LANCE R. LEFLEUR
DIRECTOR

KAY IVEY
GOVERNOR

Alabama Department of Environmental Management
adem.alabama.gov

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Montgomery, Alabama 36130-1463
(334) 271-7700 ▪ FAX (334) 271-7950

FEB 07 2020

Mr. William R. Henderson, General Manager
Montgomery Water Works & Sanitary Sewer Board
Post Office Box 1631
Montgomery, AL 36102

RE: Draft Permit
NPDES Permit No. AL0022225
Econchate WWTP
Montgomery County, Alabama

Dear Mr. Henderson:

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 that you apply for 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 that you apply for participation in the Department's web-based electronic environmental (E2) reporting system for submittal of **SSOs** within 30 days of coverage under this permit unless valid justification as to why you cannot participate is submitted in writing. After issuance of the permit, SSO hotline notifications and hard copy Form 415 SSO reports may be used only with the written approval from the Department. The E2 Program allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at **https://e2.adem.alabama.gov/npdes** or you may obtain a hard copy by submitting a written request or by emailing e2admin@adem.alabama.gov.

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

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

Should you have any questions, please contact the undersigned by email at storbert@adem.alabama.gov or by phone at (334) 271-7800.

Sincerely,

Shanda Torbert
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)

Alabama Department of Environmental Management

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: MONTGOMERY WATER WORKS & SANITARY SEWER BOARD
POST OFFICE BOX 1631
MONTGOMERY, ALABAMA 36102

FACILITY LOCATION: ECONCHATE WWTP (21) MGD
2501 JACKSON FERRY ROAD
MONTGOMERY, ALABAMA
MONTGOMERY COUNTY

PERMIT NUMBER: AL0022225

RECEIVING WATERS: ALABAMA RIVER (WOODRUFF LAKE)

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

Alabama Department of Environmental Management

MUNICIPAL SECTION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT

TABLE OF CONTENTS

PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. Outfall 0011 Discharge Limits

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
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	2.0 mg/l	*****	*****	E	GRAB	B	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	B	*****
Solids, Total Suspended 00530 1 0 0	5254 lbs/day	7881 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	B	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	B	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	1751 lbs/day	2627 lbs/day	10.0 mg/l	15.0 mg/l	*****	*****	*****	E	COMP24	B	S
Nitrogen, Ammonia Total (As N) 00610 1 0 0	3502 lbs/day	5254 lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	B	W
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	3502 lbs/day	5254 lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	B	S
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	7005 lbs/day	10508 lbs/day	40.0 mg/l	60.0 mg/l	*****	*****	*****	E	COMP24	B	W
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 See Note 5	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G See Note 5	*****

* 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 - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:
S = Summer (May – October)
W = Winter (November- April)
ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

(5) If only one sampling event occurs during a month, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or the daily maximum.

Limits for Outfall 0011 continued on the next page.

2. Outfall 0011 Discharge Limits (continued)

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
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
Chlorine, Total Residual 50060 1 0 0	*****	*****	*****	*****	*****	1.0 mg/l	*****	E	GRAB See Note 5	B	*****
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	B	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	B	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	3853 lbs/day	5779 lbs/day	22.0 mg/l	33.0 mg/l	*****	*****	*****	E	COMP24	B	S
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	4378 lbs/day	6567 lbs/day	25.0 mg/l	37.5 mg/l	*****	*****	*****	E	COMP24	B	W
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	B	*****
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 - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:
S = Summer (May – October)
W = Winter (November- April)
ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

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

3. Outfall 001T Discharge Limits - Toxicity

Outfall 001T represents the same physical outfall as Outfall 0011. The Department uses the 001T designation for all samples and analyzed for Toxicity testing, 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
Toxicity, Ceriodaphnia Acute 61425 1 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****
Toxicity, Pimephales Acute 61427 1 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream

(2) Sample Type:
CONTIN - Continuous
INSTAN - Instantaneous
COMP-8 - 8-Hour Composite
COMP24 - 24-Hour Composite
GRAB – Grab
CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.
A - 7 days per week
B - 5 days per week
C - 3 days per week
D - 2 days per week
E - 1 day per week
F - 2 days per month
G - 1 day per month
H - 1 day per quarter
J - Annual
Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:
S = Summer (May – October)
W = Winter (November- April)
ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

4. Outfall 002S Discharge Limits - Storm Water

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 002S, 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) (5) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH 00400 SW 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	SW	FFGS	J	*****
Solids, Total Suspended 00530 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Oil & Grease 00556 SW 0 0	*****	*****	*****	*****	*****	15.0 mg/l	*****	SW	FFGS	J	*****
Nitrogen, Ammonia Total (As N) 00610 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Nitrogen, Kjeldahl Total (As N) 00625 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Phosphorus, Total (As P) 00665 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Flow, In Conduit or Thru Treatment Plant 50050 SW 0 0	*****	*****	*****	*****	*****	REPORT MGD	*****	SW	CALCTD See Note 6	J	*****
E. Coli 51040 SW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	SW	FFGS	J	*****
BOD, Carbonaceous 05 Day, 20C 80082 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****

* 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
SW – Storm Water

(2) Sample Type:
CONTIN - Continuous
INSTAN - Instantaneous
COMP-8 - 8-Hour Composite
COMP24 - 24-Hour Composite
GRAB – Grab
CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.
A - 7 days per week
B - 5 days per week
C - 3 days per week
D - 2 days per week
E - 1 day per week
F - 2 days per month
G - 1 day per month
H - 1 day per quarter
J - Annual
Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:
S = Summer (May – October)
W = Winter (November- April)
ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

(5) See Note Part IV.F.3.

(6) For all storm water parameters, samples shall be first flushed grab samples (FFGS) collected during the first 30 minutes of discharge.

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) on the forms approved by the Department and in accordance with the following schedule:

(1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.

(2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the 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.

(3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.

(4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.

c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. by utilizing the Department's web-based Electronic Environmental (E2) Reporting System.

(1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's E2 Reporting System (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.

If the E2 Reporting System is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the E2 Reporting System resuming operation, the permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date), if applicable.

(2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.

A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.

(3) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.

(4) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.

(5) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.

d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible

official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:

> **"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."**

e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

Alabama Department of Environmental Management
Environmental Data Section, Permits & Services Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

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

Alabama Department of Environmental Management
Environmental Data Section, Permits & Services Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400

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

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

Certified and Registered Mail shall be addressed to:

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

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

2. Noncompliance Notifications and Reports

a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:

(1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";

(2) Potentially threatens human health or welfare;

(3) Threatens fish or aquatic life;

(4) Causes an in-stream water quality criterion to be exceeded;

(5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);

(6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);

(7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A. as a result of an unanticipated bypass or upset; or

(8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state. (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision.)

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

b. If, for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.

c. Except for notifications and reports of notifiable SSOs which shall be submitted in accordance with the applicable Provisions of this permit, the Permittee shall submit the reports required under Provisions I.C.2.a. and b. to the Director or Designee on ADEM Form 421, available on the Department's website (http://www.adem.state.al.us/DeptForms/Form421.pdf). The completed Form must document the following information:

(1) A description of the discharge and cause of noncompliance;

(2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If the noncompliance is not corrected by the due date of the written report, then the Permittee shall provide an estimated date by which the noncompliance will be corrected; and

(3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge and to prevent its recurrence.

d. Immediate notification

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

e. The Department is utilizing a web-based electronic environmental (E2) reporting system for notification and submittal of SSO reports. **If the Permittee is not already participating in the E2 Reporting System for SSO reports, the Permittee must apply for participation in the system within 30 days of coverage under this permit unless the Permittee submits in writing valid justification as to why it cannot participate and the Department approves in writing utilization of verbal notifications and hard copy SSO report submittals.** Once the Permittee is enrolled in the E2 Reporting System for SSO reports, the Permittee must utilize the system for notification and submittal of all SSO reports unless otherwise allowed by this permit. The Permittee shall include in the SSO reports the information requested by ADEM Form 415. In addition, the Permittee shall include the latititude and longitude of the SSO in the report except when the SSO is a result of an extreme weather event (e.g., hurricane). To participate in the E2 Reporting System for SSO reports, the Permittee Participation Package may be downloaded online at **https://e2.adem.alabama.gov/npdes**. If the E2 Reporting System is down (i.e., electronic submittal of SSO data cannot be completed due to technical problems originating with the Department's system), the Permittee is not relieved of its obligation to notify the Department or submit SSO reports to the Department by the required submittal date, and the Permittee shall submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include verbal reports, reports submitted via the SSO hotline, or reports submitted via fax, e-mail, mail, or hand-delivery such that they are received by the required reporting date. Within five calendar days of the E2 Reporting System resuming operation, the Permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. For any alternate notification, records of the date, time, notification method, and person submitting the notification should be maintained by the Permittee. If a Permittee is allowed to submit SSO reports via an alternate method, the SSO report must be in a format approved by the Department and must be legible.

f. The Permittee shall maintain a record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall include this record in its Municipal Water Pollution Prevention (MWPP) Annual Reports, which shall be submitted to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The MWPP Annual Reports shall contain a list of all known wastewater discharge points that are not authorized as permitted outfalls and any discharges that occur prior to the headworks of the wastewater treatment plant covered by this permit. The Permittee shall also provide in the MWPP Annual Reports a list of any discharges reported during the applicable time period in accordance with Provision I.C.2.a. The Permittee shall include in its MWPP Annual Reports the following information for each known unpermitted discharge that occurred:

(1) The cause of the discharge;

(2) Date, duration and volume of discharge (estimate if unknown);

(3) Description of the source (e.g., manhole, lift station);

(4) Location of the discharge, by latitude and longitude (or other appropriate method as approved by the Department);

(5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody). Location should be shown on a USGS quad sheet or copy thereof; and

(6) Corrective actions taken and/or planned to eliminate future discharges.

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

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

2. Termination of Discharge

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

3. Updating Information

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

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

4. Duty to Provide Information

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

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

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

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

No later than 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 (BMP)

   a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.

   b. The Permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.

   c. The Permittee shall prepare, submit for approval and implement a BMP Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

3. Certified Operator

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

B. OTHER RESPONSIBILITIES

1. Duty to Mitigate Adverse Impacts

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

2. Right of Entry and Inspection

   The Permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:

   (1) Enter upon the Permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;

   (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits;

   (3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and

   (4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

C. BYPASS AND UPSET

1. Bypass

   a. Any bypass is prohibited except as provided in b. and c. below:

   b. A bypass is not prohibited if:

   (1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;

   (2) It enters the same receiving stream as the permitted outfall; and

   (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.

   c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:

   (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;

(2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and

(3) The Permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the Permittee is granted such authorization, and the Permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.

d. The Permittee has the burden of establishing that each of the conditions of Provision II. C. 1. b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.

2. Upset

a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:

(1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and

(2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:

(i) An upset occurred;

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

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

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

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

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

1. Duty to Comply

a. The Permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, for permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.

b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a Permittee in an enforcement action.

c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.

d. The Permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.

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

2. Removed Substances

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

3. Loss or Failure of Treatment Facilities

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the Permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I. A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the

primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the Permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

4. Compliance With Statutes and Rules

   a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.

   b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

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

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

   a. If the Permittee intends to continue to discharge beyond the expiration date of this permit, the Permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the Permittee does not intend to continue discharge beyond the expiration of this permit, the Permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.

   b. Failure of the Permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

2. Change in Discharge

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

3. Transfer of Permit

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

4. Permit Modification and Revocation

   a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:

      (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;

      (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or

      (3) If modification or revocation and reissuance is requested by the Permittee and cause exists, the Director may grant the request.

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

      (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;

(2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;

(3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;

(4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;

(5) Errors in calculation of discharge limitations or typographical or clerical errors were made;

(6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;

(7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;

(8) To agree with a granted variance under 30l(c), 30l(g), 30l(h), 30l(k), or 316(a) of the FWPCA or for fundamentally different factors;

(9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;

(10) When required by the reopener conditions in this permit;

(11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);

(12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;

(13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or

(14) When requested by the Permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules.

5. Termination

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

a. Violation of any term or condition of this permit;

b. The Permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the Permittee's misrepresentation of any relevant facts at any time;

c. Materially false or inaccurate statements or information in the permit application or the permit;

d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;

e. The Permittee's discharge threatens human life or welfare or the maintenance of water quality standards;

f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;

g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the Permittee; or

h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

6. Suspension

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

7. Stay

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

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

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

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

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

H. PROHIBITIONS

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

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

PART III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

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

2. False Statements

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

3. Permit Enforcement

   a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA, and as such, any terms, conditions, or limitations of the permit are enforceable under state and federal law.

   b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes:

      (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;

      (2) An action for damages;

      (3) An action for injunctive relief; or

      (4) An action for penalties.

   c. If the Permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the Permittee has made a timely and complete application for reissuance of the permit:

      (1) Initiate enforcement action based upon the permit which has been continued;

      (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;

      (3) Reissue the new permit with appropriate conditions; or

      (4) Take other actions authorized by these rules and AWPCA.

4. Relief from Liability

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

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

C. PROPERTY AND OTHER RIGHTS

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

D. AVAILABILITY OF REPORTS

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

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

1. If this permit was issued for a new discharger or new source, this permit shall expire eighteen months after the issuance date if construction of the facility has not begun during the eighteen-month period.

2. If this permit was issued or modified to allow the discharge of increased quantities of pollutants to accommodate the modification of an existing facility and if construction of this modification has not begun during the eighteen month period after issuance of this permit or permit modification, this permit shall be modified to reduce the quantities of pollutants allowed to be discharged to those levels that would have been allowed if the modification of the facility had not been planned.

3. Construction has begun when the owner or operator has:

   a. Begun, or caused to begin as part of a continuous on-site construction program:

      (1) Any placement, assembly, or installation of facilities or equipment; or

      (2) Significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which are necessary for the placement, assembly, or installation of new source facilities or equipment; or

   b. Entered into a binding contractual obligation for the purpose of placement, assembly, or installation of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under this paragraph.

4. Final plans and specifications for a waste treatment facility at a new source or new discharger, or a modification to an existing waste treatment facility must be submitted to and examined by the Department prior to initiating construction of such treatment facility by the Permittee.

5. Upon completion of construction of waste treatment facilities and prior to operation of such facilities, the Permittee shall submit to the Department a certification from a registered professional engineer, licensed to practice in the State of Alabama, that the treatment facilities have been built according to plans and specifications submitted to and examined by the Department.

F. COMPLIANCE WITH WATER QUALITY STANDARDS

1. On the basis of the Permittee's application, plans, or other available information, the Department has determined that compliance with the terms and conditions of this permit should assure compliance with the applicable water quality standards.

2. Compliance with permit terms and conditions notwithstanding, if the Permittee's discharge(s) from point sources identified in Provision I. A. of this permit cause or contribute to a condition in contravention of state water quality standards, the Department may require abatement action to be taken by the Permittee in emergency situations or modify the permit pursuant to the Department's Rules, or both.

3. If the Department determines, on the basis of a notice provided pursuant to this permit or any investigation, inspection or sampling, that a modification of this permit is necessary to assure maintenance of water quality standards or compliance with other provisions of the AWPCA or FWPCA, the Department may require such modification, and, in cases of emergency, the Director may prohibit the discharge until the permit has been modified.

G. GROUNDWATER

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

H. DEFINITIONS

1. Average monthly discharge limitation – means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).

2. Average weekly discharge limitation - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).

3. Arithmetic Mean – means the summation of the individual values of any set of values divided by the number of individual values.
4. AWPCA – means the Alabama Water Pollution Control Act.
5. BOD – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. Bypass – means the intentional diversion of waste streams from any portion of a treatment facility.
7. CBOD – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. Daily discharge – means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. Daily maximum – means the highest value of any individual sample result obtained during a day.
10. Daily minimum – means the lowest value of any individual sample result obtained during a day.
11. Day – means any consecutive 24-hour period.
12. Department – means the Alabama Department of Environmental Management.
13. Director – means the Director of the Department.
14. Discharge – means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. Discharge Monitoring Report (DMR) – means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. DO – means dissolved oxygen.
17. 8HC – means 8-hour composite sample, including any of the following:
    a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
    b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. EPA – means the United States Environmental Protection Agency.
19. FC – means the pollutant parameter fecal coliform.
20. Flow – means the total volume of discharge in a 24-hour period.
21. FWPCA – means the Federal Water Pollution Control Act.
22. Geometric Mean – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).
23. Grab Sample – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. Indirect Discharger – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. Industrial User – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category "Division D – Manufacturing" and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. MGD – means million gallons per day.
27. Monthly Average – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. New Discharger – means a person, owning or operating any building, structure, facility or installation:
    a. From which there is or may be a discharge of pollutants;
    b. From which the discharge of pollutants did not commence prior to August 13, 1979, and which is not a new source; and

c. Which has never received a final effective NPDES permit for dischargers at that site.

29. NH3-N – means the pollutant parameter ammonia, measured as nitrogen.

30. Notifiable sanitary sewer overflow – means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:

    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 – 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; or

    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 and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.

   b. Provisions of Provision IV.A. do not apply to:

      (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.

      (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.

2. Submitting Information

   a. If applicable, the Permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:

      (1) Type of sludge stabilization/digestion method;

      (2) Daily or annual sludge production (dry weight basis);

      (3) Ultimate sludge disposal practice(s).

   b. The Permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.

   c. The Permittee shall give prior notice to the Director of at least 30 days of any change planned in the Permittee's sludge disposal practices.

