic (TOC) 00680 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Methylene Blue Active Substances 47021 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
E. Coli 51040 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	E	GRAB	Q	*****
Coliform, Fecal General 74055 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	E	GRAB	Q	*****
Water Level At Samp. Collection Time 85327 GW 0 0	*****	*****	*****	*****	*****	REPORT feet	*****	E	GRAB	Q	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset); Part IV.F (Other Requirements for Land Application)

\*\* 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
- MW – Monitoring Well

(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 - See Part IV.F.2

(4) Seasonal Limits:

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

Semiannual Groundwater monitoring is required in accordance with Part IV.F of the Permit during the months of April and October.

\*F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water in the monitoring well to collect a sample during the monitoring period.

## B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

### 1. Representative Sampling

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

### 2. Measurement Frequency

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

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

### 3. Test Procedures

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

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

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

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

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

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

4. Recording of Results

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

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

5. Records Retention and Production

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

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

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

7. Monitoring Equipment and Instrumentation

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

**C. DISCHARGE REPORTING REQUIREMENTS**

1. Reporting of Monitoring Requirements

- a. The permittee shall conduct the required monitoring in accordance with the following schedule:

- (1) **MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY** shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.

- (2) **QUARTERLY MONITORING** shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e., March, June, September and December DMRs).
  - (3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
  - (4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.
- b. The permittee shall submit discharge monitoring reports (DMRs) in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. 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 28<sup>th</sup> 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.

#### **D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS**

1. Anticipated Noncompliance

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

2. Termination of Discharge

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

3. Updating Information

- a. The permittee shall inform the Director of any change in the permittee's mailing address or telephone number or in the permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the permittee shall furnish the Director with an update of any information provided in the permit application.

- b. If the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

4. Duty to Provide Information

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

**E. SCHEDULE OF COMPLIANCE**

1. Compliance with discharge limits

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

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

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

## **PART II OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES**

### **A. OPERATIONAL AND MANAGEMENT REQUIREMENTS**

#### **1. Facilities Operation and Maintenance**

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

#### **2. Best Management Practices**

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

#### **3. Certified Operator**

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

### **B. OTHER RESPONSIBILITIES**

#### **1. Duty to Mitigate Adverse Impacts**

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

#### **2. Right of Entry and Inspection**

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

### **C. BYPASS AND UPSET**

#### **1. Bypass**

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:

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

2. Upset

- a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:
- (1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
  - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:
    - (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, permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.
- b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a permittee in an enforcement action.

- c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
- d. The permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.
- e. Nothing in this permit shall be construed to preclude or negate the Permittee's responsibility to apply for, obtain, or comply with other Federal, State, or Local Government permits, certifications, or licenses or to preclude from obtaining other federal, state, or local approvals, including those applicable to other ADEM programs and regulations.

2. Removed Substances

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

3. Loss or Failure of Treatment Facilities

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

4. Compliance With Statutes and Rules

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

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

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

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

2. Change in Discharge

Prior to any facility expansion, process modification or any significant change in the method of operation of the permittee's treatment works, the permittee shall provide the Director with information concerning the planned expansion, modification or change. The permittee shall apply for a permit modification at least 180 days prior to any facility expansion, process modification, significant change in the method of operation of the permittee's treatment works, or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional

discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

3. Transfer of Permit

This permit may not be transferred or the name of the permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership, or control of the permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership, or control, he may decide not to modify the existing permit and require the submission of a new permit application.

4. Permit Modification and Revocation

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



- (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
- (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
- (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; or

5. Termination

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

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

6. Suspension

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

7. Stay

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

**F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION**

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

**G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS**

- 1. The permittee shall not allow the introduction of wastewater, other than domestic wastewater, from a new direct discharger prior to approval and permitting, if applicable, of the discharge by the Department.
- 2. The permittee shall not allow an existing indirect discharger to increase the quantity or change the character of its wastewater, other than domestic wastewater, prior to approval and permitting, if applicable, of the increased discharge by the Department.

3. The permittee shall report to the Department any adverse impact caused or believed to be caused by an indirect discharger on the treatment process, quality of discharged water or quality of sludge. Such report shall be submitted within seven days of the permittee becoming aware of the adverse impacts.

#### **H. PROHIBITIONS**

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

1. Pollutants which create a fire or explosion hazard in the treatment works;
2. Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;
3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;
4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;
5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40°C (104° F) unless the treatment plant is designed to accommodate such heat;
6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

## **PART III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS**

### **A. CIVIL AND CRIMINAL LIABILITY**

#### **1. Tampering**

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

#### **2. False Statements**

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

#### **3. Permit Enforcement**

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

#### **4. Relief from Liability**

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

### **B. OIL AND HAZARDOUS SUBSTANCE LIABILITY**

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

### **C. PROPERTY AND OTHER RIGHTS**

This permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to persons or property or invasion of other private rights, or any infringement

of federal, state, or local laws or regulations, nor does it authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any waters of the state or of the United States.

**D. AVAILABILITY OF REPORTS**

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

**E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES**

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

**F. COMPLIANCE WITH WATER QUALITY STANDARDS**

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

**G. GROUNDWATER**

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater

monitoring to properly assess the degree of the problem, and the Director may require that the permittee undertake measures to abate any such discharge and/or contamination.

## H. DEFINITIONS

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

22. Geometric Mean – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).
23. Grab Sample – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. Indirect Discharger – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. Industrial User – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category “Division D – Manufacturing” and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. MGD – means million gallons per day.
27. Monthly Average – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. New Discharger – means a person, owning or operating any building, structure, facility, or installation:
  - a. From which there is or may be a discharge of pollutants;
  - b. That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
  - c. Which has never received a final effective NPDES permit for dischargers at that site.
29. NH<sub>3</sub>-N – means the pollutant parameter ammonia, measured as nitrogen.
30. Notifiable sanitary sewer overflow - means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
  - a. Reaches a surface water of the State; or
  - b. May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
31. Permit application - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
32. Point source - means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
33. Pollutant - includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
34. Privately Owned Treatment Works – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a “POTW”.
35. Publicly Owned Treatment Works (POTW) – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. Receiving Stream – means the “waters” receiving a “discharge” from a “point source”.
37. Severe property damage - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

38. Significant Source – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. TKN – means the pollutant parameter Total Kjeldahl Nitrogen.
40. TON – means the pollutant parameter Total Organic Nitrogen.
41. TRC – means Total Residual Chlorine.
42. TSS – means the pollutant parameter Total Suspended Solids.
43. 24HC – means 24-hour composite sample, including any of the following:
  - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
  - b. A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
  - c. A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. Upset - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
45. Waters - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
46. Week - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.
47. Weekly (7-day and calendar week) Average – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

#### **I. SEVERABILITY**

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

## **PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS**

### **A. SLUDGE MANAGEMENT PRACTICES**

1. Applicability
  - a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural or non-agricultural land, and that is otherwise distributed, marketed, disposed in landfills, land applied to the ground surface, or incinerated.
  - b. Provisions of Provision IV.A. do not apply to:
    - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.
    - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.
2. Submitting Information
  - a. The permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
  - b. The permittee shall give prior notice to the Director of at least 30 days of any change planned in the permittee's sludge disposal practices.
3. Reopener or Modification
  - a. Upon review of information provided by the permittee in accordance with Provision IV.A.2. or, based upon the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate revised or additional requirements.
  - b. If an improved "acceptable management practice" is identified or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit, then this permit shall be modified or revoked and reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the revised limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

### **B. EFFLUENT TOXICITY TESTING REOPENER**

Upon notification under Part II. G. of any newly introduced toxic industrial wastewaters, the Director may reopen the permit to include effluent toxicity limitations and testing requirements.

### **C. 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. 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
- d. 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
- e. 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
- f. 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.

#### **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. 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.

**F. OTHER REQUIREMENTS FOR LAND APPLICATION – OUTFALL 0011**

1. Flow Monitoring

- a. Influent flow to the treatment plant or to the holding pond shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.
- b. Wastewater flow to the sprayfield shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.

2. Groundwater Monitoring

- a. All sprayfield groundwater monitoring wells identified in the approved “Semi-Annual Groundwater Monitoring Plan” shall be monitored in accordance with the following schedule:

MEASUREMENT PARAMETER	SAMPLE FREQUENCY	SAMPLING TYPE	POINT
Total Organic Carbon (TOC)	Semiannual	Grab	Monitoring Wells
Ammonia (N)	"	"	"
Nitrite (N)	"	"	"
Nitrate (N)	"	"	"
Nitrogen, Total	"	"	"
Phosphorus, Total	"	"	"
Coliform, Fecal	"	"	"
E. coli	"	"	"
Methylene-Blue Active Substances	"	"	"
Static Water Level	"	"	"

- b. All groundwater monitoring wells should be sampled prior to initiating any application of treated wastewater to the land application site. Groundwater sampling after commencement of land application shall be conducted during the months of **April and October**.
- c. The Permittee must determine if there is a statistically significant increase in contaminant levels in comparison to background water quality at each well. Should groundwater monitoring reveal that the concentration of parameters listed in Part IV. F. 2. statistically exceed background (upgradient) concentrations; or that the concentration exceeds primary or secondary drinking water standards promulgated under ADEM Administrative Code Division 335-7; or that the concentrations exceed EPA Region 9 preliminary remediation goals, the Department may require the Permittee to revise the groundwater monitoring program to conduct a groundwater assesment and/or to implement a groundwater corrective action program.
- d. Groundwater samples must be analyzed using EPA approved analytical methods.
- e. The Permittee must submit an annual report in the month of **January** summarizing the collective semi-annual groundwater sampling results. The annual report should include the following:
  - (a) The nature and the extent of groundwater contamination (if any). Include contour maps showing the groundwater flow direction;
  - (b) Discussion of all analytical results;
  - (c) Discussion of concentration trends in each monitoring well;
  - (d) All potentiometric data collected during each monitoring event including top casing elevations, measured water level, total well depths, and calculated groundwater elevations;
  - (e) A potentiometric map illustrating the groundwater flow direction for each monitoring event;
  - (f) All field parameter data collected during the well purging activities;
  - (g) The specific dates that the groundwater sampling activities were conducted; and
  - (h) The report shall be prepared by and bear the signature and the license number of a licensed professional geologist or professional engineer registered in the State of Alabama.
- f. The Permittee shall submit and adhere to the schedule of compliance in accordance with Part I. E.

3. Stream Monitoring Requirements

The Permittee shall sample all surface streams immediately upstream and downstream of the land application site in accordance with Parts I.A.3 & 8 of this permit. Samples shall be collected at mid-channel and at a depth of 5 ft. or mid-depth, whichever is less. The sampling locations shall be approved by the Department. Results shall be reported on DMR forms provided by the Department.

4. Sprayfield Operation Requirements

- a. Based on the information provided to the Department, the Sprayfield has a capacity to accommodate the application rate of 0.5 MGD. Wastewater shall be applied in a manner that the hydraulic capacity of the sprayfield is not exceeded.
- b. A healthy cover crop shall be maintained at all times during land application of wastewater. If necessary, the cover crop shall be maintained by fertilization, reseeding, re-planting, etc.
- c. Best management practices erosion control measures shall be implemented to minimize soil loss.
- d. Wastewater shall not be applied to the sprayfield during periods of rain and/or high winds that may cause release of wastewater flow or any wastewater mist or residual to any off site location. Wastewater shall not be applied to the sprayfield when the ground is saturated, prior to periods of rain, when the ground is frozen or at any similar time when percolation will not readily occur.
- e. Wastewater shall not be applied to fields with a slope greater than 30% and shall not be applied within 100 feet of any creeks, drainage ways, sinkholes, and springs.
- f. All spray equipment and monitoring provisions shall be properly operated and maintained at all times to prevent leaks and spills. The equipment shall be installed so that there is no overlap of spray patterns from individual sprinklers.
- g. As a minimum, the following records shall be maintained by the permittee and will be subject to inspection by the Department:
  - (1) All information required by land application monitoring reports;
  - (2) Field, date, and time span of application and volume applied;
  - (3) Field, date, quantity, and type of fertilizer applied;
  - (4) Date and amount of rainfall; and
  - (5) Daily nitrogen loading (ppd) for each field or zone/pivot
- h. The Permittee shall not apply wastewater to areas where depth to groundwater is less than 5 feet or where land application sites are located within the 100 year floodplain.
- i. Excessive rainwater run-on must be diverted from the land application area.
- j. The following buffer zones shall be maintained along ditches, gulleys, swales, and other features that have any potential to convey storm water to an adjacent stream or sink hole:
  - (1) 100 feet from all property lines
  - (2) 100 feet from all sinkholes
  - (3) 100 feet from any perennial stream or lake
  - (4) 300 feet from public or private wells
  - (5) 300 feet from existing habitable residences

The buffer zone around sinkholes will also include terracing or another appropriate method of diversion to prevent any potential runoff from entering the area.

Wastewater shall be applied in such a manner that surface run-off does not occur.

**G. OTHER REQUIREMENTS FOR LAND APPLICATION AT BALLANTRAE GOLF COURSE**

1. Flow Monitoring

- a. Influent flow to the treatment plant or to the holding pond shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.