3. Reopener or Modification

   a. Upon review of information provided by the Permittee as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.

   b. If an applicable "acceptable management practice" or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit. This permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS – ACUTE DIFFUSER

1. Acute Toxicity Test

   a. The permittee shall perform 48-hour acute toxicity tests on the wastewater discharges required to be tested for acute toxicity by Part I of this permit.

   b. The samples shall be diluted using an appropriate control water, to the Instream Waste Concentration (IWC) which is **55 percent** effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 1-day, 10-year flow period.

   c. Any test where survival in the effluent concentration is less than 90% and statistically lower than the control indicates acute toxicity and constitutes noncompliance with this permit.

2. General Test Requirements:

   a. A 24-hour composite sample shall be obtained for use in above biomonitoring tests. The holding time for each sample shall not exceed 36 hours. The control water shall be a water prepared in the laboratory in accordance with the EPA procedure described in EPA 821-R-02-012 or most current edition or another control water selected by the permittee and approved by the Department.

   b. Effluent toxicity tests in which the control survival is less than 90% or in which the other requirements of the EPA Test Procedure are not met shall be unacceptable and the permittee shall rerun the tests as soon as practical within the monitoring period.

   c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are reported with an explanation of the tests performed and results.

d. Toxicity tests shall be conducted for the duration of this permit in the month of **OCTOBER**. Should results from the Annual Toxicity test indicate that Outfall 0011 exhibits acute toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of January, April, July, and October.

3. Reporting Requirements:

a. The permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).

b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in Section 2 and 7 shall be included with the DMR. Two copies of the test results must be submitted to the Department no later than 28 days after the month in which the tests were performed.

4. Additional Testing Requirements:

a. If acute toxicity is indicated (noncompliance with permit limit), the permittee shall perform four additional valid acute toxicity tests in accordance with these procedures to determine the extent and duration of the toxic condition. The toxicity tests shall be performed once per week and shall be performed during the first four calendar weeks following the date on which the permittee became aware of the permit noncompliance and the results of these tests shall be submitted no later than 28 days following the month in which the tests were performed.

b. After evaluation of the results of the follow-up tests, the Department will determine if additional action is appropriate and may require additional testing and/or toxicity reduction measures. The permittee may be required to perform a Toxicity Identification Evaluation (TIE) and/or a Toxicity Reduction Evaluation (TRE). The TIE/TRE shall be performed in accordance with the most recent protocols/guidance outlined by EPA (e.g., EPA/600/2-88/062, EPA/600/R-92/080, EPA/600/R-92/081, EPA/833/B-99/022 and/or EPA/600/6-91/005F, etc.).

5. Test Methods:

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

6. Effluent Toxicity Testing Reports

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

a. Introduction

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

b. Plant Operations

(1) Discharge operating schedule (if other than continuous)
(2) Volume of discharge during sample collection to include Mean daily discharge on sample collection date (MGD, CFS, GPM)
(3) Design flow of treatment facility at time of sampling

c. Source of Effluent and Dilution Water

(1) Effluent samples
  (a) Sampling point
  (b) Sample collection dates and times (to include composite sample start and finish times)
  (c) Sample collection method
  (d) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
  (e) Sample temperature when received at the laboratory

(f) Lapsed time from sample collection to delivery
(g) Lapsed time from sample collection to test intiation

(2) Dilution Water Samples
(a) Source
(b) Collection date(s) and time(s) (where applicable)
(c) Pretreatment
(d) Physical and chemical characteristics (pH, hardness, water temperature, alkalinity, specific conductance, etc.)

d. Test Conditions

(1) Toxicity test method utilized
(2) End point(s) of test
(3) Deviations from referenced method, if any, and reason(s)
(4) Date and time test started
(5) Date and time test terminated
(6) Type and volume of test chambers
(7) Volume of solution per chamber
(8) Number of organisms per test chamber
(9) Number of replicate test chambers per treatment
(10) Test temperature, pH and dissolved oxygen as recommended by the method (to include ranges)
(11) Feeding frequency, and amount and type of food
(12) Light intensity (mean)

e. Test Organisms

(1) Scientific name
(2) Life stage and age
(3) Source
(4) Disease treatment (if applicable)

f. Quality Assurance

(1) Reference toxicant utilized and source
(2) Date and time of most recent acute reference toxicant test(s), raw data, and current cusum chart(s)
(3) Dilution water utilized in reference toxicant test
(4) Results of reference toxicant test(s) (LC50, etc.), report concentration-response relationship and evaluate test sensitivity. The most recent reference toxicant test shall be conducted within 30-days of the routine.
(5) Physical and chemical methods utilized

g. Results

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

h. Conclusions and Recommendations

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

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

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "*9" or "NODI = 9" (if hard copy) should be reported on the DMR forms.

2. Testing for TRC shall be conducted according to either the amperometric titration method or the DPD colorimetric method as specified in Section 408(C) or (E), Standards Methods for the Examination of Water and Wastewater, 18th edition. If chlorine is not detected prior to actual discharge to the receiving stream using one of these methods (i.e., the analytical result is less than the detection level), the Permittee shall report on the DMR form "*B", "NODI = B" (if hard copy), or "0". The Permittee shall then be considered to be in compliance with the daily maximum concentration limit for TRC.

3. This permit contains a maximum allowable TRC level in the effluent. The Permittee is responsible for determining the minimum TRC level needed in the chlorine contact chamber to comply with E.coli limits. The effluent shall be dechlorinated if necessary to meet the maximum allowable effluent TRC level.

4. The sample collection point for effluent TRC shall be at a point downstream of the chlorine contact chamber (downstream of dechlorination if applicable). The exact location is to be approved by the Director.

D. PLANT CLASSIFICATION

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

E. POLLUTANT SCANS

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

F. STORM WATER REQUIREMENTS

1. Prohibitions

   a. The Permittee shall not allow the discharge of non-storm water into permitted storm water outfall(s) unless said discharge is already subject to an NPDES permit.

   b. Pollutants removed in the course of treatment or control shall be disposed in a manner that complies with all applicable Department rules and regulations.

2. Operational and Management Practices

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

   a. In the SWPP Plan, the Permittee shall:

      (1) Assess the treatment plant site by developing and presenting site drainage maps, materials inventory, and best management operational practices. The plan shall also include a description of all spill or leak sources;

      (2) Describe mechanisms and procedures to prevent the contact of sewage sludge, screenings, raw or partially treated wastewater, or any other waste product or pollutant with storm water discharged from the facility;

      (3) Provide for daily inspection on workdays of any structures that function to prevent storm water pollution or that remove pollutants from storm water;

      (4) Provide for daily inspection of the facility in general to ensure that the SWPP Plan is continually implemented and effective;

      (5) Include a Best Management Practices (BMP) Plan that, as a minimum, addresses housekeeping, preventative maintenance, spill prevention and response, and non-storm water discharges;

      (6) Describe mechanisms and procedures to provide sediment control sufficient to prevent or control storm water pollution storm water by particles resulting from soil or sediment migration from the site due to significant clearing, grading, or excavation activities;

      (7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and

      (8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-.09.

   b. The Director or his designee may notify the permittee at any time that the SWPP Plan is deficient and will require correction of the deficiency. The permittee shall correct any SWPP Plan deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.

   c. Administrative Procedures

      (1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.

(2) A log of daily inspections required by Provision IV.F.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.

(3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.

3. Monitoring Requirements

a. Storm water discharged through each storm water outfall shall be sampled once per calendar year, using first flush grab samples (FFGS) collected during the first 30 minutes of discharge.

b. The total volume of storm water discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for the storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained in accordance with Provision I.B.5. of this permit. The volume may be measured using flow measurement devices or may be estimated using any method approved in writing by the Department.

G. SANITARY SEWER OVERFLOW RESPONSE PLAN

1. SSO Response Plan

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

a. General Information:

(1) Approximate population of City/Town, if applicable

(2) Approximate number of customers served by the Permittee

(3) Identification of any subbasins designated by the Permittee, if applicable

(4) Identification of estimated linear feet of sanitary sewers

(5) Number of Pump/Lift Stations in the collection system

b. Responsibility Information:

(1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.

(2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)

c. SSO and Surface Water Assessment

(1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)

(2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.

(3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include:

http://www.adem.state.al.us/alEnviroRegLaws/files/Division6Vol1.pdf and
http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html

(4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated

d. Public Reporting of SSOs

(1) Contact information for the public to report an SSO to the Permittee, during both normal and outside of normal business hours (e.g., telephone number, website, email address, etc.)

(2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)

(3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary

e. Procedures to immediately notify the Department, the county health department, and other affected entities (such as public water systems) upon becoming aware of notifiable SSOs

f. Public Notification Methods for SSOs

(I) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)

(a) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)

(2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)

(3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO

g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum:

(1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);

(2) Procedures for collection and proper disposal of the SSO, if feasible.

(3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.

(4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.

h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.

2. SSO Response Plan Implementation

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

3. Department Review of the SSO Response Plan

a. When requested by the Director or his designee, the Permittee shall make the SSO Response Plan available for review by the Department.

b. Upon review, the Director or his designee may notify the Permittee that the SSO Response Plan is deficient and require modification of the Plan.

c. Within thirty days of receipt of notification, or an alternate timeframe as approved by the Department, the Permittee shall modify any SSO Response Plan deficiency identified by the Director or his designee and shall certify to the Department that the modification has been made.

4. SSO Response Plan Administrative Procedures

a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.

b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.

c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.

f. 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.

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0022225** Date: October 21, 2019

Permit Applicant: Montgomery Water Works & Sanitary Sewer Board
Post Office Box 1631
Montgomery, Alabama 36102

Location: Econchate WWTP
2501 Jackson Ferry Road
Montgomery, Alabama 36104
Montgomery County

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

Basis for Limitations: Water Quality Model: $CBOD_5$, NH_3N, TKN, and DO
Reissuance with no modification: NH_3N, TKN, DO, TSS, TRC and Percent Removals
Instream calculation at 7Q10: IWC ≈ 55%
Toxicity based: TRC
Secondary Treatment Levels: TSS and Percent Removals
Other (described below): E. coli and pH

Design Flow in Million Gallons per Day: 21 MGD

Major: Yes

Description of Discharge: Outfall Number 0011; Effluent discharge to the Alabama River (Woodruff Lake), which is classified as Fish and Wildlife (F&W).

Outfall Number 002S; Storm water runoff to the Alabama River (Woodruff Lake), which is classified as Fish and Wildlife (F&W).

Discussion: This permit is a reissuance due to expiration. The effluent limits for Five–Day Carbonaceous Biochemical Oxygen Demand ($CBOD_5$), Total Ammonia as Nitrogen (NH_3N), Total Kjeldahl Nitrogen (TKN), and Dissolved Oxygen (DO) were developed based on a Waste Load Allocation (WLA) model completed by the Department's Water Quality Branch on August 22, 2019.

$CBOD_5$ in this proposed permit now has seasonal limits. The summer (May through October) and winter (November through April) monthly average limits for $CBOD_5$ are 22.0 mg/L and 25.0 mg/L, respectively; while, the summer and winter monthly average limits for NH_3N are 10.0 mg/L and 20.0 mg/L, respectively. The summer and winter monthly average limits for TKN are 20.0 mg/L and 40.0 mg/L, while DO has a daily minimum limit of 2.0 mg/L.

The pH limits were developed in accordance with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Guidance. The daily minimum and daily maximum limits are 6.0 s.u. and 8.5 s.u., respectively. The daily maximum pH changed from the previous permit due to dilution and the change in the Instream Waste Concentration (IWC).

The monthly average Total Suspended Solids (TSS) limit is established at 30.0 mg/L in accordance with ADEM's Permit Development Rationale and 40 CFR 133.102. Minimum percent removal limits of 85 percent are imposed for both $CBOD_5$ and TSS in accordance with 40 CFR 133.102.

The receiving stream is the Alabama River (Woodruff Lake) and it is a Tier I waterbody. The stream is not listed on the current 303(d) list and there are no State of Alabama TMDL affecting this discharge point at this time.

This permit imposes monthly monitoring for the following nutrient-related parameters: Total Phosphorus (TP) and Nitrate plus Nitrite-Nitrogen (NO_2+NO_3N). Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge. The monitoring frequency will be once per month.

This Permittee treats both municipal and industrial wastewater, and is classified as a major facility. Therefore, the Department completed a Reasonable Potential Analysis (RPA) of the wastewater data submitted in Part D of the Permittee's application (i.e., per 40 CFR Par 122 Appendix J – Table 2) and data from the Permittee's Discharge Monitoring Reports. The RPA indicated whether any pollutants in the treated effluent have the potential to contribute to excursions of Alabama's in-stream water quality standards. The RPA was based on a 7Q10 of 3913 cfs, a mean annual flow of 23,306 cfs, and a hardness of 50.0 mg/L. Additional instream background data was not available. For this discharge, the RPA indicates that no pollutants in the treated effluent would likely contribute to excursions of Alabama's instream water quality standards. Total Recoverable Mercury monitoring is not included in this permit based on the Reasonable Potential reassessment using the effluent DMR data for Mercury showing no reasonable potential for mercury to contribute excursions to the receiving water. Removing monitoring for Mercury is not backsliding because it is consistent with the Department's anti-degradation policy and water quality standards are being attained.

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 Alabama River (Woodruff Lake) is classified as Fish & Wildlife, the E. coli limits for summer (May through October) are 126 col/100 mL (monthly average) and 298 col/100 mL (daily maximum), while the limits for the winter (November through April) are 548 col/ 100 mL (monthly average) and 2507 col/100 mL (daily maximum).

A daily maximum Total Residual Chlorine (TRC) limit of 1.0 mg/L is being imposed in this proposed permit. The TRC limit was developed based on EPA WQ criteria and the Department's Permit Development Rationale, and should be protective of acute and chronic toxicity criteria in the receiving stream. If monitoring is not applicable during the monitoring periods, enter "*9" on the monthly DMR.

Based on the Department's review of the application and receiving water conditions, 48 hour acute toxicity testing is warranted. The Permittee will be required to test annually in the month of October. The IWC for the facility is 55%. The IWC is based on the August 22, 2019 Mixing Zone Analysis performed by the Department's Water Quality Branch.

In the permit application, the Permittee reported one storm water outfall from the permitted area. The designated outfall for storm water runoff monitoring is Outfall 002S in the permit. Storm water monitoring will be required on an annual basis. Total Recoverable Chlorine monitoring and the requirement to report the monthly average flow are being removed from storm water monitoring as they were inadvertently included in the previous permit. In addition, Total Recoverable Chlorine is not an expected pollutant in the storm water and therefore backsliding would not be applicable.

The monitoring frequency for most parameters is five days per week. The monitoring frequency for nutrient-related parameters (TP and NO_2+NO_3N) is once per month. Flow is to be monitored continuously as in the previous permit. The monitoring frequency percent removals will be monthly.

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

Prepared by: Torbert

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	**Econchate WWTP**	
NPDES Permit Number:	**AL0022225**	
Receiving Stream:	**Alabama River (Woodruff Lake)**	
Facility Design Flow (Qw):	**21.000 MGD**	
Receiving Stream 7Q10:	**3913.000 cfs**	
Receiving Stream 1Q10:	**2934.750 cfs**	**(Estimated at 0.75 * 7Q10)**
Winter Headwater Flow (WHF):	**6091.00 cfs**	
Summer Temperature for CCC:	**30 deg. Celsius**	
Winter Temperature for CCC:	**20 deg. Celsius**	
Headwater Background NH3-N Level:	**0.08 mg/l**	
Receiving Stream pH:	**7.0 s.u.**	
Headwater Background FC Level (summer):	**N./A.**	**(Only applicable for facilities with diffusers.)**
(winter):	**N./A.**	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Qw}{7Q10 + Qw} = \textbf{0.82\%}$$

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.

$$\text{Limiting Dilution} = \frac{Qw}{7Q10 + Qw}$$

$$= \textbf{0.82\%} \qquad \textbf{Stream-Dominated, CMC Applies}$$

Criterion Maximum Concentration (CMC): $CMC=0.411/(1+10(7.204-pH)) + 58.4/(1+10(pH-7.204))$

Criterion Continuous Concentration (CCC): $CCC=[0.0577/(1+10(7.688-pH)) + 2.487/(1+10(pH-7.688))] * Min[2.85,1.45*10(0.028*(25-T))]$

	CMC	CCC
Allowable Summer Instream NH3-N:	**36.09 mg/l**	**2.18 mg/l**
Allowable Winter Instream NH3-N:	**36.09 mg/l**	**4.15 mg/l**

$$\text{Summer NH3-N Toxicity Limit} = \frac{[(\text{Allowable Instream NH3-N}) * (7Q10 + Qw)] - [(\text{Headwater NH3-N}) * (7Q10)]}{Qw}$$

$$= \textbf{4373.2 mg/l NH3-N at 7Q10}$$

$$\text{Winter NH3-N Toxicity Limit} = \frac{[(\text{Allowable Instream NH3-N}) * (WHF + Qw)] - [(\text{Headwater NH3-N}) * (WHF)]}{Qw}$$

$$= \textbf{6787.2 mg/l NH3-N at Winter Flow}$$

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.

	DO-based NH3-N limit	Toxicity-based NH3-N limit
Summer	**10.00 mg/l NH3-N**	**4373.20 mg/l NH3-N**
Winter	**20.00 mg/l NH3-N**	**6787.20 mg/l NH3-N**

Summer: The DO based limit of 10.00 mg/l NH3-N applies.
Winter: The DO based limit of 20.00 mg/l NH3-N applies.

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

The following factors trigger toxicity testing requirements:

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

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

Acute toxicity testing is required

Instream Waste Concentration (IWC) = Based on Cormix Model = **54.30%** 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)
E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)		
Monthly limit as monthly average (November through April):	548	**548**
Monthly limit as monthly aveage (May through October):	126	**126**
Daily Max (November through April):	2507	**2507**
Daily Max (May through October):	298	**298**
Enterococci (applies to Coastal)		
Monthly limit as geometric mean (Novembre through April):	Not applicable	**Not applicable**
Monthly limit as geometric mean (May through October):	Not applicable	**Not applicable**
Daily Max (November through April):	Not applicable	**Not applicable**
Daily Max (May through October):	Not applicable	**Not applicable**

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	1.336 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	2.307 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: Shanda Torbert Date: 10/18/2019

LANCE R. LEFLEUR
DIRECTOR

KAY IVEY
GOVERNOR

Alabama Department of Environmental Management
adem.alabama.gov

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

FACT SHEET

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

Date: October 18, 2019 **Prepared By:** Shanda Torbert

NPDES Permit No. AL0022225

1. **Name and Address of Applicant:**

   Montgomery Water Works & Sanitary Sewer Board
   Post Office Box 1631
   Montgomery, AL 36102

2. **Name and Address of Facility:**

   Econchate WWTP
   2501 Jackson Ferry Road
   Montgomery, Alabama 36104

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

   Waste Water Treatment Plant

4. **Applicant's Receiving Waters**

Receiving Waters	Classifications
Alabama River (Woodruff Lake)	F&W

   For the Outfall latitude and longitude see the permit application.

5. **Permit Conditions:**

   See attached Rationale and Draft Permit.

6. **PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS**

   a. **Comment Period**

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

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

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

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

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

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

Russell A. Kelly, Chief
Permits and Services Division
Alabama Department of Environmental Management
1400 Coliseum Blvd
(Mailing Address: Post Office Box 301463; Zip 36130-1463)
Montgomery, Alabama 36110-2059
(334) 271-7714

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

b. Public Hearing

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

Russell A. Kelly, Chief
Permits and Services Division
Alabama Department of Environmental Management
1400 Coliseum Blvd
(Mailing Address: Post Office Box 301463; Zip 36130-1463)
Montgomery, Alabama 36110-2059
(334) 271-7714

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

c. Issuance of the Permit

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

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

d. Appeal Procedures

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

Alabama Environmental Management Commission
1400 Coliseum Blvd
(Mailing Address: Post Office Box 301463; Zip 36130-1463)
Montgomery, Alabama 36110-2059

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

Waste Load Allocation Summary

REQUEST INFORMATION

Request Number: 3542

From:	Shanda Torbert	In Branch/Section	Municipal		
Date Submitted	2/12/2019	Date Required	3/14/2019	FUND Code	605
Date Permit application received by NPDES program	1/28/2019				
Receiving Waterbody	Alabama River (Woodruff Lake)				
Previous Stream Name					
Facility Name	Montgomery Econchate WWTP	(Name of Discharger-WQ will use to file)			
		Previous Discharger Name			
River Basin	Alabama	Outfall Latitude	32.419212	(decimal degrees)	
*County	Montgomery	Outfall Longitude	-86.305795	(decimal degrees)	
Permit Number	AL0022225	Permit Type	Permit Reissuance		
		Permit Status	Active		
		Type of Discharger	MUNICIPAL		

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

If yes, impacting dischargers names.	Impacting dischargers permit numbers.
Wetumpka Wilako WWTP	AL0064025
Millbrook WWTP	AL0049921
Montgomery Towassa WWTP	AL0022241
Pine Creek WWTP	AL0027723
Montgomery Catoma Creek WWTP	AL0027868
International Paper-Prattville	AL0003115
SABIC	AL0054704

Existing Discharge Design Flow	21	MGD	Note: The flow rates given should be those requested for modeling.
Proposed Discharge Design Flow	21	MGD	

Comments included	☐ Yes ☑ No	Information Verified By	KDP
Year File Was Created		Response ID Number	1689
Lat/Long Method	GPS		

12 Digit HUC Code	031502010106		
Use Classification	F&W		
Site Visit Completed?	☑ Yes ☐ No	Date of Site Visit	3/1/2019
Waterbody Impaired?	☐ Yes ☑ No	Date of WLA Response	8/22/2019
Antidegradation	☐ Yes ☑ No	Approved TMDL?	☐ Yes ☑ No
Waterbody Tier Level	Tier I		
Use Support Category	1	Approval Date of TMDL	

Waste Load Allocation Information

Modeled Reach Length	63.5	Miles	Date of Allocation	8/7/2019	
Name of Model Used	QUAL2E		Allocation Type	2 Seasons	
Model Completed by	KDP		Type of Model Used	Calibrated	
Allocation Developed by	Water Quality Branch				

Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters		Other Parameters	
	Qw 21 MGD	Qw 21 MGD	Qw MGD	Qw MGD
	Season Summer	Season Winter	Season	Season
Qw MGD	From May	From Nov	From	From
	Through Oct	Through Apr	Through	Through
CBOD5	CBOD5 22 mg/L	CBOD5 25 mg/L	TP	TP
NH3-N	NH3-N 10 mg/L	NH3-N 20 mg/L	TN	TN
TKN	TKN 20 mg/L	TKN 40 mg/L	TSS	TSS
D.O.	D.O. 2 mg/L	D.O. 2 mg/L		

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

Water Quality Characteristics Immediately Upstream of Discharge

Parameter	Summer		Winter	
CBODu	1.38	mg/l	1.47	mg/l
NH3-N	0.08	mg/l	0.08	mg/l
Temperature	30	°C	20	°C
pH	7	su	7	su

Hydrology at Discharge Location

Drainage Area Qualifier			Method Used to Calculate
Exact	Drainage Area 15045	sq mi	
	Stream 7Q10 3913	cfs	ADEM Estimate w/USGS Gage Data
	Stream 1Q10 2935	cfs	75%of 7Q10
	Stream 7Q2 6091	cfs	ADEM Estimate w/USGS Gage Data
	Annual Average 23306	cfs	ADEM Estimate w/USGS Gage Data

Comments and/or Notations

Mixing Zone Analysis Summary

REQUEST INFORMATION

request number: 3542

From: (Responsible Engineer)	Shanda Torbert	In Branch/Section	Municipal		
Date Submitted	2/12/2019	Date Required	3/14/2019	FUND Code	605
Date Permit application received by NPDES program	1/28/2019				
Receiving Waterbody	Alabama River (Woodruff Lake)				
Previous Stream Name					
Facility Name	Montgomery Econchate WWTP	(Name of Discharger-WQ will use to file)			
		Previous Discharger Name			
River Basin	Alabama	Outfall Latitude	32.419212	(decimal degrees)	
*County	Montgomery	Outfall Longitude	-86.305795	(decimal degrees)	
Permit Number	AL0022225	Permit Type	Permit Reissuance		
		Permit Status	Active		
		Type of Discharger	MUNICIPAL		

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

If yes, impacting dischargers names.	Impacting dischargers permit numbers.

Existing Discharge Design Flow	21	MGD	Note: The flow rates given should be those requested for modeling.
Proposed Discharge Design Flow	21	MGD	

Seasonal limits requested? ☐ Yes ☑ No

If not seasonal, only the summer sections will be used

Comments included	Information Verified By	Year File Was Started
☐ Yes ☑ No	KDP	

12 Digit HUC Code	031502010106	Date of MZ Response	8/22/2019
Use Classification	F&W		
Site Visit Completed?	☑ Yes ☐ No	Date of Site Visit	3/1/2019

Hydrology			Method Used to Calculate
Drainage Area	15045	sq mi	
Stream 7Q10	3913	cfs	ADEM Estimate w/USGS Gage Data
Stream 1Q10	2935	cfs	75%of 7Q10
Stream 7Q2	6091	cfs	ADEM Estimate w/USGS Gage Data
Annual Average	23306	cfs	ADEM Estimate w/USGS Gage Data

Date of MZ Analysis	8/7/2019	Model Completed by	KDP

Pollutant Category

Whole Effluent Toxicity (WET) ☑ Thermal ☐ Pathogens ☐

Mixing Zone Analysis Summary

WET Parameters

Summer

Acute

Ambient Streamflow	2935	cfs
ZID Length	11	Meters
ZID IWC	54.3	%

Chronic

Ambient Streamflow		cfs
Mixing Zone Length		Meters
Mixing Zone IWC		%

Winter

Acute

Ambient Streamflow		cfs
ZID Length	11	Meters
ZID IWC		%

Chronic

Ambient Streamflow		cfs
Mixing Zone Length		Meters
Mixing Zone IWC		%

Thermal Parameters

Summer

Ambient Streamflow		cfs
Mixing Zone Length		Meters
Max. Effluent Temp		°C

Winter

Ambient Streamflow		cfs
Mixing Zone Length		Meters
Max. Effluent Temp		°C

Pathogen Parameters

Summer

Ambient Streamflow		cfs
ZID Length		Meters
Max. Effluent Fecal Conc		Cols/100 mls
Max. Effluent E. coli Conc		Cols/100 mls
Monthly Average Effluent E. coli Conc		Cols/100 mls
Max. Effluent Enterococci Conc (for coastal waters)		Cols/100 mls

Winter

Ambient Streamflow		cfs
ZID Length		Meters
Max. Effluent Fecal Conc		Cols/100 mls
Max. Effluent E. coli Conc		Cols/100 mls
Monthly Average Effluent E. coli Conc		Cols/100 mls
Max. Effluent Enterococci Conc (for coastal waters)		Cols/100 mls

Comments and/or Notations

Facility Name: **Montgomery Econchate WWTP**

NPDES No.: **AL0022225**

6/13/2017

$$Q_d*C_d + Q_{d2}*C_{d2} + Q_s*C_s = Q_r*C_r$$

ID	Pollutant	Carcinogen "yes"	Type	Background from upstream source (C_{d2}) Daily Max	Background from upstream source (C_{d2}) Monthly Ave	Background Instream (C_s) Daily Max	Background Instream (C_s) Monthly Ave	Enter Max Daily Discharge as reported by Applicant (C_d) Max	Enter Avg. Daily Discharge as reported by Applicant (C_d) Ave	Partition Coefficient (Stream / Lake)
				µg/l	µg/l	µg/l	µg/l	µg/l	µg/l	
1	Antimony		Metals	0	0	0	0	0	0	-
2	**Arsenic*,****	YES	Metals	0	0	0	0	0	0	0.574
3	Beryllium		Metals	0	0	0	0	0	0	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	-
7	Copper**		Metals	0	0	0	0	0	0	0.388
8	Lead**		Metals	0	0	0	0	0	0	0.206
9	Mercury**		Metals	0	0	0	0	0.012	0.00617	0.302
10	Nickel**		Metals	0	0	0	0	0	0	0.505
11	Selenium		Metals	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	82	68	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	97300	87200	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	**Acrylonitrile***	YES	VOC	0	0	0	0	0	0	-
20	**Aldrin**	YES	VOC	0	0	0	0	0	0	-
21	**Benzene***	YES	VOC	0	0	0	0	0	0	-
22	**Bromoform***	YES	VOC	0	0	0	0	0	0	-
23	**Carbon Tetrachloride***	YES	VOC	0	0	0	0	0	0	-
24	**Chlordane**	YES	VOC	0	0	0	0	0	0	-
25	Clorobenzene		VOC	0	0	0	0	0	0	-
26	**Chlorodibromo-Methane***	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	**ChloroForm***	YES	VOC	0	0	0	0	0	0	-
30	**4,4'-DDD**	YES	VOC	0	0	0	0	0	0	-
31	**4,4'-DDE**	YES	VOC	0	0	0	0	0	0	-
32	**4.4'-DDT**	YES	VOC	0	0	0	0	0	0	-
33	**Dichlorobromo-Methane***	YES	VOC	0	0	0	0	0	0	-
34	1, 1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	**1, 2-Dichloroethane***	YES	VOC	0	0	0	0	0	0	-
36	Trans-1, 2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	**1, 1-Dichloroethylene***	YES	VOC	0	0	0	0	0	0	-
38	1, 2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1, 3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	**Dieldrin**	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	-
44	**Methylene Chloride***	YES	VOC	0	0	0	0	0	0	-
45	**1, 1, 2, 2-Tetrachloro-Ethane***	YES	VOC	0	0	0	0	0	0	-
46	**Tetrachloro-Ethylene***	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	-
48	**Toxaphene**	YES	VOC	0	0	0	0	0	0	-
49	**Tributyltine (TBT)**	YES	VOC	0	0	0	0	0	0	-
50	1, 1, 1-Trichloroethane		VOC	0	0	0	0	0	0	-
51	**1, 1, 2-Trichloroethane***	YES	VOC	0	0	0	0	0	0	-
52	**Trichlorethylene***	YES	VOC	0	0	0	0	0	0	-
53	**Vinyl Chloride***	YES	VOC	0	0	0	0	0	0	-
54	P-Chloro-M-Cresol		Acids	0	0	0	0	0	0	-
55	2-Chlorophenol		Acids	0	0	0	0	0	0	-
56	2, 4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2, 4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2, 4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	**4,6-Dintro-2-methylophenol**	YES	Acids	0	0	0	0	0	0	-
61	**Dioxin (2,3,7,8-TCDD)**	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	**Pentachlorophenol***	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	**2, 4, 6-Trichlorophenol***	YES	Acids	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benzidine		Bases	0	0	0	0	0	0	-
71	**Benzo(A)Anthracene***	YES	Bases	0	0	0	0	0	0	-
72	**Benzo(A)Pyrene***	YES	Bases	0	0	0	0	0	0	-
73	3, 4 Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(GHI)Perylene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	**Bis (2-Chloroethyl)-Ether***	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroiso-Propyl) Ether		Bases	0	0	0	0	0	0	-
79	**Bis (2-Ethylhexyl) Phthalate***	YES	Bases	0	0	0	0	0	0	-
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	0	-
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
84	**Chrysene***	YES	Bases	0	0	0	0	0	0	-
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	**Dibenzo(A,H)Anthracene***	YES	Bases	0	0	0	0	0	0	-
88	1, 2-Dichlorobenzene		Bases	0	0	0	0	0	0	-
89	1, 3-Dichlorobenzene		Bases	0	0	0	0	0	0	-
90	1, 4-Dichlorobenzene		Bases	0	0	0	0	0	0	-
91	**3, 3-Dichlorobenzidine***	YES	Bases	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	**2, 4-Dinitrotoluene***	YES	Bases	0	0	0	0	0	0	-
95	2, 6-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	-
97	**Endosulfan (alpha)**	YES	Bases	0	0	0	0	0	0	-
98	**Endosulfan (beta)**	YES	Bases	0	0	0	0	0	0	-
99	**Endosulfan sulfate**	YES	Bases	0	0	0	0	0	0	-
100	**Endrin**	YES	Bases	0	0	0	0	0	0	-
101	**Endrin Aldeyhide**	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptochlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	**Hexachlorobenzene***	YES	Bases	0	0	0	0	0	0	-
107	**Hexachlorobutadiene***	YES	Bases	0	0	0	0	0	0	-
108	**Hexachlorocyclohexan (alpa)**	YES	Bases	0	0	0	0	0	0	-
109	**Hexachlorocyclohexan (beta)**	YES	Bases	0	0	0	0	0	0	-
110	**Hexachlorocyclohexan (gamma)**	YES	Bases	0	0	0	0	0	0	-
111	HexachlorocycloPentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	**Indeno(1, 2, 3-CK)Pyrene***	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	**N-Nitrosodi-N-Propylamine***	YES	Bases	0	0	0	0	0	0	-
118	**N-Nitrosodi-N-Methylamine***	YES	Bases	0	0	0	0	0	0	-
119	**N-Nitrosodi-N-Phenylamine***	YES	Bases	0	0	0	0	0	0	-
120	**PCB-1016**	YES	Bases	0	0	0	0	0	0	-
121	**PCB-1221**	YES	Bases	0	0	0	0	0	0	-
122	**PCB-1232**	YES	Bases	0	0	0	0	0	0	-
123	**PCB-1242**	YES	Bases	0	0	0	0	0	0	-
124	**PCB-1248**	YES	Bases	0	0	0	0	0	0	-
125	**PCB-1254**	YES	Bases	0	0	0	0	0	0	-
126	**PCB-1260**	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1, 2, 4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

21	Enter Q_d = wastewater discharge flow from facility (MGD)
32.491809	Q_d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Qd2 = background stream flow in MGD above point of discharge
0	Qd2 = background stream flow from upstream source (cfs)
3913	Enter 7Q10, Q_s = background stream flow in cfs above point of discharge
2935	Enter or estimated, 1Q10, Q_s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
23306	Enter Mean Annual Flow, Q_s = background stream flow in cfs above point of discharge
6091	Enter 7Q2, Q_s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C_s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
$Q_d+Qd2+Q_s$	Q_r = resultant in-stream flow, after discharge
Calculated on other	C_r = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter, Background pH above point of discharge
YES	Enter, is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