- b. Wastewater flow to the Ballantrae Golf Course shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.
2. Sprayfield Operation Requirements
    - a. The application of wastewater to the golf course shall be limited to periods which will minimize public contact, such as during night time hours or times when the golf course is closed for maintenance.
    - b. Wastewater shall be applied in such a manner that surface run-off does not occur.
    - c. Wastewater shall not be applied to the golf course during periods of rain and/or high winds that may cause release of wastewater flow or any wastewater mist or residual to any off site location. Wastewater shall not be applied to the sprayfield when the ground is saturated, prior to periods of rain, when the ground is frozen or at any similar time when percolation will not readily occur.
    - d. All spray equipment and monitoring provisions shall be properly operated and maintained at all times to prevent leaks and spills. The equipment shall be installed so that there is no overlap of spray patterns from individual sprinklers.
    - e. As a minimum, the following records shall be maintained by the permittee and will be subject to inspection by the Department:
      - (1) All information required by land application monitoring reports;
      - (2) Field, date, and time span of application and volume applied;
      - (3) Date and amount of rainfall

#### **H. STORMWATER MONITORING REQUIREMENTS**

1. The permittee shall sample all storm water outfalls in accordance with Part I.A.2 of this permit. The locations of these stormwater outfalls must be approved by the Department. A grab sample shall be collected during the first thirty minutes of the discharge (or as soon thereafter as practicable).
2. The total volume of stormwater discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded and is subject to the records retention requirements of this permit.
3. The stormwater volume may be measured using flow measuring devices and/or estimations using a modification of the Rational Method and appropriate considerations of total depth of rainfall, size of the drainage area serving each storm water outfall, and the estimated runoff coefficient for the drainage area. This information must be recorded as part of the sampling procedure and is also subject to the records retention requirement of this permit.

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0076520** Date: September 4, 2020

Permit Applicant: Weatherly Utility Services, LLC  
728 Volare Drive  
Birmingham, Alabama 35244

Location: Weatherly Utility Services - Site 2  
Ballantrae Muir Drive  
Pelham, Alabama 35124

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

Basis for Limitations: Water Quality Model: DO, NH<sub>3</sub>-N, CBOD (Outfalls 0041 & 0042)  
(Outfall 0011) Reissuance with no modification: pH, TSS, TKN, Fecal Coliform, CBOD  
(Outfalls 0041 & 0042) Reissuance with no modification: DO, pH, TSS, NH<sub>3</sub>-N, TRC, CBOD, CBOD %  
Removal, TSS % Removal  
(Outfalls 0051 & 0052) Reissuance with no modification: pH, TSS, NO<sub>2</sub>+NO<sub>3</sub>-N, E. coli, CBOD  
Instream calculation at 7Q10: 100%  
Toxicity based: TRC  
Secondary Treatment Levels: TSS, TSS % Removal, CBOD % Removal  
Other (described below): pH, E. coli, Fecal Coliform, TKN, NO<sub>2</sub>+NO<sub>3</sub>-N  
CBOD (Outfalls 0011, 0051, & 0052)

Design Flow in Million Gallons per Day: 0.2 MGD (Outfalls 0011, 0041 & 0051)  
0.8 MGD (Outfalls \*0011, 0042 & 0052)  
\*Outfall 0011 has a hydraulic capacity of 0.5 MGD per the Phase II document

Major: No

Description of Discharge: Outfall Number 0011;  
Effluent discharge to Sprayfield.

Outfall Number 002S;  
Stormwater monitoring of South Fork Yellowleaf Creek, which is classified as Fish & Wildlife.

Outfall Numbers 003D and 006U;  
Downstream and Upstream monitoring of South Fork Yellowleaf Creek, which is classified as Fish & Wildlife.

Outfall Numbers 0041 & 0042;  
Effluent discharge to South Fork Yellowleaf Creek, which is classified as Fish & Wildlife.

Outfall Number 0051 & 0052;  
Effluent discharge through Land Application, (Ballantrae Golf Course).

Outfall Number MW1 through MW3;  
Groundwater monitoring wells.

Discussion:

This is a permit renewal due to expiration. The facility has three options for the discharge of wastewater. Outfall 0011 is a discharge to a sprayfield. Outfalls 0041 and 0042 are discharges to South Fork Yellowleaf Creek. Outfalls 0051 and 0052 are discharges to a golf course located near the facility. This Permit includes a facility expansion from 0.2 MGD to 0.8 MGD. As indicated by the Permittee, the outfall designations 0041 and 0051 will be used until construction of the expansion from 0.2 MGD to 0.8 MGD is complete. Once the expansion to 0.8 MGD is complete, outfall designations 0042 and 0052 will be used and the limits associated with those designations will apply.

Outfall 0011:

Outfall 0011 is a discharge to a sprayfield at the current design flow of 0.2 MGD. The Permittee is planning a facility expansion from 0.2 MGD to 0.8 MGD. As indicated in the Phase II report submitted by the Permittee, the hydraulic capacity of the sprayfield is 0.5 MGD. Since the sprayfield can only accommodate flows up to 0.5 MGD, a requirement that the wastewater be applied in such a manner that the hydraulic capacity of the sprayfield is not exceeded has been added to the permit.

The limits for Carbonaceous Biochemical Oxygen Demand (CBOD), Total Suspended Solids (TSS), and pH are established based upon best professional judgment (BPJ) to be consistent with 40 CFR part 133.102. The monthly average CBOD and TSS limits are 45.0 mg/L and 30.0 mg/L, respectively. The pH limits are 6.0 s.u. (daily minimum) and 9.0 s.u. (daily maximum).

Monitoring and reporting requirements for Total Phosphorus (TP), Total Nitrogen (TN), Total Nitrate-Nitrogen (NO<sub>3</sub>-N), and Total Ammonia-Nitrogen (NH<sub>3</sub>-N) have been imposed in this permit. A monthly average Total Kjeldahl Nitrogen (TKN) limit of 20 mg/L is being imposed to maintain consistency with other land application permits in the state. These results will provide an overall indication of the total nutrient loading to the spray field.

Fecal Coliform (FC) limits are imposed in the permit in accordance with the Municipal Section disinfection strategy for land application facilities. The FC limits for the restricted site are 2000 col/100mL (monthly average) and 4000 col/100mL (daily maximum).

No toxicity testing is required because the facility is a land application system.

The monitoring frequency for most parameters is two days per week. Flow to the treatment facility or to the holding pond is to be monitored daily. Flow to the sprayfield is also to be monitored daily.

In order to monitor the potential for the land application system to impact nearby waterways, the Department is requiring that the Permittee monitor the quality of the stream adjacent to the land application site. Upstream and downstream water quality shall be monitored monthly as designated Outfalls 006U and 003D. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams.

In the permit application, the Permittee reported one storm water outfall from the sprayfield area. The storm water outfall listed as Outfall 002S on EPA Form 2F in the Permittee's application will be designated as Outfalls 002S in the permit. Storm water monitoring at this outfall will be required on a monthly basis. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams during storm events.

The Permittee has indicated that there are three groundwater monitoring wells at the facility. In order to monitor potential impacts of the sprayfield on the groundwater, monitoring at these wells will be required twice per year, during the months of April and October at designated outfalls MW11, MW21, and MW31.

#### Outfalls 0041 and 0042:

Outfalls 0041 and 0042 are discharges to South Fork Yellowleaf Creek. Outfall 0041 is for the current design flow of 0.2 MGD, while Outfall 0042 will be applicable when the Permittee expands the treatment plant to 0.8 MGD.

The discharge limits for Dissolved Oxygen (DO), NH<sub>3</sub>-N, and CBOD<sub>5</sub> were developed by the Municipal Section based on a WLA (Waste Load Allocation) model prepared by ADEM's Water Quality Branch (WQB) on August 21, 2014. The WLA model was completed using a design flow of 0.8 MGD and is being used for both the 0.2 MGD and 0.8 MGD concentration permit limitations. The loading permit limitations in the Permit were calculated using the respective design flows. The monthly average limits for CBOD and NH<sub>3</sub>-N 3.5 mg/L and 1.0, respectively. The daily minimum DO is 7.0 mg/L.

The pH limits were developed in accordance with the water-use classification of the receiving stream. The daily minimum and daily maximum pH limits are 6.0 S.U. and 8.5 S.U., respectively. The monthly average and daily maximum Total Residual Chlorine (TRC) limits of 0.011 mg/L and 0.019 mg/L, respectively, are based on the United States Environmental Protection Agency's (EPA's) recommended water quality values and on the current Toxicity Rationale, which considers available dilution in the receiving stream. In accordance with a letter dated August 11, 1998 from EPA Headquarters and a 1991 memorandum from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a Total Residual Chlorine measurement below 0.05 mg/L shall be considered below detection for compliance purposes.

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 South Form Yellowleaf Creek is classified as Fish & Wildlife, the limits for May – October are 126 col/100ml (monthly average) and 298 col/100ml (daily maximum), while the limits for November – April are 548 col/100ml (monthly average) and 2507 col/100ml (daily maximum).

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

Because this is a minor facility (design capacity less than 1 MGD) treating only domestic wastewater with no industrial wastewater contributions, no potential toxicity concerns are anticipated and thus there is no need to impose chronic or acute bioassay testing under this permit.

This permit imposes monitoring during the growing season (April – October) for the nutrient-related parameters of TKN, TP, and Nitrite plus Nitrate-Nitrogen (NO<sub>2</sub>+NO<sub>3</sub>-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.



For Outfall 0041, the monitoring frequency for DO, pH, TSS, NH<sub>3</sub>-N, TRC, E. coli and CBOD is twice per week. The frequency of monitoring for TKN, TP, and NO<sub>2</sub>+NO<sub>3</sub>-N is once per month during the summer growing season. Percent removals of TSS and CBOD are to be calculated monthly. Flow is to be monitored continuously, seven days per week.

For Outfall 0042, monitoring frequency for DO, pH, TSS, NH<sub>3</sub>-N, TRC, E. coli and CBOD is thrice per week. The frequency of monitoring for TKN, TP, and NO<sub>2</sub>+NO<sub>3</sub>-N is once per month during the summer growing season. Percent removals of TSS and CBOD are to be calculated monthly. Flow is to be monitored continuously, seven days per week.

The segment of South Fork Yellowleaf Creek that includes the discharge is a Tier II stream and is not listed on the most recent 303(d) list. There are no TMDLs affecting this discharge.

Since the permit would allow a new discharge to a Tier II stream, the economic alternative analysis requirements of the anti-degradation policy (ADEM Administrative Code R.335-6-10-.04) apply. The permittee has submitted supporting documentation demonstrating that the proposed discharge to South Fork Yellowleaf Creek provides certain social and economic benefits to the local community in the area.

#### Outfalls 0051 and 0052

Outfalls 0051 and 0052 are outfalls that provide irrigation at a golf course near the treatment plant. Outfall 0051 is for the current design flow of 0.2 MGD, while Outfall 0052 will be applicable when the Permittee expands the treatment plant to 0.8 MGD.

The limits for these outfalls are generally consistent with the proposed Reclaimed Water Reuse Regulations and are imposed in order to limit exposure since the golf course is a public access area. The monthly average limits are as follows: TSS = 30.0 mg/L, NO<sub>2</sub>+NO<sub>3</sub>-N = 10.0 mg/L, and CBOD<sub>5</sub> = 10.0 mg/L. E. coli limits of 18 col/100mL (monthly average) and 34 col/100mL and pH limits of 6.0 S.U. (daily minimum) and 8.5 S.U. (daily maximum) are imposed for these outfalls. The Permittee will also be required to monitor Total Nitrogen, Total Nitrate-Nitrogen, TKN, NH<sub>3</sub>-N, and TP to provide an overall indication of the nutrient loading to the golf course.

For Outfall 0051, the monitoring frequency for most parameters is two days per week. Flows to the golf course are to be monitored daily.

For Outfall 0052, the monitoring frequency for most parameters is three days per week. Flows to the golf course are to be monitored daily.

Prepared by: Dustin Stokes

## ANTIDEGRADATION RATIONALE

**Permit Number:** AL0076520  
**Facility Name:** Weatherly Utility Services – Site 2  
**Receiving Water:** South Fork Yellowleaf Creek  
**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 the 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:

1. This facility will provide centralized treatment of wastewater for an existing residential development and other potential developments in the surrounding area.
2. This facility will require additional support personnel and operator attention to construction employing craftsmen from different trades.
3. The Permittee will pay taxes the state and utility tax to the City of Pelham.
4. This project will support additional growth in the development, which will help attract new businesses and improve the quality of life to the local residents.
5. This facility will provide sanitary sewer service and related benefits to this development and will be sized to accommodate the total build-out (approximately 3500 homes). This facility will provide additional revenue and taxes for the local economy and greater employment opportunities. More commercial developments will be attracted to the area as the residential community grows.

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:** Dustin Stokes  
**Date:** September 3, 2020

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>Weaatherly Utility Services - Site 2</b>	
NPDES Permit Number:	<b>AL0076520</b>	
Receiving Stream:	<b>South Fork Yellowleaf Creek</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>0.200 MGD</b>	Outfall 0041
Receiving Stream 7Q <sub>10</sub> :	<b>0.000 cfs</b>	
Receiving Stream 1Q <sub>10</sub> :	<b>0.000 cfs</b>	
Winter Headwater Flow (WHF):	<b>0.00 cfs</b>	
Summer Temperature for CCC:	<b>30 deg. Celsius</b>	
Winter Temperature for CCC:	<b>30 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N./A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter)	<b>N./A.</b>	

The Stream Dilution Ratio (SDR) is calculated using the 7Q<sub>10</sub> for all stream classifications.