October 17, 2019

Facility Name: Montgomery Econchate WWTP

NPDES No.: AL0022225

					Freshwater F&W classification					Freshwater Acute (µg/l) C_d =1Q10					Freshwater Chronic (µg/l) Q_s = 7Q10					Human Health Consumption Fish only (µg/l) Carcinogen C_d = Annual Average Non-Carcinogen C_d = 7Q10			
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd2) Daily Max	Max Daily Discharge as reported by Applicant (C_{max})	Water Quality Criteria (C_d)	Draft Permit Limit (C_{max})	20% of Draft Permit Limit	RP?	Background from upstream source (Cd2) Monthly Ave	Avg Daily Discharge as reported by Applicant (C_{mave})	Water Quality Criteria (C_d)	Draft Permit Limit (C_{max})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C_d)	Draft Permit Limit (C_{max})	20% of Draft Permit Limit	RP?
1	Antimony			0	0	-	-	-	-	0	0	-	-	-	-	3.73E+02	4.53E+04	9.07E+03	No
2	Arsenic		YES	0	0	592.334	54098.181	10819.636	No	0	0	261.324	31732.670	6346.534	No	3.03E-01	2.18E+02	4.35E+01	No
3	Beryllium			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
4	Cadmium			0	0	4.347	397.025	79.405	No	0	0	0.644	78.154	15.631	No	-	-	-	-
5	Chromium/ Chromium III			0	0	1537.913	140458.291	28091.658	No	0	0	200.051	24292.248	4858.450	No	-	-	-	-
6	Chromium/ Chromium VI			0	0	16.006	1461.267	292.257	No	0	0	11.000	1335.734	267.147	No	-	-	-	-
7	Copper			0	0	18.028	1646.357	329.271	No	0	0	12.766	1550.128	310.026	No	-	-	-	-
8	Lead			0	0	146.291	13360.810	2672.162	No	0	0	5.701	692.243	138.449	No	-	-	-	-
9	Mercury			0	0.012	2.400	219.193	43.839	No	0	0.00617	0.012	1.457	0.291	No	4.24E-02	5.15E+00	1.03E+00	No
10	Nickel			0	0	515.924	47110.475	9422.095	No	0	0	57.202	6957.007	1391.401	No	9.93E+02	1.21E+05	2.41E+04	No
11	Selenium			0	0	20.000	1826.609	365.322	No	0	0	5.000	607.152	121.430	No	2.43E+03	2.95E+05	5.90E+04	No
12	Silver			0	0	0.976	89.179	17.836	No	0	0	-	-	-	-	-	-	-	-
13	Thallium			0	0	-	-	-	-	0	0	-	-	-	-	2.74E-01	3.32E+01	6.64E+00	No
14	Zinc			0	82	197.369	18025.784	3605.157	No	0	68	198.983	24162.610	4832.522	No	1.49E+04	1.81E+06	3.62E+05	No
15	Cyanide			0	0	22.000	2009.270	401.854	No	0	0	5.200	631.438	126.288	No	9.33E+03	1.13E+06	2.27E+05	No
16	Total Phenolic Compounds			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
17	Hardness (As CaCO3)			0	97300	-	-	-	-	0	87200	-	-	-	-	-	-	-	-
18	Acrolein			0	0	-	-	-	-	0	0	-	-	-	-	5.45E+00	6.59E+02	1.32E+02	No
19	Acrylonitrile		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.44E-01	1.03E+02	2.07E+01	No
20	Aldrin		YES	0	0	3.000	273.991	54.798	No	0	0	-	-	-	-	2.04E-05	2.11E-02	4.22E-03	No
21	Benzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.55E+01	1.11E+04	2.22E+03	No
22	Bromoform		YES	0	0	-	-	-	-	0	0	-	-	-	-	7.88E+01	5.66E+04	1.13E+04	No
23	Carbon Tetrachloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.57E-01	6.88E+02	1.38E+02	No
24	Chlordane		YES	0	0	2.400	219.193	43.839	No	0	0	0.0043	0.522	0.104	No	4.73E-04	3.40E-01	6.79E-02	No
25	Clorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	9.06E+02	1.10E+05	2.20E+04	No
26	Chlorodibromo-Methane		YES	0	0	-	-	-	-	0	0	-	-	-	-	7.41E+00	5.32E+03	1.06E+03	No
27	Chloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
28	2-Chloro-Ethylvinyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
29	ChloroForm		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.02E+02	7.33E+04	1.47E+04	No
30	4,4' - DDD		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.81E-04	1.30E-01	2.61E-02	No
31	4,4' - DDE		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.28E-04	9.20E-02	1.84E-02	No
32	4,4' - DDT		YES	0	0	1.100	100.464	20.093	No	0	0	0.001	0.121	0.024	No	1.28E-04	9.20E-02	1.84E-02	No
33	Dichlorobromo-Methane		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.00E+01	7.21E+03	1.44E+03	No
34	1, 1-Dichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
35	1, 2-Dichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.14E+01	1.53E+04	3.07E+03	No
36	Trans-1, 2-Dichloro-Ethylene			0	0	-	-	-	-	0	0	-	-	-	-	5.81E+03	7.17E+05	1.43E+05	No
37	1, 1-Dichloroethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	4.17E+03	2.99E+06	5.99E+05	No
38	1, 2-Dichloropropane			0	0	-	-	-	-	0	0	-	-	-	-	8.49E+00	1.03E+03	2.06E+02	No
39	1, 3-Dichloro-Propylene			0	0	-	-	-	-	0	0	-	-	-	-	1.23E+01	1.49E+03	2.98E+02	No
40	Dieldrin		YES	0	0	0.240	21.919	4.384	No	0	0	0.056	6.800	1.360	No	3.12E-05	2.24E-02	4.49E-03	No
41	Ethylbenzene			0	0	-	-	-	-	0	0	-	-	-	-	1.24E+03	1.51E+05	3.02E+04	No
42	Methyl Bromide			0	0	-	-	-	-	0	0	-	-	-	-	6.71E+02	1.06E+05	2.12E+04	No
43	Methyl Chloride			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
44	Methylene Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.46E+02	2.48E+05	4.97E+04	No
45	1, 1, 2, 2-Tetrachloro-Ethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.33E+00	1.68E+03	3.35E+02	No
46	Tetrachloro-Ethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.92E+00	1.38E+03	2.75E+02	No
47	Toluene			0	0	-	-	-	-	0	0	-	-	-	-	8.72E+03	1.06E+06	2.12E+05	No
48	Toxaphene		YES	0	0	0.730	66.671	13.334	No	0	0	0.0002	0.024	0.005	No	1.62E-04	1.16E-01	2.33E-02	No
49	Tributyltin (TBT)		YES	0	0	0.460	42.012	8.402	No	0	0	0.072	8.743	1.749	No	-	-	-	-
50	1, 1, 1-Trichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
51	1, 1, 2-Trichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.10E+00	6.53E+03	1.31E+03	No
52	Trichloroethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.75E+01	1.25E+04	2.51E+03	No
53	Vinyl Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.42E+00	1.02E+03	2.05E+02	No
54	P-Chloro-M-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
55	2-Chlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	8.71E+01	1.06E+04	2.11E+03	No
56	2, 4-Dichlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	1.72E+02	2.09E+04	4.18E+03	No
57	2, 4-Dimethylphenol			0	0	-	-	-	-	0	0	-	-	-	-	4.69E+02	6.04E+04	1.21E+04	No
58	4, 6-Dinitro-O-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
59	2, 4-Dinitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	3.11E+03	3.78E+05	7.56E+04	No
60	4,6-Dinitro-2-methylphenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.65E+02	1.19E+05	2.38E+04	No
61	Dioxin (2,3,7,8-TCDD)		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.67E-08	1.92E-05	3.83E-06	No
62	2-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
63	4-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
64	Pentachlorophenol		YES	0	0	8.223	796.705	159.341	No	0	0	6.693	812.683	162.537	No	1.77E+00	1.27E+03	2.54E+02	No
65	Phenol			0	0	-	-	-	-	0	0	-	-	-	-	5.00E+05	6.07E+07	1.21E+07	No
66	2, 4, 6-Trichlorophenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.41E+00	1.02E+03	2.03E+02	No
67	Acenaphthene			0	0	-	-	-	-	0	0	-	-	-	-	5.79E+02	7.02E+04	1.40E+04	No
68	Acenaphthylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
69	Anthracene			0	0	-	-	-	-	0	0	-	-	-	-	2.33E+04	2.83E+06	5.67E+05	No
70	Benzidine			0	0	-	-	-	-	0	0	-	-	-	-	1.16E-04	1.41E-02	2.82E-03	No
71	Benzo(A)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	7.65E+00	1.53E+00	No
72	Benzo(A)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	7.65E+00	1.53E+00	No
73	Benzo(b)fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.29E+00	2.59E-01	No
74	Benzo(GHI)Perylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
75	Benzo(K)Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.29E+00	2.59E-01	No
76	Bis (2-Chloroethoxy) Methane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
77	Bis (2-Chloroethyl)-Ether		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.07E-01	2.21E+02	4.42E+01	No
78	Bis (2-Chloroiso-Propyl) Ether			0	0	-	-	-	-	0	0	-	-	-	-	3.78E+04	4.59E+06	9.18E+05	No
79	Bis (2-Ethylhexyl) Phthalate		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.26E+00	9.21E+02	1.84E+02	No
80	4-Bromophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
81	Butyl Benzyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	1.15E+03	1.37E+05	2.74E+04	No
82	2-Chloronaphthalene			0	0	-	-	-	-	0	0	-	-	-	-	9.24E+02	1.12E+05	2.24E+04	No
83	4-Chlorophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
84	Chrysene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	7.65E+00	1.53E+00	No
85	Di-N-Butyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	2.62E+03	3.18E+05	6.37E+04	No
86	Di-N-Octyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
87	Dibenzo(A,H)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	7.65E+00	1.53E+00	No
88	1, 2-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	7.55E+02	9.17E+04	1.83E+04	No
89	1, 3-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	5.62E+02	6.83E+04	1.37E+04	No
90	1, 4-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	1.12E+02	1.37E+04	2.73E+03	No
91	3, 3-Dichlorobenzidine		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.66E-02	1.19E+01	2.39E+00	No
92	Diethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	2.56E+04	3.11E+06	6.21E+05	No
93	Dimethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	6.48E+05	7.87E+07	1.57E+07	No
94	2, 4-Dinitrotoluene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.66E+00	1.42E+03	2.85E+02	No
95	2, 6-Dinitrotoluene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
96	1,2-Diphenylhydrazine			0	0	-	-	-	-	0	0	-	-	-	-	1.17E-01	1.42E+01	2.84E+00	No
97	Endosulfan (alpha)		YES	0	0	0.22	20.093	4.019	No	0	0	0.056	6.800	1.360	No	5.19E+01	3.72E+04	7.45E+03	No
98	Endosulfan (beta)		YES	0	0	0.22	20.093	4.019	No	0	0	0.056	6.800	1.360	No	5.19E+01	3.72E+04	7.45E+03	No
99	Endosulfan sulfate		YES	0	0	-	-	-	-	0	0	-	-	-	-	5.19E+01	3.72E+04	7.45E+03	No
100	Endrin		YES	0	0	0.086	7.854	1.571	No	0	0	0.036	4.371	0.874	No	3.53E-02	2.53E+01	5.07E+00	No
101	Endrin Aldeyhde		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.76E-01	1.27E+02	2.53E+01	No
102	Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	9.12E+01	9.86E+03	1.97E+03	No
103	Fluorene			0	0	-	-	-	-	0	0	-	-	-	-	1.11E+03	3.78E+05	7.56E+04	No
104	Heptochlor		YES	0	0	0.52	47.492	9.498	No	0	0	0.0038	0.461	0.092	No	4.63E-05	3.33E-02	6.65E-03	No
105	Heptachlor Epoxide		YES	0	0	0.52	47.492	9.498	No	0	0	0.0038	0.461	0.092	No	2.26E-05	1.64E-02	3.29E-03	No
106	Hexachlorobenzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.68E-04	1.21E-01	2.41E-02	No
107	Hexachlorobutadiene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.06E+01	7.73E+03	1.55E+03	No
108	Hexachlorocyclohexan (alpha)		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.85E-03	2.05E+00	4.09E-01	No
109	Hexachlorocyclohexan (beta)		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.97E-03	7.16E+00	1.43E+00	No
110	Hexachlorocyclohexan (gamma)		YES	0	0	0.95	86.764	17.353	No	0	0	-	-	-	-	1.08E+00	7.74E+02	1.55E+02	No
111	HexachlorocycloPentadiene			0	0	-	-	-	-	0	0	-	-	-	-	6.45E+02	7.83E+04	1.57E+04	No
112	Hexachloroethane			0	0	-	-	-	-	0	0	-	-	-	-	1.92E+00	2.33E+02	4.66E+01	No
113	Indeno(1, 2, 3-CK)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	7.65E+00	1.53E+00	No
114	Isophorone			0	0	-	-	-	-	0	0	-	-	-	-	5.61E+02	6.81E+04	1.36E+04	No
115	Naphthalene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
116	Nitrobenzene			0	0	-	-	-	-	0	0	-	-	-	-	4.04E+02	4.90E+04	9.80E+03	No
117	N-Nitrosodi-N-Propylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.95E-01	2.12E+02	4.24E+01	No
118	N-Nitrosodimethylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.76E+00	1.26E+03	2.53E+02	No
119	N-Nitrosodiphenylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.50E+00	2.52E+03	5.03E+02	No
120	PCB-1016		YES	0	0	-	-	-	-	0	0	0.014	1.700	0.340	No	3.74E-05	2.69E-02	5.37E-03	No
121	PCB-1221		YES	0	0	-	-	-	-	0	0	0.014	1.700	0.340	No	3.74E-05	2.69E-02	5.37E-03	No
122	PCB-1232		YES	0	0	-	-	-	-	0	0	0.014	1.700	0.340	No	3.74E-05	2.69E-02	5.37E-03	No
123	PCB-1242		YES	0	0	-	-	-	-	0	0	0.014	1.700	0.340	No	3.74E-05	2.69E-02	5.37E-03	No
124	PCB-1248		YES	0	0	-	-	-	-	0	0	0.014	1.700	0.340	No	3.74E-05	2.69E-02	5.37E-03	No
125	PCB-1254		YES	0	0	-	-	-	-	0	0	0.014	1.700	0.340	No	3.74E-05	2.69E-02	5.37E-03	No
126	PCB-1260		YES	0	0	-	-	-	-	0	0	0.014	1.700	0.340	No	3.74E-05	2.69E-02	5.37E-03	No
127	Phenanthrene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
128	Pyrene			0	0	-	-	-	-	0	0	-	-	-	-	2.33E+03	2.83E+05	5.67E+04	No
129	1, 2, 4-Trichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	4.00E+01	4.97E+03	9.94E+02	No

Permit Number: AL0022225
Monitoring Point: 001Q
Stage: Effluent Gross Value
Parameter Name: Total Recoverable Mercury
Parameter Code: 71901

Monitoring Period	Monthly Average	Daily Maximium	Conc. Unit
October 2014 -December 2014	0.0099	0.0099	µg/L
January 2015- March 2015	0.00568	0.00568	µg/L
April 2015 - June 2015	0.004	0.004	µg/L
July 2015 - September 2015	0.00624	0.00624	µg/L
October 2015 - December 2015	0.006	0.006	µg/L
January 2016- March 2016	0.006	0.006	µg/L
April 2016 - June 2016	0.012	0.012	µg/L
July 2016 - September 2016	0.006	0.006	µg/L
October 2016 - December 2016	0.007	0.007	µg/L
January 2017- March 2017	0.006	0.006	µg/L
April 2017 - June 2017	0.005	0.005	µg/L
July 2017 - September 2017	0.005	0.005	µg/L
October 2017 - December 2017	0.006	0.006	µg/L
January 2018- March 2018	0.0041	0.0041	µg/L
April 2018 - June 2018	*E	*E	µg/L
July 2018 - September 2018	0.0045	0.0045	µg/L
October 2018 - December 2018	0.0076	0.0076	µg/L
January 2019- March 2019	0.006	0.006	µg/L
April 2019- June 2019	0.004	0.004	µg/L

Average	0.00617		µg/L
Maximum		0.012	µg/L

*E = Analysis Not Conducted/No Sample

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	AL0022225		D
1	2 — 13	14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

RECEIVED JAN 28 2019 IND / MUN BRANCH

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

C | 1 | SKIP | Econchate Wastewater Treatment Plant

15 | 16 – 29 | 30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C | 2 | Tim Logiotatos, Water Pollution Control Superintendent	(334) 206-1722
15 | 16 — 45	48 — 48 | 49 — 51 | 52 — 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C | 3 | 6000 Richard E. Hanan Drive

15 | 16 — 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C | 4 | Montgomery	AL	36108
15 | 16 — 40	41 — 42	47 — 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C | 5 | 2501 Jackson Ferry Road

15 | 16 — 45

B. COUNTY NAME

Montgomery

46 — 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C | 6 | Montgomery	AL	36104	
15 | 16 — 40	41 — 42	47 — 51	52 — 54

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 4952 (specify) Sewerage System	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
8 Montgomery Water Works & Sanitary Sewer Board	☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*			D. PHONE *(area code & no.)*
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC *(other than federal or state)* O = OTHER *(specify)*	O (specify) Municipal	A (334) 206-1607

E. STREET OR P.O. BOX
P.O. Box 1631

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
B Montgomery	AL	36102	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N AL0022225	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER *(specify)***
9 U	9 ALL022225 (specify) Biosolids permit
C. RCRA *(Hazardous Wastes)*	**E. OTHER *(specify)***
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

The facility is a water pollution control plant to treat domestic and commercial wastewater from within the Econchate drainage basin. Treated effluent will be discharged to the Alabama River.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
William R. Henderson General Manager, MWWSSB	William R Henderson	1-25-19

COMMENTS FOR OFFICIAL USE ONLY

C

MONTOMERY WATER WORKS
AND
SANITARY SEWER BOARD
MONTGOMERY, ALABAMA

1:15,000

N
W E
S

The Mission of the Montgomery Water and Sewer Board

"To provide the highest quality water and sanitary sewer service in harmony with the environment"

Econchate WPCP

- Property Line
- Sewer Plants
- Outfall 0011

Selected Area

MONTGOMERY COUNTY
ALABAMA

Form Approved 1/14/99
OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

ECONCHATE STP AL0022225

FORM **2A** NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name	Econchate Wastewater Treatment Plant
Mailing Address	P.O. Box 1631 Montgomery, AL 36102
Contact Person	Tim Logiotatos
Title	Water Pollution Control Superintendent
Telephone Number	(334) 206-1722
Facility Address (not P.O. Box)	2501 Jackson Ferry Rd Montgomery, AL 36104

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name	Montgomery Water Works & Sanitary Sewer Board
Mailing Address	P.O. Box 1631 Montgomery, AL 36102
Contact Person	William R. Henderson
Title	General Manager
Telephone Number	(334) 206-3425

Is the applicant the owner or operator (or both) of the treatment works?

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

____ facility X applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	AL0022225	PSD	
UIC		Other	ALL022225
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Montgomery, AL	85,000	Separate	Municipal

Total population served 85,000

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ___X___ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ___X___ No

A.6. **Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate ___21.0___ mgd

		Two Years Ago	Last Year	This Year
b.	Annual average daily flow rate	14.4	13.6	14.0
c.	Maximum daily flow rate	34.5	43.0	26.7

A.7. **Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

___X___ Separate sanitary sewer ___100___ %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ___X___ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent ___1___

ii. Discharges of untreated or partially treated effluent ___0___

iii. Combined sewer overflow points ___0___

iv. Constructed emergency overflows (prior to the headworks) ___0___

v. Other _____ ___0___

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ____Yes ___X___ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____Yes ___X___ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ___X___ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number (____) _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number (____) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): _____ Yes __X__ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 0011

b. Location: Montgomery (City or town, if applicable) 36104 (Zip Code)

Montgomery (County) AL (State)

32° 25' 8" N (Latitude) 86° 18' 22" W (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate 14.0 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes X No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water: Alabama River

b. Name of watershed (if known): Alabama

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Alabama Basin (upper)

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 03150201

d. Critical low flow of receiving stream (if applicable)
acute 4350 cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

X Primary X Secondary

_____ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal	85.0	%
Design SS removal	85.0	%
Design P removal		%
Design N removal		%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Chlorination

If disinfection is by chlorination is dechlorination used for this outfall? X Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes X No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 0011

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.3	s.u.			
pH (Maximum)	7.7	s.u.			
Flow Rate	19.4	MGD	12.4	MGD	31
Temperature (Winter)	N/A				
Temperature (Summer)	N/A				

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5							
	CBOD5	7	mg/L	6	mg/L	23	SM 5210.B	1.0 mg/L
FECAL COLIFORM (E. coli)		110	#/100 mL	3	#/100 mL	23	SM 9223.B	0/100 mL
TOTAL SUSPENDED SOLIDS (TSS)		9	mg/L	9	mg/L	23	SM 2540.D	1.0 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. **Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.**

2,600,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

The Board implements a comprehensive CMOM program to maintain and upgrade its system to minimize I&I.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? _____ Yes __X__ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: (____) _____

Responsibilities of Contractor: _____

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

n/a

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

_____ Yes _____ No

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have ap propriate permits/clearances concerning other Federal/State requirements been obtained? _____ Yes _____ No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 0011

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	7.48	mg/L	5.25	mg/L	3	EPA 350.1	0.50 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	0.21	mg/L	0.13	mg/L	3	SM 4500 CIG	0.01 mg/L
DISSOLVED OXYGEN	7.6	mg/L	6.33	mg/L	3	SM 4500 O G	1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	9.04	mg/L	6.73	mg/L	3	EPA 351.2	0.50 mg/L
NITRATE PLUS NITRITE NITROGEN	10.4	mg/L	10.0	mg/L	3	EPA 300.0	1.0 mg/L
OIL and GREASE	<5.0	mg/L	<5.0	mg/L	3	EPA 1664 B	5.0 mg/L
PHOSPHORUS (Total)	1.32	mg/L	1.17	mg/L	3	EPA 365.1	0.5 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	356	mg/L	226	mg/L	3	SM 2540 C	0.5 mg/L
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

__X__ Basic Application Information packet

Supplemental Application Information packet:

__X__ Part D (Expanded Effluent Testing Data)

__X__ Part E (Toxicity Testing: Biomonitoring Data)

__X__ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE 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 the information, the information 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 and official title: William R. Henderson, General Manager

Signature: William R Henderson

Telephone number: (334) 206-3425

Date signed: 1-25-19

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
ARSENIC	<0.060	mg/L	-----	-----	<0.060	mg/L	-----	-----	3	EPA 200.7	0.060 mg/L
BERYLLIUM	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
CADMIUM	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
CHROMIUM	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
COPPER	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
LEAD	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
MERCURY	<0.001	mg/L	-----	-----	<0.001	mg/L	-----	-----	3	EPA 245.2	0.001 mg/L
NICKEL	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
SELENIUM	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
SILVER	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
THALLIUM	<0.020	mg/L	-----	-----	<0.020	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
ZINC	0.082	mg/L	-----	-----	0.068	mg/L	-----	-----	3	EPA 200.7	0.020 mg/L
CYANIDE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 335.4	0.004 mg/L
TOTAL PHENOLIC COMPOUNDS	<0.015	mg/L	-----	-----	<0.015	mg/L	-----	-----	3	EPA 420.1	0.015 mg/L
HARDNESS (AS CaCO3)	97.3	mg/L	-----	-----	87.2	mg/L	-----	-----	3	SM-2340 B	1.45 mg/L
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

FACILITY NAME AND PERMIT NUMBER:

ECONCHATE WWTP - AL0022225

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN	<0.050	mg/L	-----	-----	<0.050	mg/L	-----	-----	3	EPA 624.1	0.050 mg/L
ACRYLONITRILE	<0.050	mg/L	-----	-----	<0.050	mg/L	-----	-----	3	EPA 624.1	0.050 mg/L
BENZENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
BROMOFORM	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
CARBON TETRACHLORIDE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
COLORBENZENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
CHLORODIBROMO-METHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
CHLOROETHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
2-CHLORO-ETHYLVINYL ETHER	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
CHOLOROFORM	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
DICHLOROBROMO-METHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
1,1-DICHLOROETHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
1,2-DICHLOROETHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
TRANS-1,2-DICHLORO-ETHYLENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
1,1-DICHLOROETHYLENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
1,2-DICHLOROPROPANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
1,3-DICHLORO-PROPYLENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
ETHYLBENZENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
METHYL BROMIDE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
METHYL CHLORIDE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
METHYLENE CHLORIDE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
1,1,2,2-TETRACHLORO-ETHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
TETRACHLORO-ETHYLENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
TOLUENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L

FACILITY NAME AND PERMIT NUMBER:
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Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
1,1,2-TRICHLOROETHANE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
TRICHLOROETHYLENE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
VINYL CHLORIDE	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 624.1	0.004 mg/L
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	<0.006	mg/L	-----	-----	<0.006	mg/L	-----	-----	3	EPA 625	0.006 mg/L
2-CHLOROPHENOL	<0.005	mg/L	-----	-----	<0.005	mg/L	-----	-----	3	EPA 625	0.005 mg/L
2,4-DICHLOROPHENOL	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 625	0.004 mg/L
2,4-DIMETHYLPHENOL	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 625	0.004 mg/L
4,6-DINITRO-O-CRESOL	<0.008	mg/L	-----	-----	<0.008	mg/L	-----	-----	3	EPA 625	0.008 mg/L
2,4-DINITROPHENOL	<0.030	mg/L	-----	-----	<0.030	mg/L	-----	-----	3	EPA 625	0.030 mg/L
2-NITROPHENOL	<0.005	mg/L	-----	-----	<0.005	mg/L	-----	-----	3	EPA 625	0.005 mg/L
4-NITROPHENOL	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
PENTA CHLOROPHENOL	<0.003	mg/L	-----	-----	<0.003	mg/L	-----	-----	3	EPA 625	0.003 mg/L
PHENOL	<0.008	mg/L	-----	-----	<0.008	mg/L	-----	-----	3	EPA 625	0.008 mg/L
2,4,6-TRICHLOROPHENOL	<0.004	mg/L	-----	-----	<0.004	mg/L	-----	-----	3	EPA 625	0.004 mg/L
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
BASE-NEUTRAL COMPOUNDS											
ACENAPHTHENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
ACENAPHTYLENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
ANTHRACENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
BENZIDINE	<0.012	mg/L	-----	-----	<0.012	mg/L	-----	-----	3	EPA 625	0.012 mg/L
BENZO(A) ANTHRACENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
BENZO(A)PYRENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L

FACILITY NAME AND PERMIT NUMBER:

ECONCHATE WWTP - AL0022225

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Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3.4 BENZO-FLUORANTHENE	<0.012	mg/L	-----	-----	<0.012	mg/L	-----	-----	3	EPA 625	0.012 mg/L
BENZO(GHI)PERYLENE	<0.007	mg/L	-----	-----	<0.007	mg/L	-----	-----	3	EPA 625	0.007 mg/L
BENZO(K)FLUORANTHENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
BIS (2-CHLORO ETHOXY) METHANE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
BIS (2-CHLOROETHYL)-ETHER	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
BIS (2-CHLOROISO-PROPYL) ETHER	<0.007	mg/L	-----	-----	<0.007	mg/L	-----	-----	3	EPA 625	0.007 mg/L
BIS (2-ETHYLHEXYL) PHTHALATE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
4-BROMOPHENYL PHENYL ETHER	<0.007	mg/L	-----	-----	<0.007	mg/L	-----	-----	3	EPA 625	0.007 mg/L
BUTYL BENZYL PHTHALATE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
2-CHLORO NAPHTHALENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
4-CHLORPHENYL PHENYL ETHER	<0.008	mg/L	-----	-----	<0.008	mg/L	-----	-----	3	EPA 625	0.008 mg/L
CHRYSENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
DI-N-BUTYL PHTHALATE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
DI-N-OCTYL PHTHALATE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
DIBENZO(A,H) ANTHRACENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
1,2-DICHLORO BENZENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
1,3-DICHLORO BENZENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
1,4-DICHLORO BENZENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
3,3-DICHLORO BENZIDINE	<0.006	mg/L	-----	-----	<0.006	mg/L	-----	-----	3	EPA 625	0.006 mg/L
DIETHYL PHTHALATE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
DIMETHYL PHTHALATE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
2,4-DINITROTOLUENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
2,6-DINITROTOLUENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
1,2-DIPHENYLHYDRAZINE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L

FACILITY NAME AND PERMIT NUMBER:

ECONCHATE WWTP - AL0022225

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
FLUORENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
HEXACHLOROBENZENE	<0.006	mg/L	-----	-----	<0.006	mg/L	-----	-----	3	EPA 625	0.006 mg/L
HEXACHLOROBUTADIENE	<0.003	mg/L	-----	-----	<0.003	mg/L	-----	-----	3	EPA 625	0.003 mg/L
HEXACHLOROCYCLO-PENTADIENE	<0.008	mg/L	-----	-----	<0.008	mg/L	-----	-----	3	EPA 625	0.008 mg/L
HEXA CHLOROETHANE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
INDENO(1,2,3-CD) PYRENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
ISOPHORONE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
NAPHTHALENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
NITROBENZENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
N-NITROSODI-N-PROPYLAMINE	<0.006	mg/L	-----	-----	<0.006	mg/L	-----	-----	3	EPA 625	0.006 mg/L
N-NITROSODI-METHYLAMINE	<0.007	mg/L	----	----	<0.007	mg/L	---	---	3	EPA 625	0.007 mg/L
N-NITROSODI-PHENYLAMINE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
PHENANTHRENE	<0.009	mg/L	-----	-----	<0.009	mg/L	-----	-----	3	EPA 625	0.009 mg/L
PYRENE	<0.010	mg/L	-----	-----	<0.010	mg/L	-----	-----	3	EPA 625	0.010 mg/L
1,2,4-TRICHLOROBENZENE	<0.007	mg/L	-----	-----	<0.007	mg/L	-----	-----	3	EPA 625	0.007 mg/L

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests. (see attachments)

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

0 chronic 4 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:	Test number:	Test number:
a. Test information.			
Test Species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER: ECONCHATE WWTP - AL0022225			
Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	/ /	/ /	/ /
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

_____ Yes _X_ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 11/20/18 (MM/DD/YYYY)

Summary of results: (see instructions)

11/15/17, 12/22/16, 11/17/15

All results passed

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:
NPDES PERMIT NO.: AL0022225 DSN: 001 COUNTY: Montgomery
Permittee: Montgomery Water Works
Facility Name: Econchate WWTP
Agent Submitting Report:
Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
Months To Test:
This Report for Toxicity Test(s) Required for the Month of: Oct
Scheduled Test(s): Yes X No _____ Accelerated Test(s): Yes _____ No X
Accelerated Test Number ___ of ___ For Failed Scheduled Test Date:
Test Type Required: 48 -Hr Acute Screening: X ____-Hr Acute Definitive:
Short-term Chronic Screening: ____ Short-term Chronic Definitive:

	Test Organism: Ceriodaphnia dubia			Test Organism: Pimephales promelas		
Sam No.	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	10/10/18 17:30	10/12/18 15:30	Yes	10/10/18 16:45	10/12/18 14:45	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

		Test Number											
Test	Eff.	(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	28.86%	PASS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C.d.	28.86%	PASS	N/A	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLES(S):

SAMPLE Id.	BOD5 mg/l	TSS mg/l	NH3 mg/l	pH su	Alk mg/l	Hard-EFF mg/l	TRC mg/l	Cond µS
> 1	----	----	4.82	7.5	63	81	< 0.06	474

Chemical Analyses Performed By (Lab): ERA

Total 24-Hour Flow: 19.4 MGD

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: Melanie S Pelham DATE: 11/20/18

FACILITY NAME: Econchate WWTP **NPDES #:** AL0022225 **DSN:** 001 **DATE:** 10/10/18

4. SAMPLE COLLECTION:

Split Samples: N/A ___ Yes X (Explain) ADEM Split

Samples Collected as Specified in the NPDES Permit: Yes X No(Explain)

Receiving Water: Alabama River

Design Flow: 21.0 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp.°C.	Used in Test(s) MM/DD/YY - MM/DD/YY
1	10/10/18 0515	2.9	10/10/18 - 10/12/18

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries Hard.	Alk.	pH	Cond. @ °C.
MHRW	10/05/18	10/10/18	96	61	7.5	317 @ 25

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)					
P.p.	53-66 hrs	Florida Bioassay Supply	28.86					
C.d.	< 24 hrs	ERA	28.86					

Test Species	Test Vessel Type	Vessel Vol.(mL)	Solution Vol.(mL)	Org./Test Vessel	Replicates Per Conc.
P.p.	plastic beaker	500	250	10	2
C.d.	plastic beaker	25	20	5	4

Test Species	Temp. Range (°C.)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
P.p.	24.1 - 25.3	3.3 - 8.5	7.1 - 7.8	75
C.d.	24.1 - 25.4	7.6 - 8.5	7.3 - 7.8	75

7. FEEDING:

Not Fed: X Fed Daily: ___ Fed Irregular: ___(Explain in Comments Below)

Brine Shrimp: Fed ____ mL Suspension of Newly Hatched Larvae ___ Times Daily.

YCT: Fed ____ mL Suspension Containing _____ mg/L TS Daily.

Algae: Fed ____ mL Suspension Containing _____ Algal Cells/mL Daily.