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = \mathbf{100.00\%}$$

### 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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= \mathbf{100.00\%} \qquad \qquad \qquad \mathbf{Effluent-Dominated, CCC Applies} \end{aligned}$$

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 <sub>3</sub> -N:	<b>36.09 mg/l</b>	<b>2.18 mg/l</b>
Allowable Winter Instream NH <sub>3</sub> -N:	<b>36.09 mg/l</b>	<b>2.18 mg/l</b>

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= \mathbf{2.2 \text{ mg/l NH}_3\text{-N at 7Q}_{10}} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= \mathbf{N./A.} \end{aligned}$$

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 NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>1.00 mg/l NH<sub>3</sub>-N</b>	<b>2.20 mg/l NH<sub>3</sub>-N</b>
Winter	<b>N./A.</b>	<b>N./A.</b>

**Summer: The DO based limit of 1.00 mg/l NH<sub>3</sub>-N applies.**

**Winter limits are not applicable.**

**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.

**This is a minor facility (Qw < 1.0 MGD) with no SID permits. No toxicity testing is required.**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 100.00\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**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: **Fish & Wildlife**  
 Disinfection Type: **Chlorination**  
 Limit calculation method: **Limits based on meeting stream standards at the point of discharge.**

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

**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:	0.011 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.019 mg/l (acute)	(0.019)/(SDR)

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

Prepared By: Dustin Stokes Date: 9/16/2020

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>Weahterly Utility Services - Site 2</b>	
NPDES Permit Number:	<b>AL0076520</b>	
Receiving Stream:	<b>South Fork Yellowleaf Creek</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>0.800 MGD</b>	Outfall 0042
Receiving Stream 7Q <sub>10</sub> :	<b>0.000 cfs</b>	
Receiving Stream 1Q <sub>10</sub> :	<b>0.000 cfs</b>	
Winter Headwater Flow (WHF):	<b>0.00 cfs</b>	
Summer Temperature for CCC:	<b>30 deg. Celsius</b>	
Winter Temperature for CCC:	<b>30 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N./A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter)	<b>N./A.</b>	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 100.00\%$$

### 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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 100.00\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

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

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 2.2 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

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

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 NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>1.00 mg/l NH<sub>3</sub>-N</b>	<b>2.20 mg/l NH<sub>3</sub>-N</b>
Winter	<b>N./A.</b>	<b>N./A.</b>

**Summer: The DO based limit of 1.00 mg/l NH<sub>3</sub>-N applies.**

**Winter limits are not applicable.**

**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.

**This is a minor facility (Qw < 1.0 MGD) with no SID permits. No toxicity testing is required.**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 100.00\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**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: **Fish & Wildlife**  
 Disinfection Type: **Chlorination**  
 Limit calculation method: **Limits based on meeting stream standards at the point of discharge.**

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

**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:	0.011 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.019 mg/l (acute)	(0.019)/(SDR)

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

Prepared By: Dustin Stokes Date: 9/16/2020

Comments included

Yes  No

### General Information

Information Verified By

TCG

Page 1

Receiving Stream Name South Fork of Yellowleaf Creek

Year File Was Created 2013

Previous File Name

OR: Local Name (If applicable)

Facility Name Weatherly Water Reclamation Facility- Site 2

Previous Discharger Name

Or-AKA (Includes previous file name)

11 Digit HUC Code 03150107030

12 Digit HUC Code 031501070202

River Basin Coosa

County Shelby

Use Classification F&W

Discharge Latitude 33.2644

Discharge Longitude -86.7289

Site Visit Completed?  Yes  No

Date of Site Visit 7/24/2013

Waterbody Impaired?  Yes  No

Antidegradation  Yes  No

Waterbody Tier Level Tier II

Use Support Category 3

Other Point Sources?

Sources Included in Model

Empty box for listing sources included in the model.

Print Record

Close Form

Date of WLA Response 8/21/2014

Law/Long Method Municipal/Industrial

Approved TMDL?

Yes  No

Approval Date of TMDL

### Permit Information

Permit Number AL0076520

Permit Status Proposed

Type of Discharger

- Municipal
- Industrial
- Semipublic/Private
- Mining

### Waste Load Allocation Information

Distance 11.46

Miles

Date of Allocation

8/21/2014

Model SWQM

Allocation Type

Annual

Model Completed by Jessica Delgado

Type of Allocation

Desk-top

Allocation Developed by Water Quality Branch

Annual Effluent Limits	Conventional Parameters				Other Parameters				
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD	
	Season		Season		Season		Season		
Qw 0.8 MGD	From		From		From		From		
CBOD5 3.5 mg/L	Through		Through		Through		Through		
NH3-N 1 mg/L	CBOD5	mg/L	CBOD5	mg/L	TP	mg/L	TP	mg/L	
TKN	mg/L	NH3-N	mg/L	NH3-N	mg/L	TN	mg/L	TN	mg/L
D.O. 7 mg/L	TKN	mg/L	TKN	mg/L	TSS	mg/L	TSS	mg/L	
	D.O.	mg/L	D.O.	mg/L		mg/L		mg/L	

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

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

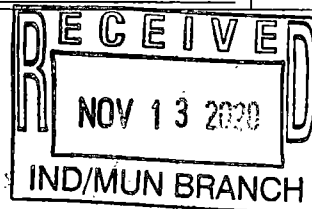
Hydrology at Discharge Location				
Drainage Area Qualifier	Drainage Area		Method Used to Calculate	
Estimated	Stream 7Q10	5.5	sq mi	ADEM Estimate w/USGS Gage Data
	Stream 7Q10	0	cfs	75% of 7Q10
	Stream 1Q10	0	cfs	ADEM Estimate w/USGS Gage Data
	Stream 7Q2	0	cfs	ADEM Estimate w/USGS Gage Data
	Annual Average	8.44	cfs	

**Comments and/or Notations** The facility currently discharges to two prayfields at 0.5 MGD. The facility is expanding and designing for a discharge of 0.8 MGD. The WQ Branch modeling guidelines deems the 7Q10 flow at the headwaters to be 0.0 cfs which is mainly due to the drainage area size, topography, and location withing a low flow stream index. WWRF responded to the modeling done on 8/9/2013 requesting trading of limits. This new response form shows the new limits. – TCG 8/21/2014

*If comments are made, check the "yes" box at the top of page one*



EPA Identification Number		NPDES Permit Number AL0076520		Facility Name Weatherly Utility Services - Site 2		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>					
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>							
Facility Information	1.1	Facility name Weatherly Utility Services - Site 2					
		Mailing address (street or P.O. box) 728 Volare Drive					
		City or town Birmingham		State AL		ZIP code 35244	
		Contact name (first and last) Ed Becker		Title Member	Phone number (205) 987-8352		Email address ebecker@swwc.com
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address Ballantrae Muir Drive					
		City or town Pelham		State AL		ZIP code 35124	
	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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both					
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)					
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.)					
		<b>Existing Environmental Permits</b>					
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) AL0076520		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)	
		<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)		



Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type (Indicate percentage)</b>	<b>Ownership Status</b>	
		Pelham	1700	100% % separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				% separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				% separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				% separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		<b>Total Population Served</b>	1700			
		Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>	<b>Combined Storm and Sanitary Sewer</b>	
			100 %	0 %		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			<b>Design Flow Rate</b>	
					0.20 mgd	
		<b>Annual Average Flow Rates (Actual)</b>				
		<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>
		0.0924 mgd		0.0864 mgd		0.0873 mgd
		<b>Maximum Daily Flow Rates (Actual)</b>				
<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>		
0.186 mgd		0.153 mgd		0.15 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		<b>Total Number of Effluent Discharge Points by Type</b>				
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>
		1	0	0	0	0

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0076520

Weatherly Utility Services - Site 2

OMB No. 2040-0004

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.			
	<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type (indicate percentage)</b>		<b>Ownership Status</b>
	Weatherly Utility Services,	1700	<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
<b>Total Population Served</b>	1700				
Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>		<b>Combined Storm and Sanitary Sewer</b>	
		100 %		%	

Indian Country	1.8	Is the treatment works located in Indian Country?	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	1.9	Does the facility discharge to a receiving water that flows through Indian Country?	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

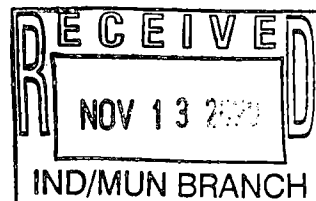
  

Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.		<b>Design Flow Rate</b>		
				0.80 mgd		
	<b>Annual Average Flow Rates (Actual)</b>					
	<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>	
	0.0924 mgd		0.086 mgd		0.0873 mgd	
	<b>Maximum Daily Flow Rates (Actual)</b>					
<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>		
0.186 mgd		0.153 mgd		0.15 mgd		

Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
	<b>Total Number of Effluent Discharge Points by Type</b>					
	<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>	
1	0	0	0	0		

Outfalls Other Than to Waters of the United States				
Outfalls and Other Discharge or Disposal Methods	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.		
	<b>Surface Impoundment Location and Discharge Data</b>			
		<b>Location</b>	<b>Average Daily Volume Discharged to Surface Impoundment</b>	<b>Continuous or Intermittent (check one)</b>
			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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.16.		
	1.15	Provide the land application site and discharge data requested below.		
	<b>Land Application Site and Discharge Data</b>			
		<b>Location</b>	<b>Size</b>	<b>Average Daily Volume Applied</b>
				<b>Continuous or Intermittent (check one)</b>
		33 15' 16.7N, 86 44' 32.5"W	Approx. 5 acres	92,000 gpd
		33 15' 42.9N, 86 45' 3.6"W	100 +/- acres	NA gpd
			acres	gpd
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21.			
1.17	Describe the means by which the effluent is transported (e.g., tank truck, pipe).			
1.18	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.20.			
1.19	Provide information on the transporter below.			
<b>Transporter Data</b>				
	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	



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Weatherly Utility Services - Site 2

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 mgd	

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)?  
 Yes  No → SKIP to Item 1.23.

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.)  
 Discharges into marine waters (CWA Section 301(h))  Water quality related effluent limitation (CWA Section 302(b)(2))  
 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?  
 Yes  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)	SWWC Services, Inc.		
Mailing address (street or P.O. box)	728 Volare Drive		
City, state, and ZIP code	Birmingham, AL 35244		
Contact name (first and last)	Ed Becker		
Phone number	(205) 987-8352		
Email address	ebecker@swwc.com		
Operational and maintenance responsibilities of contractor	contract operation of facility; provide certified operator		

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

Outfalls to Waters of the United States						
Design Flow	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			
			< 5000 gpd			
Indicate the steps the facility is taking to minimize inflow and infiltration.						
The collection system is all low pressure sewer. The contract operator monitors the collection system for leaks.						
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. A sequencing batch reactor is being designed to meet the limits of outfalls 0041 and 0051.					
	2. The proposed upgrade will have a capacity of 0.2 mgd and include tertiary filters and UV disinfection.					
	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)
	1.	0041, 0051	09/28/2020	07/12/2021	07/12/2021	07/12/2021
	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 type="checkbox"/> No <input type="checkbox"/> None required or applicable				
Explanation:						

## Stokes, Dustin A

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**From:** Ed Becker <ebecker@swwc.com>  
**Sent:** Wednesday, July 22, 2020 4:09 PM  
**To:** Stokes, Dustin A  
**Cc:** 'smobley@dcjlaw.com'; 'jimmy@pumpandprocess.net'  
**Subject:** Weatherly Site 2 Treatment Plant Improvements Schedule

Dustin,

This correspondence is in response to your July 20 email that requested Weatherly Utility Services' schedule for the planned improvements at Weatherly's Site 2 wastewater treatment facility to discharge effluent to the South Fork of Yellowleaf Creek, in accordance with the provisions of NPDES Permit AL0076520. The current schedule is as follows:

- November 1, 2020: Detailed engineering construction drawings and specifications for advanced treatment facilities and outfall line(s) completed, reviewed and approved by utility owners
- January 15, 2021: Project awarded to contractor(s)
- February 15, 2021: Construction begins
- October 1, 2021: Construction completed and facility start-up

Please let me know if you need additional information.

Thank you.

Edward Becker, PE  
WUS Member

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

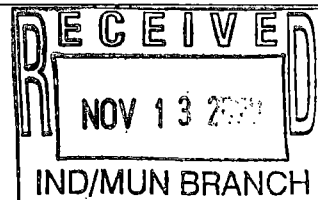
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Weatherly Utility Services - Site 2

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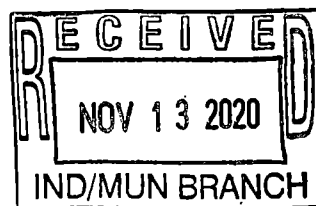
**SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))**

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)						
			Outfall Number <u>0011</u>		Outfall Number <u>004</u>		Outfall Number <u>005</u>	
	State	Alabama		Alabama		Alabama		
	County	Shelby		Shelby		Shelby		
	City or town	Pelham		Pelham		Pelham		
	Distance from shore	ft.		ft.		ft.		
	Depth below surface	ft.		ft.		ft.		
	Average daily flow rate	0.09 mgd		0.2 mgd		0.2 mgd		
	Latitude	33° 15' 16.7" N	33° 15' 29.9" N	33° 15' 42.9" N				
Longitude	-86° 44' 32.5" W	86° 44' 45.5" W	86° 45' 3.6" W					
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.						
	3.3	If so, provide the following information for each applicable outfall.						
			Outfall Number _____		Outfall Number _____		Outfall Number _____	
	Number of times per year discharge occurs							
	Average duration of each discharge (specify units)							
Average flow of each discharge	mgd		mgd		mgd			
Months in which discharge occurs								
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.						
	3.5	Briefly describe the diffuser type at each applicable outfall.						
		Outfall Number _____		Outfall Number _____		Outfall Number _____		
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.						