COMMENTS:

FACILITY NAME: Econchate WWTP **NPDES #: AL**0022225 **DSN:**001 **DATE:** 10/10/18

8. REFERENCE TOXICANT TESTS:

TOXICANT: Sodium Chloride SOURCE: Fisher Scientific CAS#: 7647-14-5

Solution Concentration Unit: mg/L ____ g/L X % ___ Other(specify)

Acute:

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Control to Highest Conc.)						
P.p.	10/23/18-10/25/18	MHRW	0	6	7	8	9	10	
C.d.	10/28/18-10/30/18	MHRW	0	1.25	1.50	1.75	2.00	2.25	

Test Org.	Results and 95% Confidence Interval	This Test Upper and Lower CUSUM Chart Control Limit	NUMBER (N)
P.p.	7.16 6.93 - 7.40	6.57 - 8.02	20
C.d.	2.10 1.91 - 2.30	1.42 - 2.41	20

Raw Data on File With ADEM Toxics Unit

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

None

9.B. Test Solution Manipulations or Test Modifications:

None

10. REQUIRED REPORT ATTACHMENTS:

Attach Copies Of Chain-of-Custody Forms, Reference Toxicant Tests, And Raw Data (Bench Sheets) Pertaining To Physical, Chemical, And Biological Measurements For All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

FACILITY NAME: Econchate WWTP **NPDES #:** AL0022225 **DSN:** 001 **DATE:** 10/10/18

11.A ACUTE SCREENING TOXICITY TESTS RESULTS:

TEST ORGANISM: Ceriodaphnia dubia
SAMPLE #: 1
ACUTE TOXICITY INDICATED: YES ___ **NO** X

SOLUTION CONC.(%)	Control	28.86%	
MORTALITY (%)	0	5	

NO MORTALITY STATISTICAL ANALYSIS NECESSARY:
Normally Distributed: Yes _____ No X
Test Statistic: 0.706 Critical Value: 0.749 (Parametric)
Equal Variance: ___ Unequal Variance: NO VARIANCE IN CONTROL
F Statistic: _____ Critical F:
t Test Statistic: _____ *t* Test Critical Value:
Sample Rank Sum: 16 #Reps.: 4 Critical Rank Sum: 11 (Non-Parametric)

TEST ORGANISM: Pimephales promelas
SAMPLE #: 1
ACUTE TOXICITY INDICATED: YES ___ **NO** X

SOLUTION CONC.(%)	Control	28.86%	
MORTALITY (%)	0	0	

NO MORTALITY STATISTICAL ANALYSIS NECESSARY: X
Normally Distributed: Yes _____ No
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal Variance: ___ Unequal Variance:
F Statistic: _____ Critical F:
t Test Statistic: _____ *t* Test Critical Value:
Sample Rank Sum: _____ #Reps.: ___ Critical Rank Sum: _____ (Non-Parametric)

CHAIN OF CUSTODY

ENVIRONMENTAL RESOURCE ANALYSTS, INC.
Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

☐ Standard
☐ Expedite (Addition Fees Apply)
_____ Date Required

Client: Montgomery WW Econchate
Project: 815-1018

Sample No.	183891-01	G or C	Composite Sample(s)			Analytical Measurements Taken By ERA				
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Test	Analyst	Date/Time	Meter # / Probe #	Thermometer ID
Location	Effluent	comp								
Collector	Dale Morris									
Date/Time Sampled	10-10-18 5:15pm									

Flow Rate: _____

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01a	None	Alkalinity, AMMONIA, Cond, Hardness	ZM	-01b	None	toxicity	ZM

Relinquished By: Dale Morris Date/Time: 10-10-18 - 6:00pm Received By: Jy S Joly Date/Time: 10-10-18 6:00AM
Relinquished By: Jy S Joly Date/Time: 10-10-18 0837A Received By: [signature] Date/Time: 10/10/18 0837A
Relinquished By: [signature] Date/Time: 10/10/18 0514 Received By: Sarah [illegible] Date/Time: 10/10/18 0514

Received at Lab By: ZM Date/Time: 10/10/18 1415

Relinquished To Sealed Container: ☐

Relinquished by: [signature] 10/10/18 1005 Received by: ZM 10/10/18 1005

ERA LAB

Client Mont Econchate Sample # 183891

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 10/10/18 1420 Receiving Analyst: ZM

B. Method of Delivery:

☐ Fed Ex ☐ UPS ☐ USPS ☑ ERA Driver ☐ Client Drop Off ☐ Other _____

Tracking Number _____

C. Condition of Custody Seal upon arrival: ☐ Absent ☐ Present & Broken by ERA Driver ☐ Present & sealed ☐ Present & broken

2. Condition of Cooler Contents

A. Chain Of Custody Information: ☑ Completed ☐ Incomplete, _____

B. Cooling Process ☑ Solid Ice ☐ Ice pack ☐ Dry Ice ☐ None ☐ Other

C. Packaging Materials: ☐ Bubble Wrap ☑ None ☐ Other: _____

D. Broken Bottles? ☑ No ☐ Yes If yes, which? _____

E. Temperature °C 2.9 Thermometer ID: Iowa Time: 1420 Initials: ZM

Reason for incorrect temp: (>6.0°C) ☐ Frozen ☐ Beginning of Cooling process ☐ Ice melted ☐ Other _____

3. Sample Information and Verification

A. Sample Numbers match Chain of Custody? ☑ Yes ☐ No, _____

Correct bottle types used for each sample? ☑ Yes ☐ No, _____

All samples arrived within holding time? ☑ Yes ☐ No, _____

B. Were all samples requiring preservation verified & marked on the Chain of Custody? ☑ Yes ☐ No, _____

C. Samples with preservative have been checked and are in the correct pH range? ☐ Yes, no preservatives needed ☐ No, see preservative info ☑ Not applicable

D. Hexane Lot for O&G _____ ☑ N/A

E. Trip Blanks ☐ Absent ☐ Present ☑ N/A

Additional Preservative information

1 Preservative Type: _____

2 Preservative Lot # _____

3 pH Strip Lot # _____

4 Date/Time/Initials _____

4. Comments and Resolutions

A. Was a non-conformance form needed for any samples received in the cooler? ☐ Yes ☑ No

If yes, Date Started: _____ Analyst: _____

B. Additional Comments:

5. Analyst Conformation

The information regarding cooler, chain of custody, and sample receipt is correct and verified by the analyst. If conditions are not met the appropriate actions were taken by the receiving analyst and/or the lab manager.

Date/Time 10/10/18 1420 Initial: ZM QA/QC Review By: _____

SOP 610.5

48 HOUR FATHEAD MINNOW TEST

EPA Method 2000.0

Client: Montgomery Econchate

Test #	265 -3	**Source ABS Lot:**	846	**Randomization Board #**	101018HA
Sample #	183891-01b	**Date Collected**	10/10/2018	**pH Meter/Probe**	AB15-3/24
Age of Test Organisms:	53-55 Hrs			**DO Meter/Probe**	YSI 2/2
Date/Time Minnows were Fed:	10/10/2018 12:50			**Thermometer ID**	Indiana
Test Start Date/Time:	10/10/2018 16:45			**Water Volume:**	20 mLs
Test End Date/Time:	10/12/2018 14:45			**MHRW Lot:**	3662

CONTROL					% Dilution:	28.86	Sample:	effluent
Test Date		**Start**	**24 Hr**	**48 Hr**	**Test Date**	**Start**	**24 Hr**	**48 Hr**
Replicate Number	**1**	10	10	10	**Replicate Number** **1**	10	10	10
	2	10	10	10	**2**	10	10	10
	3	10	10	10	**3**	10	10	10
	4	10	10	10	**4**	10	10	10
Total		40	40	40	**Total**	40	40	40
pH		7.8	7.7	7.8	**pH**	7.5	7.1	7.6
DO (mg/L)		8.3	7.5	7.6	**DO (mg/L)**	8.5	3.3	6.7
Temp °C		24.2	24.8	25.1	**Temp °C**	24.1	24.7	25.3
Date/Time		10/10/18 16:45	10/11/18 16:55	10/12/18 14:45	**Date/Time**	10/10/18 16:45	10/11/18 16:55	10/12/18 14:45
Initials		HA	AF	AF	**Initials**	HA	AF	AF
Obs.		N	N	N	**Obs.**	N	N	N

Observation Key

N = Normal	**ERR = Erratic Swimmin**	**LETH = Lethargic**	**F= Film**	**CLDY = Cloudy**	**OS = On Surface**
SM = Small	**N/A = Not Applicable**	**ON = On Bottom**	**CL = Clear/Colorless**	**CO = Caught ON**	**PM = Particulate Matter**

Environmental Resource Analysts, Inc.
2975 Brown Ct.
Auburn, AL 36830
(334) 502-3444

Q/A Rev'd By JR / AF

SOP 609.5

48 HOUR CERIODAPHNIA TOXICITY TEST

EPA Method 2002.0

Client: Montgomery- Econchate

Test # 265 -3
Sample # 183891-01b
Age of Test Organisms: 0-9 Hrs
Date/Time Babies were Fed: 10/11/2018 9:00
MHRW Lot # 3662
Test Start Date/Time: 10/10/2018 17:30 **Date Collected** 10/10/2018
Test End Date/Time: 10/12/2018 15:30

Randomization Board # 10/1018AF
pH Meter/Probe AB15-3/24
DO Meter/Probe YSI2/2
Thermometer ID Indiana
Water Volume: 20 mLs

CONTROL				
Test Date		Start	24 Hr	48 Hr
Replicate Number	1	5	5	5
	2	5	5	5
	3	5	5	5
	4	5	5	5
Total		20	20	20
pH		7.8	7.7	7.8
DO (mg/L)		8.3	7.9	7.6
Temp °C		24.2	24.7	25.4
Date/Time		10/10/08 17:30	10/11/18 17:10	10/12/18 15:30
Initials		AF	AF	AF
Obs.		N	N	N

% Dilution:	28.86	Sample:	effluent
Test Date	Start	24 Hr	48 Hr
Replicate Number 1	5	5	5
Replicate Number 2	5	5	5
Replicate Number 3	5	5	4
Replicate Number 4	5	5	5
Total	20	20	19
pH	7.5	7.3	7.7
DO (mg/L)	8.5	8.1	7.8
Temp °C	24.1	24.7	25.4
Date/Time	10/10/08 17:30	10/11/18 17:10	10/12/18 15:30
Initials	AF	AF	AF
Obs.	N	N	N

Observation Key — **Photoperiod: 16Hrs Light/8 Hrs Dark**

N = Normal	RR = Erratic Swimmin	LETH = Lethargic	F= Film	CLDY = Cloudy	OS = On Surface
SM = Small	N/A = Not Applicable	ON = On Bottom	CL = Clear/Colorless	CO = Caught ON	PM = Particulate Matter

Environmental Resource Analysts, Inc.
2975 Brown Ct.
Auburn, AL 36830
(334) 502-3444

Q/A Rev'd By AF

Daphnid Acute Test-48 Hr Survival

Start Date:	10/10/2018	Test ID:	265-3c	Sample ID:	Effluent
End Date:	10/12/2018	Lab ID:	ERA	Sample Type:	EFF1-POTW
Sample Date:		Protocol:	EPAAW02-EPA/821/R-02-01	Test Species:	CD-Ceriodaphnia dubia
Comments:					

Conc-%	1	2	3	4
Control	1.0000	1.0000	1.0000	1.0000
eff	1.0000	1.0000	0.8000	1.0000

			Transform: Arcsin Square Root					Rank	1-Tailed
Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N	Sum	Critical
Control	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4		
eff	0.9500	0.9500	1.2857	1.1071	1.3453	9.261	4	16.00	11.00

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates non-normal distribution (p <= 0.01)	0.7064	0.749	-2.0367	4.9
Equality of variance cannot be confirmed				
Hypothesis Test (1-tail, 0.05)				
Wilcoxon Two-Sample Test indicates no significant differences				
Treatments vs Control				

Toxicity Benchsheet

Client: 265- Montgomery Econchate

Sample	Sample #	Collection Date/Time	pH 100%/ Temperature(°C)	TRC mg/L	Analysis Date/Time/ Analyst	pH Meter/Probe	TRC Meter
#1	183891-01b	10/10/18 5:15	7.5/22.4	0.03	10/10/2018 14:30 AF	AB15-3/24	2
#2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
#3	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Q/A Rev'd By _____
AF

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0022225 DSN: 001 COUNTY: Montgomery
Permittee: Montgomery Water Works
Facility Name: Econchate WWTP
Agent Submitting Report:
Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
Months To Test:
This Report for Toxicity Test(s) Required for the Month of: Oct
Scheduled Test(s): Yes X No _____ Accelerated Test(s): Yes _____ No X
Accelerated Test Number ___ of ___ For Failed Scheduled Test Date:
Test Type Required: 48 -Hr Acute Screening: X ____-Hr Acute Definitive:
Short-term Chronic Screening: ____ Short-term Chronic Definitive:

	Test Organism: Ceriodaphnia dubia			**Test Organism:** Pimephales promelas		
Sam No.	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	10/04/17 17:00	10/06/17 15:00	Yes	10/04/17 17:00	10/06/17 15:00	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

		Test Number											
Test	Eff.	(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	28.86%	PASS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C.d.	28.86%	PASS	N/A	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLES(S):

SAMPLE Id.	BOD5 mg/l	TSS mg/l	NH3 mg/l	pH su	Alk mg/l	Hard-EFF mg/l	TRC mg/l	Cond µS
1	----	----	3.93	6.75	73	51	< 0.06	426

Chemical Analyses Performed By (Lab): ERA

Total 24-Hour Flow: 12.1 MGD

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: Melanie J Pelham DATE: 11/15/17

FACILITY NAME: Econchate WWTP **NPDES #:** AL0022225 **DSN:** 001 **DATE:** 10/04/17

4. SAMPLE COLLECTION:

Split Samples: N/A X Yes ___(Explain) _____

Samples Collected as Specified in the NPDES Permit: Yes X No(Explain)

Receiving Water: Alabama River

Design Flow: 21.0 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp.°C.	Used in Test(s) MM/DD/YY - MM/DD/YY
1	10/03/17 10/04/17 0500	4.1	10/04/17 - 10/06/17

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries Hard.	Alk.	pH	Cond. @ °C.
MHRW	9/27/17	10/04/17	91	56	7.44	299 @ 25

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)				
P.p.	2-3 Days	Florida Bioassay Supply	28.86				
C.d.	< 24 hrs	ERA	28.86				

Test Species	Test Vessel Type	Vessel Vol.(mL)	Solution Vol.(mL)	Org./Test Vessel	Replicates Per Conc.
P.p.	plastic beaker	500	250	10	2
C.d.	plastic beaker	25	20	5	4

Test Species	Temp. Range (°C.)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
P.p.	24.5 - 25.6	6.7 - 9.0	7.12 -7.57	75
C.d.	24.5 - 25.5	7.7 - 9.0	7.02 -7.55	75

7. FEEDING:

Not Fed: X Fed Daily: ___ Fed Irregular: ___(Explain in Comments Below)
Brine Shrimp: Fed ____ mL Suspension of Newly Hatched Larvae ___ Times Daily.
YCT: Fed ____ mL Suspension Containing _____ mg/L TS Daily.
Algae: Fed ____ mL Suspension Containing _____ Algal Cells/mL Daily.

COMMENTS:

FACILITY NAME: Econchate WWTP **NPDES #:** AL0022225 **DSN:** 001 **DATE:** 10/04/17

8. REFERENCE TOXICANT TESTS:

TOXICANT: Sodium Chloride SOURCE: Fisher Scientific CAS#: 7647-14-5

Solution Concentration Unit: mg/L ____ g/L X % ___ Other(specify)

Acute:

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Control to Highest Conc.)						
P.p.	10/17/17-10/19/17	MHRW	0	6	7	8	9	10	
C.d.	10/10/17-10/12/17	MHRW	0	1.25	1.50	1.75	2.00	2.25	

Test Org.	Results and 95% Confidence Interval	This Test Upper and Lower CUSUM Chart Control Limit	NUMBER (N)
P.p.	8.00 7.74 - 8.26	6.82 - 8.06	20
C.d.	1.81 1.62 - 2.01	1.47 - 2.59	20

Raw Data on File With ADEM Toxics Unit

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

None

9.B. Test Solution Manipulations or Test Modifications:

None

10. REQUIRED REPORT ATTACHMENTS:

Attach Copies Of Chain-of-Custody Forms, Reference Toxicant Tests, And Raw Data (Bench Sheets) Pertaining To Physical, Chemical, And Biological Measurements For All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

FACILITY NAME: Econchate WWTP **NPDES #:** AL0022225 **DSN:** 001 **DATE:** 10/04/17

11.A ACUTE SCREENING TOXICITY TESTS RESULTS:

TEST ORGANISM: Ceriodaphnia dubia
SAMPLE #: 1
ACUTE TOXICITY INDICATED: YES ___ **NO** X

SOLUTION CONC.(%)	Control	28.86%	
MORTALITY (%)	0	0	

NO MORTALITY STATISTICAL ANALYSIS NECESSARY: X
Normally Distributed: Yes _____ No
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal Variance: ___ Unequal Variance:
F Statistic: _____ Critical F:
t Test Statistic: _____ *t* Test Critical Value:
Sample Rank Sum: _____ #Reps.: ___ Critical Rank Sum: _____ (Non-Parametric)

TEST ORGANISM: Pimephales promelas
SAMPLE #: 1
ACUTE TOXICITY INDICATED: YES ___ **NO** X

SOLUTION CONC.(%)	Control	28.86%	
MORTALITY (%)	0	0	

NO MORTALITY STATISTICAL ANALYSIS NECESSARY: X
Normally Distributed: Yes _____ No
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal Variance: ___ Unequal Variance:
F Statistic: _____ Critical F:
t Test Statistic: _____ *t* Test Critical Value:
Sample Rank Sum: _____ #Reps.: ___ Critical Rank Sum: _____ (Non-Parametric)

CHAIN OF CUSTODY

ENVIRONMENTAL RESOURCE ANALYSTS, INC.
Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

☐ Standard
☐ Expedite (Addition Fees Apply)
_____ Date Required

Client: Montgomery WW Econchate
Project: 815-1017

G or C	Composite Sample(s)			Analytical Measurements Taken By ERA				
	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Test	Analyst	Date/Time	Meter #	Probe #
comp								

Sample No.	172757-01
Location	Effluent
Collector	Ricky Cunningham, Jr
Date/Time Sampled	10-04-17 0500am

Flow Rate (MGD) _____

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01a	None	Alkalinity, AMMONIA, Cond, Hardness	MR	-01b	None	toxicity	MR

Relinquished By: Ricky Cunningham Jr Date/Time: 10-04-17 0600 Received By: Heath McCall Date/Time: 10-4-17 0600
Relinquished By: Heath McCall Date/Time: 10-4-17 9:00 Received By: [signature] Date/Time: 10-4-17 09:00
Relinquished By: [signature] Date/Time: 10-4-17 14:56

Received at Lab By: MR Date/Time: 10/4/17 1610 Method of Transfer: ERA Arrival Temp (°C): 4.1°C Custody Seals Intact: ✓

48 HOUR FATHEAD MINNOW TOXICITY TEST - EPA Method # 2000.0

Test #: 265 -1 Client: Montgomery Econchate Age of Test Organisms: 2-3 days Ambient Laboratory Illumination

Photoperiod: 16hrs. L: 8hrs. D Beginning Date: 10.04.17 Time: 1700 Source: ABS Lot #: 796

Water Volume: 250mL Ending Date: 10.06.17 Time: 1500 Dilution Water Lot #: 3452

CONTROLS

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations	DO meter/ probe #	pH meter/ probe #	Thermometer ID
Start	10	10	10	10	40	7.55	8.8	24.5	N/A	N/A	10.04.17 1700 AF	N	YSI 2 #2	AB15-3 #20	773237 #1
1	10	10	10	10	40	7.37	7.4	25.5	N/A	N/A	10.05.17 1515 AF	N			
2	10	10	10	10	40	7.48	7.3	25.6	N/A	N/A	10.06.17 1500 SH	N			

28.86 %Effluent Lab # 10-04effluent

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start	10	10	10	10	40	7.12	9.0	24.5	N/A	N/A	10.04.17 1700 AF	N
1	10	10	10	10	40	7.23	6.9	25.7	N/A	N/A	10.05.17 1515 AF	N
2	10	10	10	10	40	7.57	6 9.7	25.6	N/A	N/A	10.06.17 1500 SH	N

SH100617A

_____ %Effluent

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start									N/A	N/A		
1									N/A	N/A		
2									N/A	N/A		

Observations Key N/A = Not Applicable

1=Alive 0=Dead M=Missing FC=Flared Carapace LETH=Lethargic CO=Caught On PRE=Precipitate UM=Undissolved Material

OS= On Surface N=Normal F=Film CLDY=Cloudy ERR=Erratic Swimming ON=On Bottom PM=Particular Matter

48 HOUR CERIODAPHNIA TOXICITY TEST - EPA Method # 2002.0

Test #: 2105 -1 Client: Montgomery Econchate Age of Test Organisms: <24 hrs Ambient Laboratory Illumination

YCT & Algae Lot #'s: Not Fed Beginning Date: 10.04.17 Time: 1700 Source: ERA Photoperiod: 16hrs. L : 8hrs D

Water Volume: 20mL Ending Date: 10.06.17 Time: 1500 Dilution Water Lot #: 3452

CONTROLS

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations	DO probe/meter	pH probe/meter	Thermometer ID
Start	5	5	5	5	20	7.55	8.8	24.5	N/A	N/A	10.04.17 1700 AF	N	YS12 #2	AB153 #20	773237 #1
1	5	5	5	5	20	7.43	8.0	25.4	N/A	N/A	10.05.17 1510 AF	N	"	"	"
2	5	5	5	5	20	7.38	7.8	25.5	N/A	N/A	10.06.17 1500 SH	N	"	"	"

28.86 %Effluent Lab # 10-04 effluent

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start	5	5	5	5	20	7.12	9.0	24.5	N/A	N/A	10.04.17 1700 AF	N
1	5	5	5	5	20	7.06	7.9	25.3	N/A	N/A	10.05.17 1510 AF	N
2	5	5	5	5	20	7.02	7.7	25.4	N/A	N/A	10.06.17 1500 SH	N

%Effluent

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start	5	5	5	5	20				N/A	N/A		
1									N/A	N/A		
2									N/A	N/A		

Observations Key N/A = Not Applicable

A=Alive D=Dead M=Missing FC=Flared Carapace LETH=Lethargic CO=Caught On PRE=Precipitate UM=Undissolved Material

AS= On Surface N=Normal F=Film CLDY=Cloudy ERR=Erratic Swimming ON=On Bottom PM=Particular Matter

Toxicity Bench Sheet

Client: Montgomery Econchate

Initial Sample Collection Date/Time	Sample	pH Analysis Date/ Time	Analyst	pH Meter/ Probe	pH Result	TRC Analysis Date/ Time	TRC Result (mg/L)
10.04.17 0500	#1	10.04.17 1700	AF	AB153 #20	6.75	10.04.17 1700	0.00
	#2						
	#3						

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0022225 DSN: 001 COUNTY: Montgomery County

Permittee: Montgomery Water Works

Facility Name: Econchate Wasterwater Treatment Facility

Agent Submitting Report: Montgomery Water Works, 22 Bibb Street, Montgomery, AL 36102

Lab Conducting Toxicity Test(s): TTL, Inc., 3516 Greensboro Ave., Tuscaloosa, AL 35403

Month Toxicity Test(s) Required: October Scheduled Test(s): Yes Accelerated Test(s): No

Test Type Required: X 48 -Hr Acute Screening _____ 24 -Hr Acute Screening

_____ Short-term Chronic Screening _____ Other (Specify) _____

	Test Organism: Pimephales promelas			**Test Organism:** Ceriodaphnia dubia		
Sample Number	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	10/04/16, 15:35	10/06/16, 14:00	Yes	10/04/16, 15:35	10/06/16, 14:05	Yes
2	----------	----------	----	----------	----------	----
3	----------	----------	----	----------	----------	----
4	----------	----------	----	----------	----------	----

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

Test Org.	Effluent Conc.	Test Number 1 Sample Time 05:04			Test Number 2 Sample Time ---:---			Test Number 3 Sample Time ---:---			Test Number 4 Sample Time ---:---		
		Surv.	Repr.	Grow.	Surv.	Repr.	Grow.	Surv.	Repr.	Grow.	Surv.	Repr.	Grow.
Pp	28.9%	Pass	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
Cd	28.9%	Pass	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

2.B. SUMMARY OF RESULTS FOR DEFINITIVE TESTS:

Test Org.	Test Solution Concentrations (%)							LC50	NOEC	Not Determined
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

3. LABORATORY ANALYSES OF UNDILUTED SAMPLE(S):

Sample Id.	BOD5 mg/L	~~TSS~~ TDS mg/L	NH3-N mg/L	pH s.u.	TRC mg/L	Alkalinity mg/L	Sp. Cond. umhos/cm	Hardness (eff.) mg/L	Hardness (Str.) mg/L
1	15	316	6.17	6.83	0.00	61.2	431	67.7	47.6
2	---------	---------	---------	---------	---------	---------	---------	---------	---------
3	---------	---------	---------	---------	---------	---------	---------	---------	---------
4	---------	---------	---------	---------	---------	---------	---------	---------	---------

Municipal Facilities Only

Sample Id.	Arsenic (µg/L)	Cadmium (µg/L)	Chromium (µg/L)	Copper (µg/L)	Lead (µg/L)	Hex. Chromium (µg/L)
1				<40	<40	
Sample Id.	**Mercury (µg/L)**	**Nickel (µg/L)**	**Silver (µg/L)**	**Zinc (µg/L)**	**Total Cyanide (µg/L)**	**Other(s) (µg/L)**
1		<40		<40		MBAS=360

Chemical Analyses Performed by (Lab): City of Montgomery, Specific Conductance, Hardness, Alkalinity and pH by TTL

Instantaneous Flow: (1) 9236.1 GPM (2) --------- GPM (3) --------- GPM (4) --------- GPM

Total 24-Hour Flow: (1) 13.3 MGD (2) --------- MGD (3) --------- MGD (3) --------- MGD

Comments: _____

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: Melanie D. Pelham Date: 12/22/16

FACILITY NAME: Montgomery - Econchate WWTP **NPDES #:** AL0022225 **DSN:** 001 **DATE:** 11/30/16

4. SAMPLE COLLECTION:

Split Samples: N/A X Yes _____ (Explain)_____

Samples Collected as Specified in the NPDES Permit: Yes X No(Explain)_____

Receiving Water: Alabama River

Design Flow: 21 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp. °C	Used in Test(s) MM/DD/YY HHMM - MM/DD/YY HHMM
#1	10/02/16, 05:04 - 10/03/16, 05:14	1.8	10/04/16
#2	----------	-----	----------
#3	----------	-----	----------
#4	----------	-----	----------

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries				
			Hard.	Alk.	pH	Cond.	Temp.
20%DMW	10/03/16	10/04/16	80	60	8.1	180	26.0
-----	----------	----------	----------	----------	----------	----------	----------
-----	----------	----------	----------	----------	----------	----------	----------
-----	----------	----------	----------	----------	----------	----------	----------

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)					
Pp	<24hrs	Aquatic Biosystems, Inc	00	28.9	-------	-------	-------	-------
Cd	<24hrs	In-house Culture	00	28.9	-------	-------	-------	-------

Test Species	Test Vessel Type	Vessel Vol. (mL)	Solution Vol. (mL)	Org./Test Vessel	Replicates Per Conc.
Pp	Plastic Beakers	500	400	5	4
Cd	Plastic Beakers	50	25	5	4

Test Species	Temp. Range (°C)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
Pp	24.6 - 25.0	8.3 - 8.3	7.4 - 8.4	97
Cd	24.6 - 25.1	8.3 - 8.3	7.4 - 8.2	97

7. FEEDING:

Test Species	Not Fed	Fed Daily	Fed Irreg. (See blw)	Brine Shrimp Suspension,Newly Hatched		YTC Suspension		Algae Suspension	
				mL's Fed	Times Daily	mL's Fed	mg/L TSS	mL's Fed	Cells/mL
Pp	X			----------	------	------	------	------	------
Cd	X			----------	------	------	------	------	------

COMMENTS:

Neither species fed during test period.

FACILITY NAME: Montgomery - Econchate WWTP **NPDES #: AL**0022225 **DSN:** 001 **DATE:** 11/30/16

8. REFERENCE TOXICANT TESTS:

TOXICANT: Potassium chloride, KCl SOURCE: Omnipur Lot# UK22FZEMS CAS#: 7447-40-7

Solution Concentration Unit: mg/L X g/L _____ % _____ Other(specify) _____

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Control to Highest Concentration)						
Pp	09/27/16 - 09/29/16	20%DMW	00	125	250	500	1000	2000	----------
Cd	09/27/16 - 09/29/16	20%DMW	00	62.5	125	250	500	1000	----------

Test Org.	Results and 95% Confidence Interval	This Test Upper and Lower CUSUM Chart Control Limit	NUMBER (N)
Pp	1081.79, 847.67 - 1380.58	966.64 - 641.21	20
Cd	174.07, 143.44 - 211.23	248.41 - 174.94	20

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

None.

9.B. Test Solution Manipulations or Test Modifications:

None.

10. REQUIRED REPORT ATTACHMENTS:

Attach Copies Of Chain-of-Custody Forms, Reference Toxicant Tests, And Raw Data (Bench Sheets) Pertaining To Physical, Chemical, And Biological Measurements For All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

COMMENTS:

None.

FACILITY NAME: Montgomery - Econchate WWTP **NPDES #: AL**0022225 **DSN:** 001 **DATE:** 11/30/16

1.A. ACUTE SCREENING TOXICITY TESTS RESULTS:

SAMPLE ID: #1

TEST ORGANISM: Pimephales promelas

ACUTE TOXICITY INDICATED: YES _____ **NO** X

NO ACUTE STATISTICAL ANALYSIS NECESSARY: X

SOLUTION CONC. (%)	00	28.9	--------
MORTALITY (%)	00	00	--------

PERMITTED MORTALITY RATE(%): 10

Normally Distributed: Yes ------- No --------

Test Statistic: ------- Critical Value: ------- (Parametric)

Equal Variance: --- Unequal Variance: ---

F Statistic: -------- Critical F: -------

t Test Statistic: ----- *t* Test Critical Value: -------

Sample Rank Sum: ------ #Reps.: --- Critical Rank Sum: ------ (Non-Parametric)

COMMENTS: No statistical analysis was necessary since effluent mortality equaled control mortality.

TEST ORGANISM: Ceriodaphnia dubia

ACUTE TOXICITY INDICATED: YES _____ **NO** X

NO ACUTE STATISTICAL ANALYSIS NECESSARY: X

SOLUTION CONC. (%)	00	28.9	--------
MORTALITY (%)	00	00	--------

PERMITTED MORTALITY RATE(%): 10

Normally Distributed: Yes ------- No --------

Test Statistic: ------- Critical Value: ------- (Parametric)

Equal Variance: --- Unequal Variance: ---

F Statistic: -------- Critical F: -------

t Test Statistic: ----- *t* Test Critical Value: -------

Sample Rank Sum: ------ #Reps.: --- Critical Rank Sum: ------ (Non-Parametric)

COMMENTS: No statistical analysis was necessary since effluent mortality equaled control mortality.

ATTACHMENT 1

SUMMARY DATA

Summary Data for Fathead Minnow Acute Toxicity Tests

Discharger: Montgomery Water Works
Location: Econchate WWTP - Effluent

Test Dates: 10/04/16-10/06/16
Analyst: WDM, CRC, JML, MMC, TF

Sample	No. Live Larvae at Start	No. Live Larvae at End	Survival %
Final Effluent	20	20	100
Control	20	20	100

Physical/Chemical Data		Control	Effluent
Temperature °C	Avg	25.0	24.9
	Min	24.3	24.6
	Max	26.0	25.0
D.O. mg/L	Avg	8.2	8.3
	Min	8.0	8.3
	Max	8.3	8.3
pH s.u.	Avg	8.1	8.0
	Min	8.0	7.4
	Max	8.2	8.4
Alkalinity mg/L	Mean	60	60
Hardness mg/L	Mean	80	75
Conductivity umhos/cm	Mean	193	253
Light Intens. ft-c	Mean	97	97

BIOTOXICITY DATA: ACUTE TOXICITY

CLIENT: Montgomery Water Works
LOCATION: Enconchate WWTP
PERMIT#: AL0022225
SAMPLE TYPE: One 24-Hour Composite
SAMPLE DATE/TIME: 10/02/16, 05:04 - 10/03/16, 05:14
DILUTION WATER: 20% DMW

SPECIES: Pimephales promelas
AGE: <24 hours
ACCLIMATION TIME: 06 hours
TEST START: 10/04/16, 15:35
TEST FINISH: 10/06/16, 14:00
ANLAYST: WDM, CRC, JML, MMC, TRT

REFERENCE TOXIN: Potassium chloride
DATE/TIME: 09/27/16, 15:50
LC(50): 1081.79 mg/l

Conc. of %	Con. No.	Number of Live Organisms			Dissolved Oxygen mg/l as O2			pH units			Total Alkalinity mg/l as CaCO3			Total Hardness mg/l as CaCO3			Conductivity umhos/cm			Light Intensity ft-c			Temperature deg, C		
		0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48
Econchate 28.9%	E-1	5	5	5	8.3	8.3	8.3	7.4	8.2	8.4	60			75			249	252	259	97	100	94	25.0	24.6	25.0
Econchate 28.9%	E-2	5	5	5																					
Econchate 28.9%	E-3	5	5	5																					
Econchate 28.9%	E-4	5	5	5																					
Dilution water	T-1	5	5	5	8.3	8.3	8.0	8.1	8.0	8.2	60			80			180	191	209	97	100	94	26.0	24.7	24.3
Dilution water	T-2	5	5	5																					
Dilution water	T-3	5	5	5																					
Dilution water	T-4	5	5	5																					

Summary Data for Ceriodaphnia Acute Toxicity Tests

Discharger: Montgomery Water Works
Location: Econchate WWTP - Effluent

Test Dates: 10/04/16-10/06/16
Analyst: WDM, CRC, JML, MMC, TR

Sample	No. Live Neonates at Start	No. Live Neonates at End	Survival %
Final Effluent	20	20	100
Control	20	20	100

Physical/Chemical Data		Control	Effluent
Temperature °C	Avg	25.3	24.9
	Min	24.7	24.6
	Max	26.0	25.1
D.O. mg/L	Avg	8.3	8.3
	Min	8.3	8.3
	Max	8.3	8.3
pH s.u.	Avg	8.1	7.9
	Min	8.0	7.4
	Max	8.3	8.2
Alkalinity mg/L	Mean	60	60
Hardness mg/L	Mean	80	75
Conductivity umhos/cm	Mean	194	260
Light Intens. ft-c	Mean	97	97

BIOTOXICITY DATA: ACUTE TOXICITY

CLIENT: Montgomery Water Works
LOCATION: Enconchate WWTP
PERMIT#: AL0022225
SAMPLE TYPE: One 24-Hour Composite
SAMPLE DATE/TIME: 10/02/16, 05:04 - 10/03/16, 05:14
DILUTION WATER: 20% DMW

SPECIES: Ceriodaphnia dubia
AGE: <24 hours
ACCLIMATION TIME: N/A
TEST START: 10/04/16, 15:35
TEST FINISH: 10/06/16, 14:05
ANLAYST: WDM, CRC, JML, MMC, TRT

REFERENCE TOXIN: Potassium chloride
DATE/TIME: 09/27/16,15:50
LC(50): 174.07 mg/l

Conc. of %	Con. No.	Number of Live Organisms			Dissolved Oxygen mg/l as O2			pH units			Total Alkalinity mg/l as CaCO3			Total Hardness mg/l as CaCO3			Conductivity umhos/cm			Light Intensity ft-c			Temperature deg, C		
		0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48
Econchate 28.9%	E-1	5	5	5	8.3	8.3	8.3	7.4	8.2	8.0	60			75			249	252	279	97	100	94	25.0	24.6	25.1
Econchate 28.9%	E-2	5	5	5																					
Econchate 28.9%	E-3	5	5	5																					
Econchate 28.9%	E-4	5	5	5																					
Dilution water	T-1	5	5	5	8.3	8.3	8.3	8.1	8.0	8.3	60			80			180	191	212	97	100	94	26.0	24.7	25.2
Dilution water	T-2	5	5	5																					
Dilution water	T-3	5	5	5																					
Dilution water	T-4	5	5	5																					

ATTACHMENT 2

RAW BENCH DATA

ACUTE BIOTOXICITY DATA

Client/Toxicant: Montgomery WW
TTL Lab No.: 161004028-001A
NPDES Permit #: AL0022225
Sample Collector: Client
Grab Sample: Collected
(1) : Time / / Date
(2) : Time / / Date
(3) : Time / / Date
(4) : Time / / Date