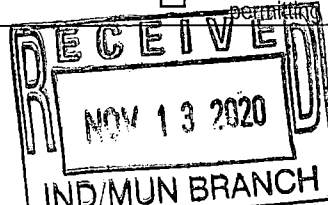




Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.					
			Outfall Number 004	Outfall Number	Outfall Number		
	Receiving water name	South Fork of Yellowleaf Crk					
	Name of watershed, river, or stream system	Coosa River Watershed					
	U.S. Soil Conservation Service 14-digit watershed code						
	Name of state management/river basin						
	U.S. Geological Survey 8-digit hydrologic cataloging unit code						
	Critical low flow (acute)		cfs		cfs		cfs
	Critical low flow (chronic)		cfs		cfs		cfs
Total hardness at critical low flow		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			Outfall Number 001	Outfall Number 004	Outfall Number 005		
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)			
	Design Removal Rates by Outfall						
	BOD <sub>5</sub> or CBOD <sub>5</sub>		>85 %		>90 %		>90 %
	TSS		>85 %		>90 %		>90 %
	Phosphorus		<input checked="" type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable 50 %		<input type="checkbox"/> Not applicable 50 %
	Nitrogen		<input type="checkbox"/> Not applicable 35 %		<input type="checkbox"/> Not applicable 50 %		<input type="checkbox"/> Not applicable 50 %
Other (specify)		<input checked="" type="checkbox"/> Not applicable %		<input checked="" type="checkbox"/> Not applicable %		<input checked="" type="checkbox"/> Not applicable %	



<b>Treatment Description Continued</b>	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.						
			<b>Outfall Number</b> 0011	<b>Outfall Number</b> 004	<b>Outfall Number</b> 005			
		Disinfection type	Chlorine	UV	UV			
		Seasons used	All	All	All			
		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 checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Effluent Testing Data</b>	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 type="checkbox"/> Yes <input checked="" 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.						
			<b>Outfall Number</b> _____		<b>Outfall Number</b> _____		<b>Outfall Number</b> _____	
			<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>
		Number of tests of discharge water						
		Number of tests of receiving water						
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input checked="" 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"> <li>• The facility has a design flow greater than or equal to 1 mgd.</li> <li>• The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>• 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).</li> </ul> <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input checked="" 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 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 type="checkbox"/> No additional sampling required by NPDES permitting authority.							



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 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 type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
		<table border="1"> <thead> <tr> <th>Date(s) Submitted (MM/DD/YYYY)</th> <th>Summary of Results</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of 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 type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
	3.23	Describe the cause(s) of the toxicity:				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.					

**SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))**

Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
		<table border="1"> <thead> <tr> <th>Number of SIUs</th> <th>Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs				
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input 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					

AL0076520

Weatherly Utility Services - Site 2

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:			
	<b>Hazardous Waste Number</b>	<b>Waste Transport Method (check all that apply)</b>		<b>Annual Amount of Waste Received</b>
		<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			

<b>CSO Outfall Description</b>	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		<b>CSO Outfall Number</b> _____	<b>CSO Outfall Number</b> _____	<b>CSO Outfall Number</b> _____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
<b>CSO Monitoring</b>	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		<b>CSO Outfall Number</b> _____	<b>CSO Outfall Number</b> _____	<b>CSO Outfall Number</b> _____
	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	
<b>CSO Events in Past Year</b>	5.6	Provide the following information for each of your CSO outfalls.		
		<b>CSO Outfall Number</b> _____	<b>CSO Outfall Number</b> _____	<b>CSO Outfall Number</b> _____
	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.	
		<b>Column 1</b>	<b>Column 2</b>
	<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 type="checkbox"/> w/ Table E <input 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	<b>Certification Statement</b>		
	<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)	Official title	
	Mr. Ed Becker	Member	
	Signature	Date signed	
		May 18, 2020	

EPA Identification Number	NPDES Permit Number AL0076520	Facility Name Weatherly Utility Services - Site 2	Outfall Number 0011
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Form Approved 03/05/19  
OMB No. 2040-0004

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD <sub>5</sub> or <input checked="" type="checkbox"/> CBOD <sub>5</sub> (report one)	21.9	mg/L	4.42	mg/L	60		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform		N/A		N/A			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.2	mgd	0.088	mgd	60		
pH (minimum)	6.7	s.u.					
pH (maximum)	7.7	s.u.					
Temperature (winter)	N/A						
Temperature (summer)	N/A						
Total suspended solids (TSS)	19.5	mg/L	5.50	mg/L	60		<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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EPA Identification Number	NPDES Permit Number AL0076520	Facility Name Weatherly Utility Services - Site 2	Outfall Number 0011
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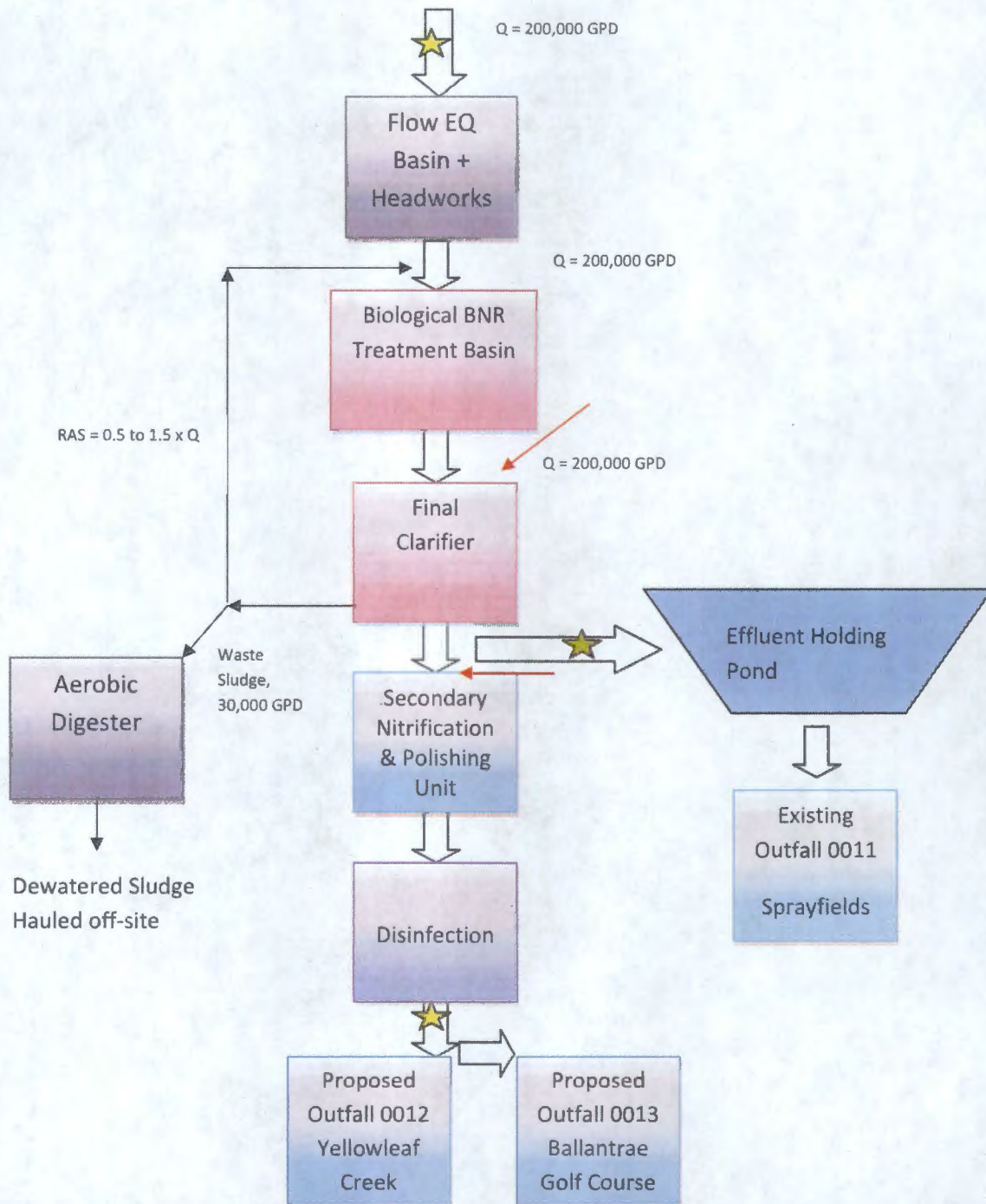
Form Approved 03/05/19  
OMB No. 2040-0004

**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 <sup>1</sup>	ML or MDL (if include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	47.9	mg/L	6.84	mg/L	60		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	N/A						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	N/A						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	18.44	mg/L	3.70	mg/L	60		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	22.8	mg/L	7.33	mg/L	60		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	N/A						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	7.35	mg/L	4.29	mg/L	60		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	N/A						<input type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> 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).

<sup>2</sup> 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.



**WEATHERLY WWTP – SITE 2 FLOW SCHEMATIC**

**Permit #AL0076520**

**WEATHERLY UTILITY SERVICES, LLC**

**PELHAM, SHELBY COUNTY, ALABAMA**

**LEGEND**

★ Sample Location

➡ Proposed Flow Direction

← Metal Salt/Coagulant Addition

**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**

- |  |   |
|--|---|
| <input type="checkbox"/> Initial Permit Application for New Facility*<br><input type="checkbox"/> Modification of Existing Permit<br><input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*<br><input checked="" type="checkbox"/> Reissuance of Existing Permit<br><i>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</i> |
|--|---|

**SECTION A – GENERAL INFORMATION**

1. Facility Name: Weatherly Utility Services - Site 2 Facility County: Shelby

a. Operator Name: SWWC Services, LLC

b. Is the operator identified in A.1.a, the owner of the facility?  Yes  No

If No, provide the following information:

Operator Name: SWWC Services, Inc

Operator Address (Street or PO Box): 728 Volare Drive

City: Birmingham Alabama Zip: 35244

Phone Number: 205-987-8352 Email Address: jkelley@swwc.com

Operator Status:

- Public-federal  Public-state  Public-other (please specify): \_\_\_\_\_  
 Private  Other (please specify): \_\_\_\_\_

Describe the operator's scope of responsibility for the facility:

Contract Operations

c. Name of Permittee\* if different than Operator: Weatherly Utility Services, LLC

*\*Permittee will be responsible for compliance with the conditions of the permit*

2. NPDES Permit Number: AL 0076520 (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: 33 deg 15' 22.18" Longitude: -86 deg 44' 37.7"

4. Responsible Official (as described on last page of this application):

Name and Title: Mr. Ed Becker, Member

Address: 728 Volare Drive

City: Birmingham State: Alabama Zip: 35244

Phone Number: (205) 987-8352 Email Address: ebecker@swwc.com

5. Designated Facility/DMR Contact:

Name: Mr. Ed Becker Title: Member  
 Phone Number: (205) 987-8352 Email Address: ebecker@swwc.com

6. Designated Emergency Contact:

Name: Jesse Kelley, Southwest Water Company Title: Project Manager  
 Phone Number: (205) 987-8352 Email Address: jkelley@swwc.com

7. 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.4.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

8. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

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

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

For each shared outfall, provide the following:

<u>Applicant's Outfall No.</u>	<u>Name of Other Permittee/Facility</u>	<u>NPDES Permit No.</u>	<u>Where is sample collected by Applicant?</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

Current: Flow Metering  Yes  No  N/A  
 Sampling Equipment  Yes  No  N/A  
 Planned: Flow Metering  Yes  No  N/A  
 Sampling Equipment  Yes  No  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:

A continuous flow meter with daily totalizer is installed at the effluent end of the WWTP. Automatic samplers are provided at the influent and effluent ends of the WWTP.

4. 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

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

The intent is to improve the water quality to discharge to the creek. The outfall dictates the water quality parameters. Of the 3 (sprayfield, golf course, and surface water discharge), the creek is most stringent.

**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
Magnesium Hydroxide for odor control	Bulk storage will be contained within secondary containment structure.
400 lbs/day of Waste Activated Sludge	Septage Tanker to Municipal WWTP

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

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

1. 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?
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. 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:

	<u>Yes</u>	<u>No</u>
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?

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

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

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

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

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

---

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

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**SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

See ADEM 335-6-6-.08(i) & (j).

**SECTION I – RECEIVING WATERS**

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
0011	South Fork of Yellowleaf Creek	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<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
		<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: Ed Becker Date Signed: 4/30/2020

Name: Mr. Ed Becker Title: Member of Weatherly Utility Services, LLC

If the Responsible Official signing this application is not identified in Section A.4 or A.7, provide the following information:

Mailing Address: \_\_\_\_\_

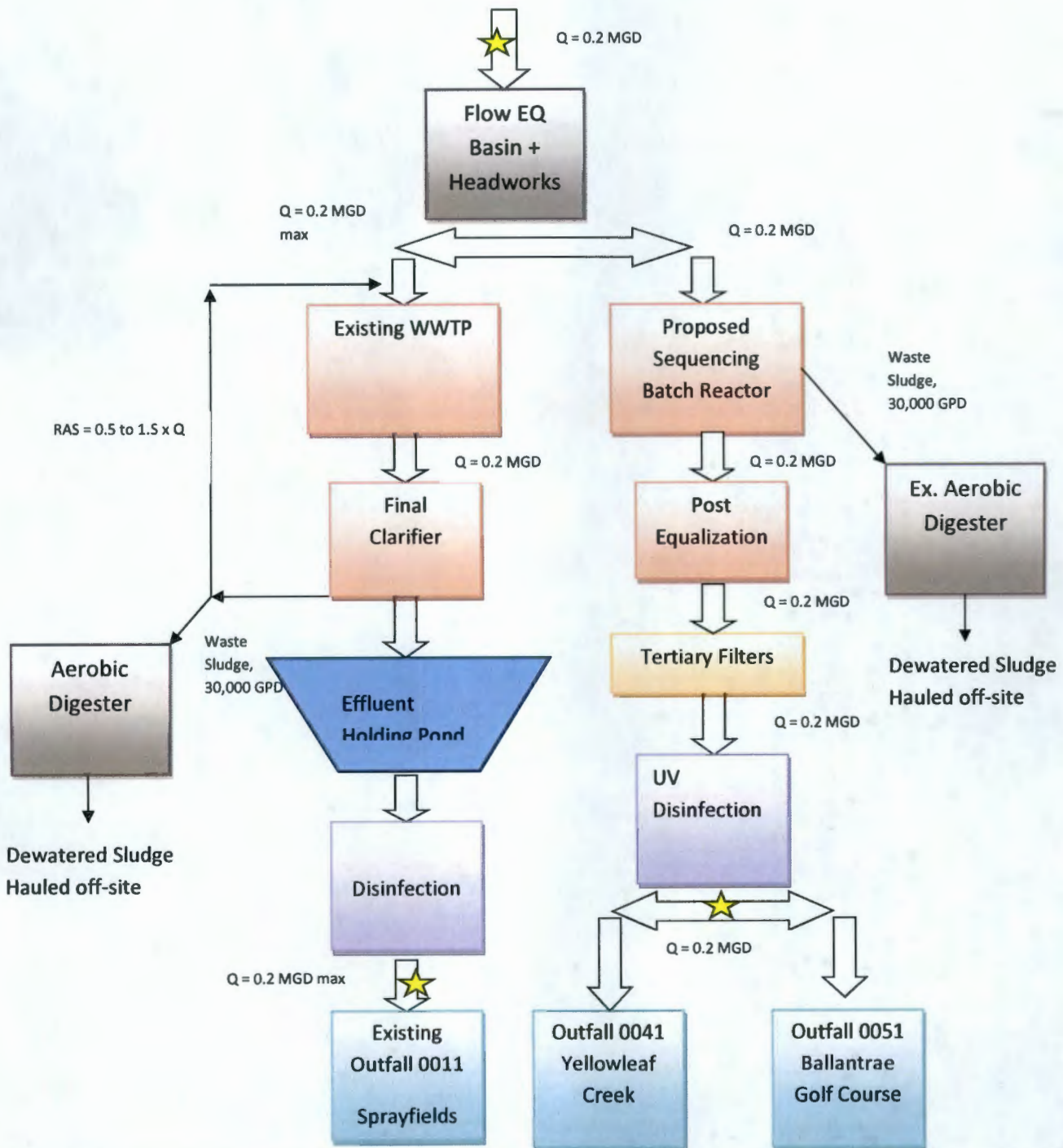
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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.








**WEATHERLY WWTP – SITE 2 FLOW SCHEMATIC**

**Permit #AL0076520**

**WEATHERLY UTILITY SERVICES, LLC**

**PELHAM, SHELBY COUNTY, ALABAMA**

**LEGEND**

-  Sample Location
-  Proposed Flow Direction
-  Metal Salt/Coagulant Addition



**WEATHERLY WRP VICINITY MAP**

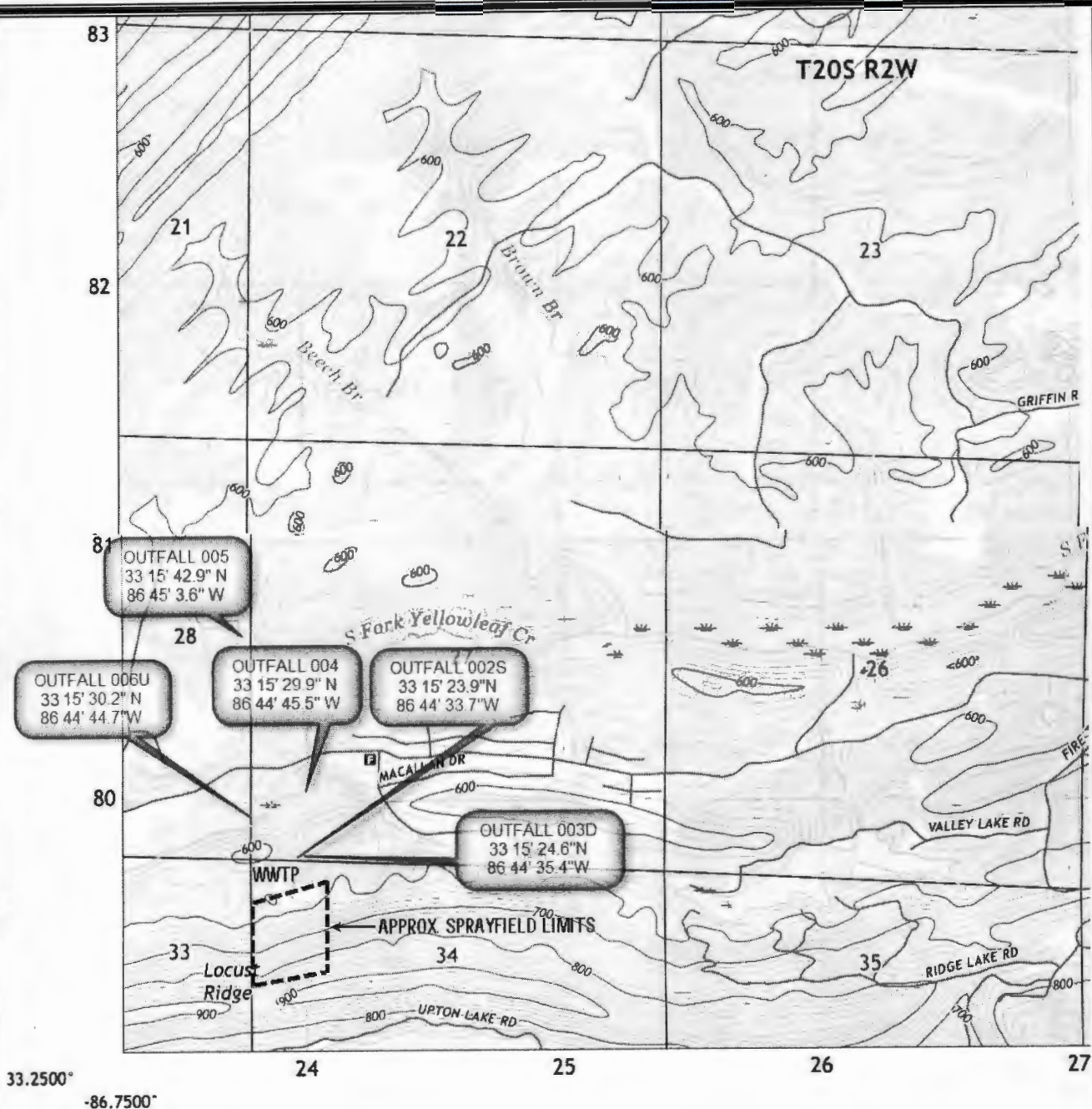


**WEATHERLY UTILITY SERVICES, LLC**

Subject:  
 Weatherly Utility Services – Site 2  
 Site Maps  
 Weatherly Utility Services Permit #AL0076520

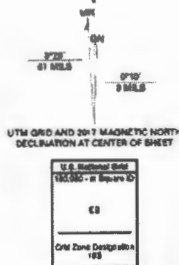
FORM 188 LOCATION MAP  
 Shelby County, Alabama  
 No Scale





Produced by the United States Geological Survey  
 North American Datum of 1983 (NAD83)  
 World Geodetic System of 1984 (WGS84). Projection and  
 1 000-meter grid/Universal Transverse Mercator, Zone 14S  
 This map is not a legal document. Boundaries may be  
 generalized for this map scale. Private lands within government  
 reservations may not be shown. Obtain permission before  
 entering private lands.

Imagery.....NAP, August 2015 - November 2015  
 Roads.....U.S. Census Bureau, 2012  
 Name.....GNIS, 1980 - 2018  
 Hydrography.....National Hydrography Dataset, 2000 - 2014  
 Contours.....National Elevation Dataset, 2002 - 2003  
 Boundaries.....Multiple sources; see metadata file 2014 - 2016  
 Public Land Survey System.....BLM, 2015  
 Wetlands.....FWS National Wetlands Inventory 1981



SCALE 1:24 000

CONTOUR INTERVAL 20 FEET  
 NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the  
 National Geospatial Program US Topo Product Standard, 2011.  
 A metadata file associated with this product is draft version 0.4.10

## WEATHERLY UTILITY SERVICES, LLC

Subject:  
 Weatherly Water Reclamation Plant – Site 2  
 Topographical Map  
 Weatherly Utility Services

FIGURE 1.1  
 Shelby County, Alabama  
 Scale as Noted

**WEATHERLY WATER RECLAMATION SYSTEM**  
**ADEM FORM 188 ANTI-DEGRADATION EVALUATION**  
**AND**  
**ATTACHMENT 3 TO SUPPLEMENTARY FORM**  
**ADEM FORM 313**

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## **1.0 INTRODUCTION**

The Weatherly subdivision is served by two decentralized wastewater treatment systems, both utilizing onsite effluent disposal via spray irrigation. The Weatherly Water Reclamation Center (NPDES Permit AL0073539) serves the western portion of the subdivision and Weatherly Utility Services – Site 2 (NPDES Permit AL0076520) serves the eastern portion of the subdivision. Both treatment systems are owned by Weatherly Utility Services, LLC (“WUS”). The operations and maintenance of the system is contracted out to SouthWest Water Company.

WUS – Site 2 is currently permitted to discharge to groundwater through Outfalls 0011 (spray irrigation), 0051 (golf course irrigation for up to 0.2 MGD), and 0052 (golf course irrigation up to 0.8 MGD). In addition, there are Outfalls 0041 and 0042 which authorize discharge to the South Fork of Yellowleaf Creek for 0.2 MGD and 0.8 MGD, respectively. Weatherly Utility Services, LLC is proposing an upgrade and expansion to the WWTP located at Site 2. An outfall would be constructed to the South Fork of Yellowleaf Creek. The upgrade to the treatment facility will provide additional capacity and provide a higher level of treatment to meet the more stringent water quality standards associated with Outfalls 0041, 0042, 0051 and 0052.

Further utilization of the land dedicated to the effluent spray irrigation system is challenging due to the site limitations and an increase in property values. The installed spray field(s) can process up to 150,000 gallons per day. Future expansion to the land application system is limited by the steep terrain, surface rock, and numerous drainage features. Also, potential development plans around the reserved expansion area make this effluent disposal method less desirable. Finally, the interest in and availability of reuse opportunities has resulted in WUS’ commitment to expand the treatment capacity by using a more advanced biological treatment system in order to comply with the surface water discharge outfall limits and provide a future source of irrigation water for the existing Ballantrae Golf Course.

The project location is indicated in Figure 1.

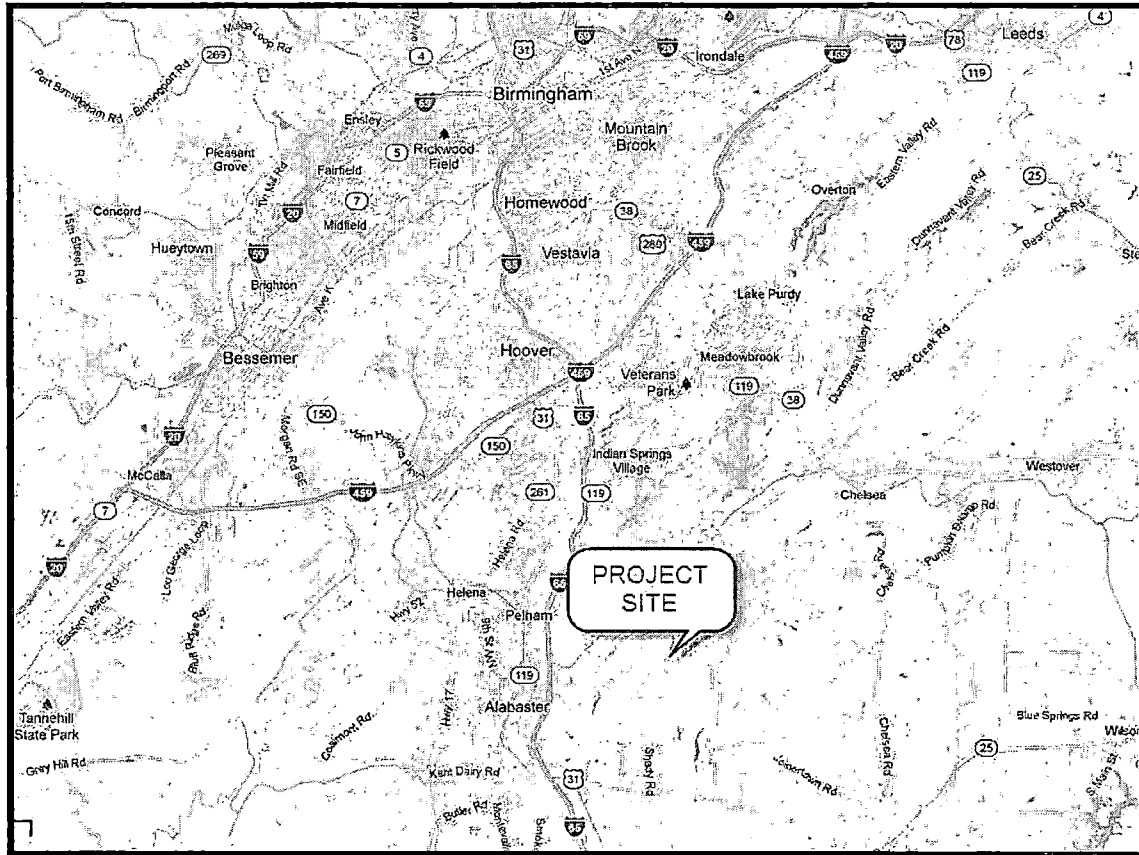


Figure 1: Project Vicinity Map\*

\*from Google Maps copyright 2020 Google

The proposed wastewater treatment system will provide tertiary treatment prior to discharging to Yellowleaf Creek, a tributary of the Coosa River. Along with this reach of the Coosa River, the downstream stretch of Yellowleaf Creek (in Chilton County) is included in the Section 303(d) list of impaired waters for siltation.

The proposed system is designed to provide high quality water suitable for reuse. The proposed system will include treatment using a sequencing batch reactor process followed by chemical precipitation, filtration and disinfection. This high quality effluent will be available for irrigation of the golf course located within the development in the future.

In accordance with 40 CFR 131.12 and the Alabama Department of Environmental Management Administrative Code, Section 335-6-10-.04 for anti-degradation, the following report for the Weatherly Water Reclamation System is hereby submitted to ADEM for comment and approval.

## 2.0 ANTI-DEGRADATION EVALUATION

- A. What environmental or public health problem will the discharger be correcting?  
*This facility will provide centralized treatment of wastewater for an existing residential development and other potential developments in the surrounding area and eliminate the need for individual septic tanks and disposal fields, which are problematic and unregulated. This system will be engineered to protect the water quality and habitat in the area and provide reuse quality effluent.*
- B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?  
*This facility will need additional support personnel and operator attention. The facility will also require the services of others for subsequent maintenance and repair work. Construction of the upgraded facility will employ the services of various craftsmen from different trades. In addition, the growth in the area will support local businesses and retail shops in the City of Pelham.*
- C. How much reduction in employment will the discharger be avoiding?  
*This facility will only enhance opportunity for employment.*
- D. How much additional state or local taxes will the discharger be paying?  
*The Permittee will pay Corporate Income Tax to the State. The Permittee will also be paying an increasing amount of utility tax to the City of Pelham proportional to the increasing number of customers served by expanding the facilities. Other taxes such as sales tax on new businesses can be attributed to the installation of the proposed wastewater system, but the amount is unknown.*
- E. What public service to the community will the discharger be providing?  
*This project will support additional growth in the development which help attract new businesses and improve the quality of life of the local residents. The facility will provide centralized wastewater treatment under highly restrictive discharge requirements.*
- F. What economic or social benefit will the discharger be providing to the community?  
*This facility will provide sanitary sewerage service and related benefits to this development and will be sized to accommodate the total build-out (approximately 3500 homes). This facility will provide additional revenue and taxes for the local economy and greater employment opportunities. More commercial developments will be attracted to the area as the residential community grows.*

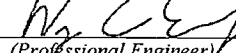
### 3.0 ALTERNATIVES ANALYSIS

*Applicant/Project: Weatherly Water Reclamation System – Site 2*

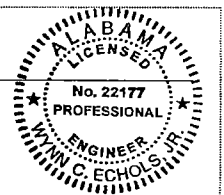
All new or expanded discharges (except discharges eligible for coverage under general permits) covered by the NPDES permitting program are subject to the provisions of the antidegradation policy. Applicants for such discharges to Tier 2 waters are required to demonstrate " . . . that the proposed discharge 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, to include calculation of 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	See 4.01
2 Pretreatment/Discharge to POTW		X	See 4.02
3 Relocation of Discharge		X	See 4.03
4 Reuse/Recycle		X	See 4.04
5 Process/Treatment Alternatives	X		See 4.05
6 On-site/Sub-surface Disposal		X	See 4.06

*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.*

Signature:   
(Professional Engineer)

Date: May 18, 2020





**4.0 ADEM FORM 313**

**4.01 ALTERNATIVE 1:**

**EXTENDED AERATION WWTP DISCHARGE TO LAND APPLICATION**

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

Capital Costs to be Financed (Supplied by applicant)	<u>\$ 7,276,000 (1)</u>
Interest rate for Financing (Expressed as a decimal)	<u>0.06 (i)</u>
Time Period of Financing (Assume 10 years*)	<u>10 years (n)</u>
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.136 (2)</u>
Annualized Capital Cost [Calculate: (1) x (2) ]	<u>\$ 989,604 (3)</u>
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	<u>\$ 320,250 (4)</u>
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	<b><span style="border: 1px solid black; padding: 5px;">\$ 1,309,854 (5)</span></b>

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

\*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

**4.02 ALTERNATIVE 2:**

**PRETREATMENT/DISCHARGE TO POTW (CONNECT TO CITY OF ALABASTER SEWER SYSTEM)**

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

Capital Costs to be Financed (Supplied by applicant)	<u>\$ 6,588,750 (1)</u>
Interest rate for Financing (Expressed as a decimal)	<u>0.06 (i)</u>
Time Period of Financing (Assume 10 years*)	<u>10 years (n)</u>
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.136 (2)</u>
Annualized Capital Cost [Calculate: (1) x (2) ]	<u>\$ 896,070 (3)</u>
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	<u>\$ 38,325 (4)</u>
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	<b><span style="border: 1px solid black; padding: 2px;">\$ 934,395 (5)</span></b>

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

\*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

**4.03 ALTERNATIVE 3:**

**RELOCATION OF DISCHARGE (TO CAHABA RIVER WATERSHED)**

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

Capital Costs to be Financed (Supplied by applicant)	<u>\$ 4,987,500 (1)</u>
Interest rate for Financing (Expressed as a decimal)	<u>0.06 (i)</u>
Time Period of Financing (Assume 10 years*)	<u>10 years (n)</u>
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.136 (2)</u>
Annualized Capital Cost [Calculate: (1) x (2) ]	<u>\$ 678,300 (3)</u>
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	<u>\$ 343,875 (4)</u>
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	<b><span style="border: 1px solid black; padding: 2px;">\$ 1,022,175 (5)</span></b>

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

\*\* For recurring costs that occur less frequently than once a year, pro-rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

**4.04 ALTERNATIVE 4:**

**REUSE/RECYCLE (OFF-SITE PUBLIC ACCESS & RESTRICTED ACCESS PROJECT)**

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

Capital Costs to be Financed (Supplied by applicant)	<u>\$ 4,399,500 (1)</u>
Interest rate for Financing (Expressed as a decimal)	<u>0.06 (i)</u>
Time Period of Financing (Assume 10 years*)	<u>10 years (n)</u>
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.136 (2)</u>
Annualized Capital Cost [Calculate: (1) x (2) ]	<u>\$ 598,332 (3)</u>
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	<u>\$ 272,475 (4)</u>
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	<b><u>\$ 870,807 (5)</u></b>

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

\*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

**4.05 ALTERNATIVE 5:**

**PROCESS/TREATMENT ALTERNATIVES (ADVANCED TREATMENT +  
SURFACE WATER DISCHARGE TO YELLOWLEAF CREEK  
OUTFALLS 0041, 0042)**

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

Capital Costs to be Financed (Supplied by applicant)	<u>\$ 3,710,000 (1)</u>
Interest rate for Financing (Expressed as a decimal)	<u>0.06 (i)</u>
Time Period of Financing (Assume 10 years*)	<u>10 years (n)</u>
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.136 (2)</u>
Annualized Capital Cost [Calculate: (1) x (2) ]	<u>\$ 504,560 (3)</u>
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	<u>\$ 251,000 (4)</u>
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	<b><span style="border: 1px solid black; padding: 2px;"><u>\$ 755,560 (5)</u></span></b>

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

\*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

**4.06 ALTERNATIVE 6:**

**ON-SITE/SUB-SURFACE DISPOSAL (AT SAME SITE AS LAND APPLICATION DISPOSAL)**

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

Capital Costs to be Financed (Supplied by applicant)	<u>\$ 8,305,500 (1)</u>
Interest rate for Financing (Expressed as a decimal)	<u>0.06 (i)</u>
Time Period of Financing (Assume 10 years*)	<u>10 years (n)</u>
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.136 (2)</u>
Annualized Capital Cost [Calculate: (1) x (2) ]	<u>\$ 1,129,548 (3)</u>
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	<u>\$ 322,980.00 (4)</u>
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	<b><span style="border: 1px solid black; padding: 2px;">\$ 1,452,528 (5)</span></b>

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

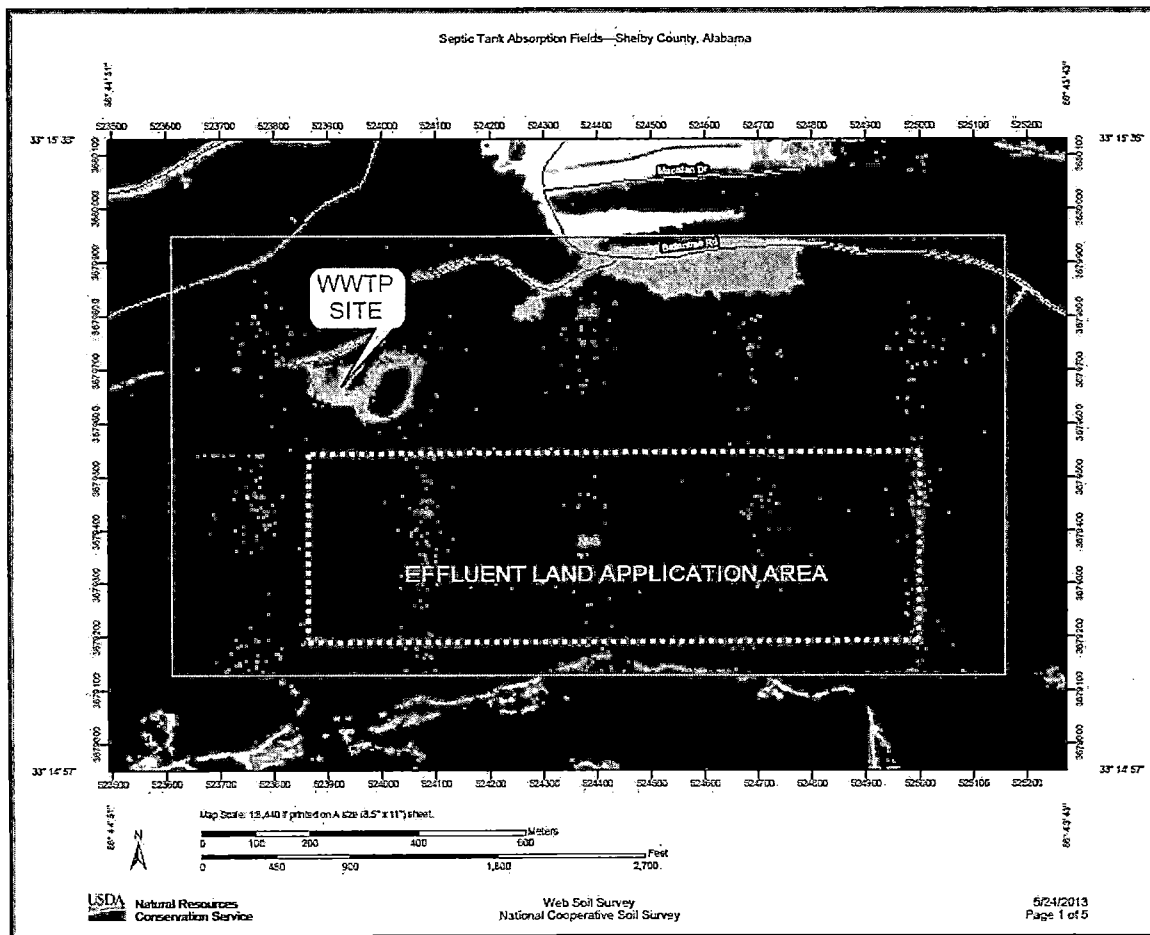
\*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

## 5.0 SUMMARY

The analysis of alternatives was based on several assumptions. We will discuss the methodology and assumptions which went into the cost analysis for each alternative in this section.

Option 4.01 Land Application was considered for this project. Land application is currently used for the WUS wastewater treatment system and will continue to be an option for a portion of the flow. The use of additional land set aside for expansion is possible; however, the steep topography, high depth to rock (and surface rock) and numerous drainage features will make installation more complicated and expensive. Also, the operation of the more remote disposal areas will be difficult to access and monitor.

The soils in this area were evaluated and primarily consist of the following general classifications (excerpted from the Web Soil Survey of Shelby County by the Natural Resources Conservation Service, <http://websoilsurvey.nrcs.usda.gov/app/>):



The soil survey indicates that 100% of the area of interest is classified as very limited (red shading) for septic tank absorption fields which would be applicable to a land application system. This rating is generally a result of the topography in this area. The following describes the predominant soils series in this area in greater detail:

Septic Tank Absorption Fields— Summary by Map Unit — Shelby County, Alabama (AL117)						
Map unit symbol	Map unit name	Rating	Component name (percent)	Rating reasons (numeric values)	Acres in AOI	Percent of AOI
NcE	Nauvoo-Sunlight complex, 15 to 25 percent slopes	Very limited	Nauvoo (60%)	Slope (1.00)	122.1	38.9%
				Depth to bedrock (0.86)		
				Slow water movement (0.50)		
			Sunlight (30%)	Depth to bedrock (1.00)		
				Slope (0.63)		
			Bibb (1%)	Flooding (1.00)		
Depth to saturated zone (1.00)						
Slow water movement (0.50)						
NMS	Nella-Mountainburg association, steep	Very limited	Nella (50%)	Slope (1.00)	192.1	61.1%
				Slow water movement (0.50)		
			Mountainburg (20%)	Depth to bedrock (1.00)		
				Slope (1.00)		
				Seepage, bottom layer (1.00)		
			Bibb (1%)	Flooding (1.00)		
				Depth to saturated zone (1.00)		
				Slow water movement (0.50)		
<b>Totals for Area of Interest</b>					<b>314.2</b>	<b>100.0%</b>

The review of published soil data indicates the soils are very limited for conventional on-site systems or land application. The existing spray irrigation system was installed in the milder sloping terrain and was placed to avoid the areas with surface rock; however, further expansion will require more expensive installation techniques because of the site limitations. Because of these limitations, the land requirements and related associated costs were based on a more conservative application rate.

The option of pretreatment and discharge to a POTW (Part 4.02) was considered as part of this analysis. The nearest POTW is owned by the City of Alabaster. The nearest accessible connection point is a manhole that is approximately 16,000 feet to the west of the



development towards I-65. The force main would need to traverse through fully developed areas with tight public rights-of-way which make this installation relatively expensive. In addition, significant improvements would be required within the Alabaster sewer system to accommodate the additional flow. The anticipated impact fees have been included in the cost estimate for this option.

The option of discharging treated wastewater at another location (such as direct discharge to a tributary of the Cahaba River) is included as Part 4.03. The discharge could be relocated to another watershed by pumping over the mountain that dissects the development. This portion of the development is served by the Alabaster sewer system that is located within the Cahaba River watershed. The outfall proposed for this option would still be located within an area identified in the EPA Section 303(d) list for impairment. In addition to impairment for siltation, the Cahaba River has been listed for impairment due to excessive nutrients. Because this relocated outfall would still be located within an impaired reach, we have assumed that the effluent quality would need to meet tertiary treatment standards. Additional measures would also be required to meet the stringent total phosphorus limits placed on dischargers located within the Cahaba River basin.

In addition to the treatment costs, there would be additional costs related to an outfall force main. The cost of this option is significantly higher than the proposed alternative. Further, the most direct access route to a tributary of the Cahaba River would require crossing into the City of Alabaster sewer service area which could create jurisdictional and political obstacles which could delay construction.

The option of reuse/recycle (Part 4.04) is proposed for the WUS system. The contemplated treatment system for WUS will produce a very high quality effluent suitable for reuse. WUS believes that the water should be used for irrigation of the golf course. A new effluent discharge line would connect to the existing irrigation system for this purpose; approximately 25% of the discharge line to the golf course irrigation pump station in the developed Ballantrae subdivision has already been installed. The golf course has expressed an interest in using the reclaimed water because of the impact the irrigation has had on the lake water level during past droughts. The application of the irrigation water can take place during the night or early morning hours when golfers are not on the course. The water will be highly treated, disinfected and applied at control dosing rates. Further, the irrigation can be controlled such that the application will not create any run-off or discharge during rain events. This type of system and operation strategy has been successfully employed at the Liberty Park subdivision which is also operated by the same Operations Company (SouthWest Water Company) that will be managing this facility.

In this option we have included the additional cost of connecting to the existing irrigation system. Additional measures (such as a pressure reducing backflow preventer) and more sophisticated controls are anticipated. Having other routes for the discharge of treated effluent (either existing spray fields or surface water discharge) will allow for greater flexibility and alternate disposal means during wet periods and non-growing months when irrigation water is not needed.

Alternative 4.05 Process/Treatment Alternatives represents advanced treatment and surface discharge to the South Fork of Yellowleaf Creek. This would apply to Outfalls 0041 and 0042. This option is proposed in conjunction with Alternative 4.04 as described above. The cost projection for this alternative does not include the additional features, functionality and controls included in Alternative 4.04; although WUS would propose a combination of both alternatives. The treatment costs are identical with both options as essentially the same water quality will be required. The treatment scheme suggested for this option is a conventional activated sludge plant followed by advanced chemical precipitation, filtration and disinfection.

The treatment system will be a biological waste treatment plant(s) that consists of six (6) basic parts:

1. Headworks (Fine Screening) and Flow Diversion
2. Sequencing Batch Reactors configured for Biological Nutrient Removal
3. Chemical Feed Facilities
4. Tertiary Filters
5. Disinfection
6. Solids Digestion and Dewatering

The purpose of the fine screening unit is to remove inert material that would take up volume in the biological process and potentially foul or wear downstream equipment. This structure will also include components which will distribute the waste flow between the existing wastewater treatment facilities and the new SBR facility. The spray irrigation system will continue to be in use so that all outfalls could be utilized in the future. The intent of this operating scheme is greater flexibility, redundancy and the ability to optimize the different effluent disposal options depending on the weather or water quality.

The wastewater system will be designed for biological nutrient removal in anticipation of total phosphorous limits. The biological process will include controls which could create both anaerobic and anoxic conditions for nutrient removal. SBR's are timer/cycle based and can be re-programmed to accommodate changing water quality standards or peak flow conditions. Chemical precipitation and filtration will be required to meet the expected stringent treatment limits. Adequate redundancy and emergency stand-by capabilities will be included in the design.

The influent and effluent values listed in Table 1 are the anticipated design conditions for the Weatherly Water Reclamation Plant – Site 2. The effluent quality expected at the discharge of the proposed treatment plant will be consistent with other treatment plants that are currently permitted to discharge in the Cahaba River watershed.

Anticipated values for influent and effluent wastewater characteristics are provided in Table 1 (following page).

Flow Characteristic	Influent	Effluent
Average Daily Flow @ Build-out (MGD)	0.8	0.8
5 Day Biochemical Oxygen Demand (mg/l)	250	< 5
Total Suspended Solids (mg/l)	250	< 15
Ammonia Nitrogen (mg/l)	25	< 1.5
Total Kjeldahl Nitrogen (mg/l)	40	< 3
Nitrate (mg/l)	0	< 10
Nitrite (mg/l)	0	< 1
Total Nitrogen (mg/l)	40	< 15
Total Phosphorous (mg/l)	8 to 10	2.0
Chloride (mg/l)	<75	< 75
Sodium Adsorption Ratio	N/A	3 to 6
Electrical Conductivity (mho/cm)	N/A	0.7
Metals/Priority Pollutants*	N/A	N/A

\* This system will not receive any industrial wastewater or process water; therefore this information is not applicable.

Alternatives 4.04 reuse/recycle and 4.05 Process/Treatment have been selected as the best option for this system. This system will be similar in design to the Liberty Park WWTP which has multiple means for effluent disposal including an outfall to the golf course and an outfall to a tributary to the Cahaba River. The proposed system will feature an activated sludge process with biological nutrient removal capabilities (using sequencing batch reactors). Chemical addition and tertiary filtration will be provided to enhance total phosphorous reduction and provide a physical barrier for solids capture. In addition, process redundancy and emergency stand-by power will be components of the new system.

EPA Identification Number

NPDES Permit Number  
AL0076520Facility Name  
Weatherly Utility Services - Site 2Form Approved 03/05/19  
OMB No. 2040-0004Form  
2F  
NPDESU.S Environmental Protection Agency  
Application for NPDES Permit to Discharge Wastewater

## STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

## SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

1.1

Provide information on each of the facility's outfalls in the table below

Outfall Location

Outfall Number	Receiving Water Name	Latitude	Longitude
002S	UT to S Fork Yellowleaf Crk	33° 15' 23.9" N	-86° 44' 33.7" W
006U	South Fork Yellowleaf Crk	33° 15' 30.02" N	-86° 44' 44.7" W
003D	UT to S Fork Yellowleaf Crk	33° 15' 24.6" N	-86° 44' 35.4" W
		° ' "	° ' "
		° ' "	° ' "
		° ' "	° ' "

## SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

2.1

Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

 Yes No → SKIP to Section 3.

2.2

Briefly identify each applicable project in the table below.

Improvements

Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

2.3

Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)

 Yes No

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

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

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

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.			
		<b>Outfall Number</b>	<b>Impervious Surface Area</b> (within a mile radius of the facility)	<b>Total Surface Area Drained</b> (within a mile radius of the facility)	
		002S	0	<i>specify units</i>	Approx. 300 <i>specify units</i> Acres
		003D	0	<i>specify units</i>	Approx. 300 <i>specify units</i> Acres
		003U	0	<i>specify units</i>	Approx. 100 <i>specify units</i> Acres
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
		4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)		
		None			
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)			
		<b>Stormwater Treatment</b>			
		<b>Outfall Number</b>	<b>Control Measures and Treatment</b>	<b>Codes from Exhibit 2F-1 (list)</b>	
		002S	This outfall is downstream from proposed outfall 0012 and 0013 and existing vegetated spr	3-A, 3-D, 3-	
		003D	This outfall is downstream from proposed outfall 0012 and 0013 and existing vegetated spr	3-A, 3-D, 3-	
		003U	This outfall is in an undisturbed wooded location.	3-A, 3-D, 3-	

**SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))**

Non-Stormwater Discharges	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.		
		Name (print or type first and last name)	Official title	
		Ed Becker	Member	
		Signature	Date signed	
		<i>Edward R Becker</i>	May 18, 2020	
	5.2	Provide the testing information requested in the table below.		
		<b>Outfall Number</b>	<b>Description of Testing Method Used</b>	<b>Date(s) of Testing</b>

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

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

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

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

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Weatherly Utility Services - Site 2

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

EPA Identification Number

NPDES Permit Number

Facility Name

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Discharge Information Continued

**Used or Manufactured Toxics**

7.18 Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?

 Yes No → SKIP to Section 8.

7.19 List the pollutants below, including TCDD if applicable.

1.	4.	7.
2.	5.	8.
3.	6.	9.

**SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))**

Biological Toxicity Testing Data

8.1 Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

 Yes No → SKIP to Section 9.

8.2 Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?		Date Submitted
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))**

Contract Analysis Information

9.1 Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?

 Yes No → SKIP to Section 10.

9.2 Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm			
Laboratory address			
Phone number			
Pollutant(s) analyzed			



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


Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
<input type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 7	<input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
<input type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**

*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.*

Name (print or type first and last name)	Official title
Ed Becker	Member
Signature	Date signed
	5/1/20

EPA Identification Number	NPDES Permit Number AL0076520	Facility Name Weatherly Utility Services - Site 2	Outfall Number
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**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

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

<sup>1</sup> 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 C: TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))**

List each pollutant shown in Exhibits 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

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

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EPA Identification Number	NPDES Permit Number AL0076520	Facility name Weatherly Utility Services - Site 2	Outfall Number
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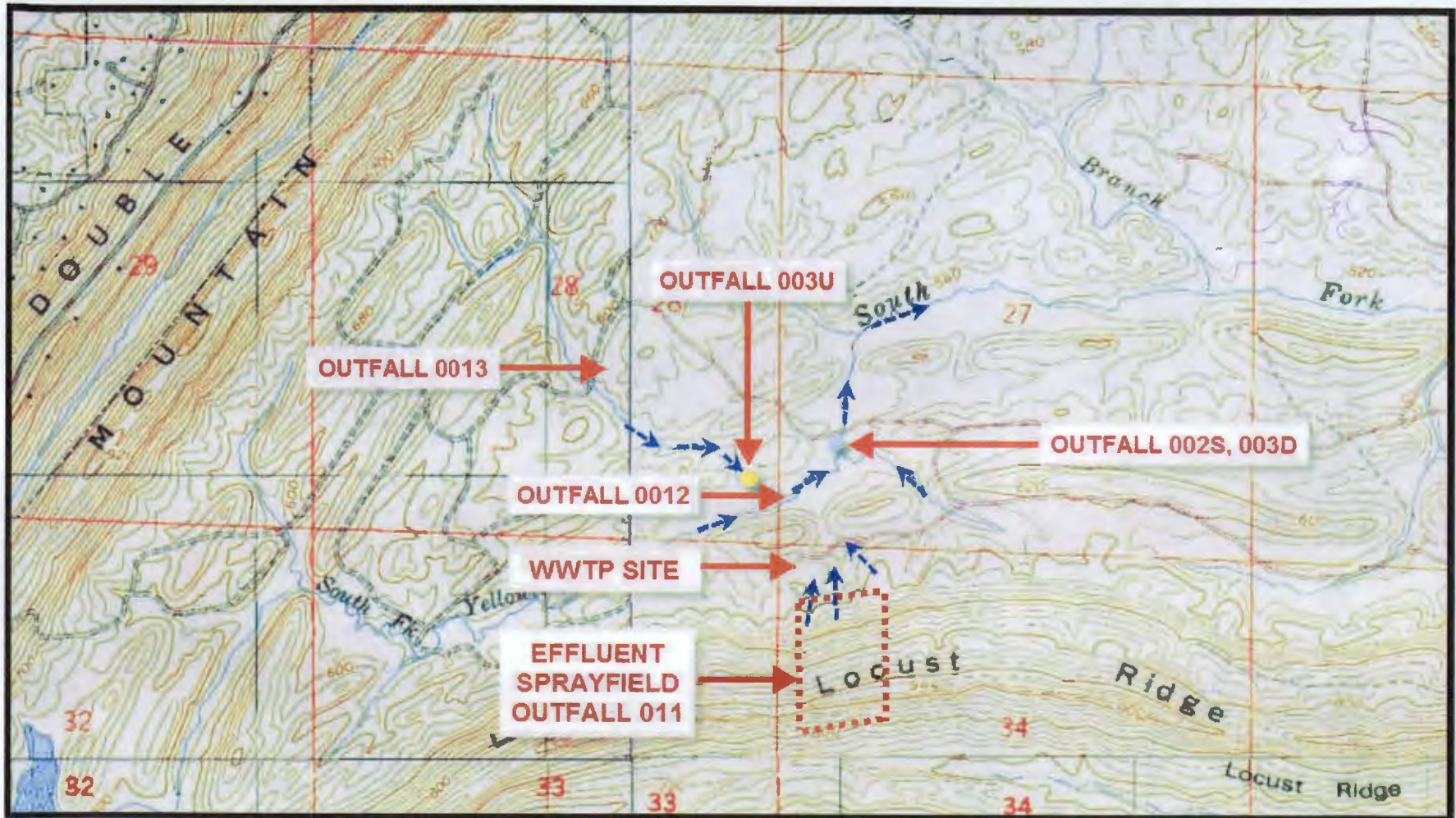
**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

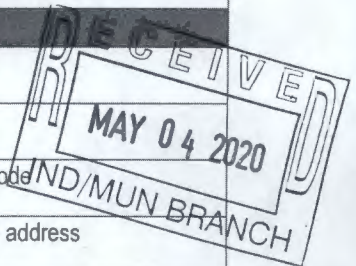
Provide a description of the method of flow measurement or estimate.





WEATHERLY UTILITY SERVICES – SITE #2  
 TOPO MAP FOR SURFACE STREAM MONITORING  
 NPDES PERMIT #AL0076520  
 PELHAM, SHELBY COUNTY, ALABAMA

EPA Identification Number		NPDES Permit Number AL0076520		Facility Name Weatherly Utility Services-Site 2		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2S NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit for Sewage Sludge Management</b> <b>NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE</b>					
<b>PRELIMINARY INFORMATION</b>							
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).							
<b>PART 1</b>		<b>LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))</b>					
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).							
<b>PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))</b>							
<b>Facility Information</b>	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		<b>Ownership Status</b>				
		<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) _____				
<b>PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))</b>							
<b>Applicant Information</b>	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)			
<b>PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))</b>							
<b>Sewage Sludge Amount</b>	3.1		Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:				
					<b>Practice</b>	<b>Dry Metric Tons per 365-Day Period</b>	
	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.			
	<b>Facility Information</b>			
	1.1	Facility name Weatherly Utility Service - Site 2		
		Mailing address (street or P.O. box) 728 Volare Drive		
		City or town Pelham	State Alabama	ZIP code 35244
				Phone number (205) 987-8352
		Contact name (first and last) Ed Becker	Title Member	Email address ebecker@swwc.com
		Location address (street, route number, or other specific identifier) Ballantrae Muir Drive		<input type="checkbox"/> Same as mailing address
		City or town Pelham	State Alabama	ZIP code 35124
	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	0.2 million gallons per day (mgd)	
	1.4	Total Population Served	1700	
	1.5	<b>Ownership Status</b>		
		<input type="checkbox"/> Public—federal	<input type="checkbox"/> Public—state	<input type="checkbox"/> Other public (specify) _____
		<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Other (specify) _____	
<b>Applicant Information</b>				
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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Both			
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)			

EPA Identification Number	NPDES Permit Number AL0076520	Facility Name Weatherly Utility Services-Site 2	Form Approved 03/05/19 OMB No. 2040-0004		
<b>PART 2</b>		<b>PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))</b>			
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.					
<b>PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))</b>					
General Information	All Part 2 applicants must complete this section.				
	<b>Facility Information</b>				
	1.1	Facility name Weatherly Utility Service - Site 2			
		Mailing address (street or P.O. box) 728 Volare Drive			
		City or town Birmingham	State Alabama	ZIP code 35244	Phone number (205) 987-8352
		Contact name (first and last) Ed Becker	Title Member	Email address ebecker@swwc.com	
		Location address (street, route number, or other specific identifier) Ballantrae Muir Drive			<input type="checkbox"/> Same as mailing address
		City or town Pelham	State Alabama	ZIP code 35124	
	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	0.8 million gallons per day (mgd)		
	1.4	Total Population Served	1700		
	1.5	<b>Ownership Status</b>			
		<input type="checkbox"/> Public—federal	<input type="checkbox"/> Public—state	<input type="checkbox"/> Other public (specify) _____	
		<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Other (specify) _____		
	<b>Applicant Information</b>				
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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Both				
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)				

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1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.		AL0076520	
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.			
	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> UIC (underground injection of fluids)		
<b>Indian Country</b>				
1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.			
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.			
<b>Topographic Map</b>				
1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Line Drawing</b>				
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Contractor Information</b>				
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.			
1.17	Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	Contractor company name	SWWC Services, LLC		
	Mailing address (street or P.O. box)	728 Volare Drive		
	City, state, and ZIP code	Pelham, AL 35244		
	Contact name (first and last)	Ed Becker		
	Telephone number	(205) 987-8352		
	Email address	ebecker@swwc.com		

1.17 cont.		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	Responsibilities of contractor	Contract Operations, Provide Operator		

**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	NA		
	Cadmium	NA		
	Chromium	NA		
	Copper	NA		
	Lead	NA		
	Mercury	NA		
	Molybdenum	NA		
	Nickel	NA		
	Selenium	NA		
	Zinc	NA		

**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 checked="" 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 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.*

Name (print or type first and last name) Ed Becker	Official title Member
Signature <i>Edwards R Becker</i>	Date signed May 18, 2020
Telephone number (205) 987-8352	

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.

General Information Continued

**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.		
	<b>Amount Generated Onsite</b>			
	2.2	Total dry metric tons per 365-day period generated at your facility:		13.2
	<b>Amount Received from Off Site Facility</b>			
	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.			
<b>Amount (dry metric tons)</b>		<b>Pathogen Class and Reduction Alternative</b>	<b>Vector Attraction Reduction Option</b>	
		<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 checked="" type="checkbox"/> Anaerobic digestion		
<input type="checkbox"/> Composting		<input type="checkbox"/> Conditioning		
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)		<input checked="" type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)		
<input type="checkbox"/> Heat drying		<input type="checkbox"/> Thermal reduction		
<input type="checkbox"/> Methane or biogas capture and recovery		<input type="checkbox"/> Other (specify) _____		

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Weatherly Utility Services-Site 2

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

**Treatment Provided at Your Facility**

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

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

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

<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input 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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Weatherly Utility Services-Site 2

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

Sale or Give-Away in a Bag or Other Container for Application to the Land			
2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.	
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:		
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.	<input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.	
<input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.			
Shipment Off Site for Treatment or Blending			
2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.	
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility.	1	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.
2.19	Name of receiving facility Village Creek WWTP		
	Mailing address (street or P.O. box) 1440 Pleasant Hill Road		
	City or town Birmingham	State AL	ZIP code 35224
	Contact name (first and last) Daniel White	Title Assistant Director	Phone number (205) 942-0681
	Location address (street, route number, or other specific identifier) 716 Richard Arrington Blvd N. Suite A 300		<input checked="" type="checkbox"/> Same as mailing address
	City or town Birmingham	State AL	ZIP code 35203
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:		13.2
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.	
2.22	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.		
	<b>Pathogen Class and Reduction Alternative</b>	<b>Vector Attraction Reduction Option</b>	
	<input checked="" 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 checked="" 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	

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Weatherly Utility Services-Site 2

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 checked="" 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 checked="" 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 checked="" 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 checked="" 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.
<b>Land Application of Bulk Sewage Sludge</b>	
2.27	Is sewage sludge from your facility applied to the land?
<input type="checkbox"/>	Yes
<input checked="" 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.
<b>Surface Disposal</b>	
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:						
	<b>Incineration</b>							
	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:							
<b>Disposal in a Municipal Solid Waste Landfill</b>								
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.)					1		
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.							

EPA Identification Number		NPDES Permit Number AL0076520		Facility Name Weatherly Utility Services-Site 2		Form Approved 03/05/19 OMB No. 2040-0004		
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:				23.5		
	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							

EPA Identification Number	NPDES Permit Number AL0076520	Facility Name Weatherly Utility Services-Site 2	Form Approved 03/05/19 OMB No. 2040-0004		
<b>PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))</b>					
Land Application of Bulk Sewage Sludge	3.1	Does your facility apply sewage sludge to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4.			
	3.2	Do any of the following conditions apply? <ul style="list-style-type: none"> <li>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);</li> <li>The sewage sludge is sold or given away in a bag or other container for application to the land; or</li> <li>You provide the sewage sludge to another facility for treatment or blending.</li> </ul> <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input type="checkbox"/> No			
	3.3	Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.			
	<b>Identification of Land Application Site</b>				
	3.4	Site name or number			
		Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
		County		County code	<input type="checkbox"/> Not available
		City or town	State	ZIP code	
	<b>Latitude/Longitude of Land Application Site (see instructions)</b>				
		<b>Latitude</b>		<b>Longitude</b>	
		° ' "		° ' "	
	<b>Method of Determination</b>				
		<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____			
	3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate you have attached a topographic map for this site.			
	<b>Owner Information</b>				
3.6	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input type="checkbox"/> No				
3.7	Owner name				
	Mailing address (street or P.O. box)				
	City or town		State	ZIP code	
	Contact name (first and last)	Title	Phone number	Email address	
<b>Applier Information</b>					
3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input type="checkbox"/> No				
3.9	Applier's name				
	Mailing address (street or P.O. box)				
	City or town		State	ZIP code	
	Contact name (first and last)	Title	Phone number	Email address	

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Weatherly Utility Services-Site 2

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?

Yes  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.)

Option 9 (injection below land surface)  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.

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)?

Yes  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?

Yes  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?

Yes  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.

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.		
	<b>Information on Active Sewage Sludge Units</b>			
	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
		<b>Latitude/Longitude of Active Sewage Sludge Unit (see instructions)</b>		
		Latitude		Longitude
		<b>Method of Determination</b>		
		<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 $1 \times 10^{-7}$ 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.						
	<b>Sewage Sludge from Other Facilities</b>							
	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.							
	<b>Pathogen Class and Reduction Alternative</b>			<b>Vector Attraction Reduction Option</b>				
	<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) _____				





AL0076520

Weatherly Utility Services-Site 2

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

<b>Incinerator Information</b>	
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
<b>Latitude/Longitude of Incinerator (see instructions)</b>	
	<b>Latitude</b>
	<b>Longitude</b>
	° ' "
	° ' "
<b>Method of Determination</b>	
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____
<b>Amount Fired</b>	
5.4	Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:
<b>Beryllium NESHAP</b>	
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.
<b>Mercury NESHAP</b>	
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.

Incineration

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

Incineration Continued

Incineration Continued

**Performance Test Operating Parameters**

5.29	Maximum performance test combustion temperature:	
5.30	Performance test sewage sludge feed rate, in dry metric tons/day	
5.31	Indicate whether value submitted in Item 5.30 is (check only one response): <input type="checkbox"/> Average use <input type="checkbox"/> Maximum design	
5.32	Attach supporting documents describing how the feed rate was calculated. <input type="checkbox"/> Check here to indicate that you have attached this information.	
5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. <input type="checkbox"/> Check here to indicate that you have attached this information.	

**Monitoring Equipment**

5.34	List the equipment in place to monitor the listed parameters.	
Parameter		Equipment in Place for Monitoring
Total hydrocarbons or carbon monoxide		
Percent oxygen		
Percent moisture		
Combustion temperature		
Other (describe)		

**Air Pollution Control Equipment**

5.35	List all air pollution control equipment used with this sewage sludge incinerator. <input type="checkbox"/> Check here if you have attached the list to the application package for the noted incinerator.
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**END of PART 2**

Submit completed application package to your NPDES permitting authority.