Location/Outfall: Econchate WWTP Effluent
Analyst: WDM, CRC, JML, MMC, TRT
Dilution Water used:
x 20%DMW ___Up ___Down
Composite: Collected
(1) From: : Time / / Date
To: : Time / / Date

Initial Sample	Eff			
Undiluted pH	7.4			

Test Period:
Start: 1535 Time 10/04/2016 Date
End: 1400 Time 10/06/2016 Date
Test Organism:
Species: Pimephales promelas
Age: <24 hours Source: ABS
Data Approved by:

CRC
Sr. Biologist

Conc. or %	Test Container Number	Number of Live Organisms 0	24	48	DO (mg/L) 0	24	48	pH (Units) 0	24	48	Total Alkalinity (mg/L - $CaCO_3$) 0	24	48	Total Hardness (mg/L - $CaCO_3$) 0	24	48	Specific Conductance (umhos/cm) 0	24	48	Light Intensity ft-C 0	24	48	Temperature (Degrees Celcius) 0	24	48
28.9%	Effluent 1	5	5	5	8.3	8.3	8.3	7.4	8.2	8.4	60			75			249	252	259	97	100	94	25.0	24.6	25.0
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
	Control 1	5	5	5	8.3	8.3	8.0	8.1	8.0	8.2	60			80			180	191	209	97	100	94	26.0	24.7	24.3
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
Analyst Initials		JML/TRT	JML	MMC	JML/TRT	JML	MMC	JML/TRT	JML	MMC	WDM			WDM			JML/TRT	JML	MMC	JML/TRT	JML	MMC	JML/TRT	JML	MMC
Time		1535	1405	1400	1515	1410	1410	1515	1410	1410	1505			1505			1515	1410	1410	1535	1405	1410	1515	1410	1410

ACUTE BIOTOXICITY DATA

Client/Toxicant: Montgomery WW
TTL Lab No.: 161004028-001A
NPDES Permit #: AL0022225
Sample Collector: Client
Location/Outfall: Econchate WWTP Effluent
Analyst: WDM, CRC, JML, MMC, TRT
Dilution Water used:
x 20%DMW ___Up ___Down

Test Period:
Start: 1535 Time 10/04/2016 Date
End: 1405 Time 10/06/2016 Date
Test Organism:
Species: Ceriodaphnia dubia
Age: <24 hrs Source: TTL, Inc.
Data Approved by:

CRC
Sr. Biologist

Grab Sample: Collected
(1) ___:___ Time ___/___/___ Date
(2) ___:___ Time ___/___/___ Date
(3) ___:___ Time ___/___/___ Date
(4) ___:___ Time ___/___/___ Date

Composite: Collected
(1) From: ___:___ Time ___/___/___ Date
To: ___:___ Time ___/___/___ Date

Initial Sample	Eff			
Undiluted pH	7.4			

Conc. or %	Test Container Number	Number of Live Organisms 0	24	48	DO (mg/L) 0	24	48	pH (Units) 0	24	48	Total Alkalinity (mg/L - $CaCO_3$) 0	24	48	Total Hardness (mg/L - $CaCO_3$) 0	24	48	Specific Conductance (umhos/cm) 0	24	48	Light Intensity ft-C 0	24	48	Temperature (Degrees Celcius) 0	24	48
28.9%	Effluent 1	5	5	5	8.3	8.3	8.3	7.4	8.2	8.0	60			75			249	252	279	97	100	94	25.0	24.6	25.1
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
	Control 1	5	5	5	8.3	8.3	8.3	8.1	8.0	8.3	60			80			180	191	212	97	100	94	26.0	24.7	25.2
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
Analyst Initials		JML/TRT	JML	JML	JML/TRT	JML	JML	JML/TRT	JML	JML	WDM			WDM			JML/TRT	JML	JML	JML/TRT	JML	JML	JML/TRT	JML	JML
Time		1535	1400	1405	1515	1410	1415	1515	1410	1415	1505			1505			1515	1410	1415	1535	1405	1410	1515	1410	1415

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0022225 DSN: 001 COUNTY: Montgomery County

Permittee: Montgomery Water Works

Facility Name: Econchate Wasterwater Treatment Facility

Agent Submitting Report: Montgomery Water Works, 22 Bibb Street, Montgomery, AL 36102

Lab Conducting Toxicity Test(s): TTL, Inc., 3516 Greensboro Ave., Tuscaloosa, AL 35403

Month Toxicity Test(s) Required: October Scheduled Test(s): Yes Accelerated Test(s): No

Test Type Required: X 48 -Hr Acute Screening _____ 24 -Hr Acute Screening

_____ Short-term Chronic Screening _____ Other (Specify) _____

	Test Organism: Pimephales promelas			**Test Organism:** Ceriodaphnia dubia		
Sample Number	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	10/08/15, 16:40	10/10/15, 14:40	Yes	10/08/15, 16:40	10/10/15, 14:45	Yes
2	----------	----------	----	----------	----------	----
3	----------	----------	----	----------	----------	----
4	----------	----------	----	----------	----------	----

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

Test Org.	Effluent Conc.	Test Number 1 Sample Time 06:00			Test Number 2 Sample Time ---:---			Test Number 3 Sample Time ---:---			Test Number 4 Sample Time ---:---		
		Surv.	Repr.	Grow.	Surv.	Repr.	Grow.	Surv.	Repr.	Grow.	Surv.	Repr.	Grow.
Pp	28.9%	Pass	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
Cd	28.9%	Pass	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

2.B. SUMMARY OF RESULTS FOR DEFINITIVE TESTS:

Test Org.	Test Solution Concentrations (%)							LC50	NOEC	Not Determined
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

3. LABORATORY ANALYSES OF UNDILUTED SAMPLE(S):

Sample Id.	BOD5 mg/L	~~TSS~~ TDS mg/L	NH3-N mg/L	pH s.u.	TRC mg/L	Alkalinity mg/L	Sp. Cond. umhos/cm	Hardness (eff.) mg/L	Hardness (Str.) mg/L
1	4	290	3.31	7.53	0.86	51	417	78	81
2	----------	----------	----------	----------	----------	----------	----------	----------	----------
3	----------	----------	----------	----------	----------	----------	----------	----------	----------
4	----------	----------	----------	----------	----------	----------	----------	----------	----------

Municipal Facilities Only

Sample Id.	Arsenic (µg/L)	Cadmium (µg/L)	Chromium (µg/L)	Copper (µg/L)	Lead (µg/L)	Hex. Chromium (µg/L)
1				<20	<20	
Sample Id.	**Mercury (µg/L)**	**Nickel (µg/L)**	**Silver (µg/L)**	**Zinc (µg/L)**	**Total Cyanide (µg/L)**	**Other(s) (µg/L)**
1		24		29		MDAS = 133

Chemical Analyses Performed by (Lab): City of Montgomery, Specific Conductance, Hardness, Alkalinity and pH by TTL

Instantaneous Flow: (1) 9305 GPM (2) ---------- GPM (3) ---------- GPM (4) ---------- GPM

Total 24-Hour Flow: (1) 13.4 MGD (2) ---------- MGD (3) ---------- MGD (3) ---------- MGD

Comments: _____

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: Melanie D. Pelham Date: 11/17/15

FACILITY NAME: Montgomery - Econchate WWTP **NPDES #: AL**0022225 **DSN:** 001 **DATE:** 11/11/15

4. SAMPLE COLLECTION:

Split Samples: N/A X Yes _____ (Explain)_____

Samples Collected as Specified in the NPDES Permit: Yes X No(Explain)_____

Receiving Water: Alabama River

Design Flow: 3.0 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp. °C	Used in Test(s) MM/DD/YY HHMM - MM/DD/YY HHMM
#1	10/06/15, 06:00 - 10/07/15, 06:00	2.6	10/08/15
#2	----------	-----	----------
#3	----------	-----	----------
#4	----------	-----	----------

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries				
			Hard.	Alk.	pH	Cond.	Temp.
20%DMW	09/28/15	10/08/15	80	60	7.8	186	26.0
-----	----------	----------	----------	----------	----------	----------	----------
-----	----------	----------	----------	----------	----------	----------	----------
-----	----------	----------	----------	----------	----------	----------	----------

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)					
Pp	<72hrs	Aquatic Biosystems, Inc	00	28.9	--------	--------	--------	--------
Cd	<24hrs	In-house Culture	00	28.9	--------	--------	--------	--------

Test Species	Test Vessel Type	Vessel Vol. (mL)	Solution Vol. (mL)	Org./Test Vessel	Replicates Per Conc.
Pp	Plastic Beakers	500	400	5	4
Cd	Plastic Beakers	50	25	5	4

Test Species	Temp. Range (°C)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
Pp	24.5 - 25.7	8.0 - 8.3	7.6 - 8.2	71
Cd	24.5 - 25.7	8.0 - 8.3	7.6 - 8.1	71

7. FEEDING:

Test Species	Not Fed	Fed Daily	Fed Irreg. (See blw)	Brine Shrimp Suspension,Newly Hatched		YTC Suspension		Algae Suspension	
				mL's Fed	Times Daily	mL's Fed	mg/L TSS	mL's Fed	Cells/mL
Pp	X			----------	-----	-----	-----	-----	-----
Cd	X			----------	-----	-----	-----	-----	-----

COMMENTS:

Neither species fed during test period.

FACILITY NAME: Montgomery - Econchate WWTP **NPDES #:** AL0022225 **DSN:** 001 **DATE:** 11/11/15

8. REFERENCE TOXICANT TESTS:

TOXICANT: Potassium chloride, KCl SOURCE: Omnipur Lot# UK22FZEMS CAS#: 7447-40-7

Solution Concentration Unit: mg/L X g/L _____ % _____ Other(specify) _____

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Control to Highest Concentration)						
Pp	09/30/15 - 10/02/15	20%DMW	00	125	250	500	1000	2000	----------
Cd	09/30/15 - 10/02/15	20%DMW	00	62.5	125	250	500	1000	----------

Test Org.	Results and 95% Confidence Interval	This Test Upper and Lower CUSUM Chart Control Limit	NUMBER (N)
Pp	795.70, 650.58 - 973.19	881.26 - 657.09	20
Cd	198.52, 163.64 - 240.83	268.75 - 160.44	20

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

None.

9.B. Test Solution Manipulations or Test Modifications:

None.

10. REQUIRED REPORT ATTACHMENTS:

Attach Copies Of Chain-of-Custody Forms, Reference Toxicant Tests, And Raw Data (Bench Sheets) Pertaining To Physical, Chemical, And Biological Measurements For All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

COMMENTS:

None.

FACILITY NAME: Montgomery - Econchate WWTP NPDES #: AL0022225 DSN: 001 DATE: 11/11/15

1.A. ACUTE SCREENING TOXICITY TESTS RESULTS:

SAMPLE ID: #1

TEST ORGANISM: Pimephales promelas

ACUTE TOXICITY INDICATED: YES _____ **NO** X

NO ACUTE STATISTICAL ANALYSIS NECESSARY: X

SOLUTION CONC. (%)	00	28.9	--------
MORTALITY (%)	00	00	--------

PERMITTED MORTALITY RATE(%): 10

Normally Distributed: Yes ------- No --------

Test Statistic: ------- Critical Value: ------- (Parametric)

Equal Variance: --- Unequal Variance: ---

F Statistic: -------- Critical F: -------

t Test Statistic: ----- *t* Test Critical Value: -------

Sample Rank Sum: ------ #Reps.: --- Critical Rank Sum: ------ (Non-Parametric)

COMMENTS: No statistical analysis was necessary since effluent mortality equaled control mortality.

TEST ORGANISM: Ceriodaphnia dubia

ACUTE TOXICITY INDICATED: YES _____ **NO** X

NO ACUTE STATISTICAL ANALYSIS NECESSARY: X

SOLUTION CONC. (%)	00	28.9	--------
MORTALITY (%)	00	00	--------

PERMITTED MORTALITY RATE(%): 10

Normally Distributed: Yes ------- No --------

Test Statistic: ------- Critical Value: ------- (Parametric)

Equal Variance: --- Unequal Variance: ---

F Statistic: -------- Critical F: -------

t Test Statistic: ----- *t* Test Critical Value: -------

Sample Rank Sum: ------ #Reps.: --- Critical Rank Sum: ------ (Non-Parametric)

COMMENTS: No statistical analysis was necessary since effluent mortality equaled control mortality.

ATTACHMENT 1

SUMMARY DATA

Summary Data for Fathead Minnow Acute Toxicity Tests

Discharger: Montgomery Water Works
Location: Econchate WWTP - Effluent

Test Dates: 10/08/15-10/10/15
Analyst: WDM, JML, KMK, QES

Sample	No. Live Larvae at Start	No. Live Larvae at End	Survival %
Final Effluent	20	20	100
Control	20	20	100

Physical/Chemical Data		Control	Effluent
Temperature °C	Avg	25.3	25.3
	Min	24.5	24.5
	Max	25.8	25.7
D.O. mg/L	Avg	8.3	8.2
	Min	8.3	8.0
	Max	8.3	8.3
pH s.u.	Avg	7.8	8.0
	Min	7.7	7.6
	Max	8.0	8.2
Alkalinity mg/L	Mean	60	55
Hardness mg/L	Mean	80	80
Conductivity umhos/cm	Mean	204	273
Light Intens. ft-c	Mean	71	71

BIOTOXICITY DATA: ACUTE TOXICITY

CLIENT: Montgomery Water Works
LOCATION: Enconchate WWTP
PERMIT#: AL0022225
SAMPLE TYPE: One 24-Hour Composite
SAMPLE DATE/TIME: 10/06/15, 06:00 - 10/07/15, 06:00
DILUTION WATER: 20% DMW

SPECIES: Pimephales promelas
AGE: <72 hours
ACCLIMATION TIME: 06 hours
TEST START: 10/08/15, 16:40
TEST FINISH: 10/10/15, 14:40
ANLAYST: WDM, JML, KMK, QES

REFERENCE TOXIN: Potassium chloride
DATE/TIME: 09/30/15, 14:15
LC(50): 795.70 mg/l

Conc. of %	Con. No.	Number of Live Organisms			Dissolved Oxygen mg/l as O2			pH units			Total Alkalinity mg/l as CaCO3			Total Hardness mg/l as CaCO3			Conductivity umhos/cm			Light Intensity ft-c			Temperature deg, C		
		0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48
Econchate 28.9%	E-1	5	5	5	8.3	8.0	8.3	7.6	8.1	8.2	55			80			247	267	305	78	67	68	25.7	25.6	24.5
Econchate 28.9%	E-2	5	5	5																					
Econchate 28.9%	E-3	5	5	5																					
Econchate 28.9%	E-4	5	5	5																					
Dilution water	T-1	5	5	5	8.3	8.3	8.3	7.8	8.0	7.7	60			80			180	202	229	78	67	68	25.8	25.6	24.5
Dilution water	T-2	5	5	5																					
Dilution water	T-3	5	5	5																					
Dilution water	T-4	5	5	5																					

Summary Data for Ceriodaphnia Acute Toxicity Tests

Discharger: Montgomery Water Works
Location: Econchate WWTP - Effluent
Test Dates: 10/08/15-10/10/15
Analyst: WDM, JML, KMK, QES

Sample	No. Live Neonates at Start	No. Live Neonates at End	Survival %
Final Effluent	20	20	100
Control	20	20	100

Physical/Chemical Data		Control	Effluent
Temperature °C	Avg	25.3	25.3
	Min	24.5	24.5
	Max	25.8	25.7
D.O. mg/L	Avg	8.3	8.2
	Min	8.3	8.0
	Max	8.3	8.3
pH s.u.	Avg	7.9	7.9
	Min	7.8	7.6
	Max	8.0	8.1
Alkalinity mg/L	Mean	60	55
Hardness mg/L	Mean	80	80
Conductivity umhos/cm	Mean	201	264
Light Intens. ft-c	Mean	71	71

BIOTOXICITY DATA: ACUTE TOXICITY

CLIENT: Montgomery Water Works
LOCATION: Enconchate WWTP
PERMIT#: AL0022225
SAMPLE TYPE: One 24-Hour Composite
SAMPLE DATE/TIME: 10/06/15, 06:00 - 10/07/15, 06:00
DILUTION WATER: 20% DMW

SPECIES: Ceriodaphnia dubia
AGE: <24 hours
ACCLIMATION TIME: N/A
TEST START: 10/08/15, 16:40
TEST FINISH: 10/10/15, 14:45
ANLAYST: WDM, JML, KMK, QES

REFERENCE TOXIN: Potassium chloride
DATE/TIME: 09/30/15, 14:15
LC(50): 198.52 mg/l

Conc. of %	Con. No.	Number of Live Organisms			Dissolved Oxygen mg/l as O2			pH units			Total Alkalinity mg/l as CaCO3			Total Hardness mg/l as CaCO3			Conductivity umhos/cm			Light Intensity ft-c			Temperature deg, C		
		0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48	0	24	48
Econchate 28.9%	E-1	5	5	5	8.3	8.0	8.3	7.6	8.1	7.9	55			80			247	267	277	78	67	68	25.7	25.6	24.5
Econchate 28.9%	E-2	5	5	5																					
Econchate 28.9%	E-3	5	5	5																					
Econchate 28.9%	E-4	5	5	5																					
Dilution water	T-1	5	5	5	8.3	8.3	8.3	7.8	8.0	8.0	60			80			180	202	220	78	67	68	25.8	25.6	24.5
Dilution water	T-2	5	5	5																					
Dilution water	T-3	5	5	5																					
Dilution water	T-4	5	5	5																					

ATTACHMENT 2

RAW BENCH DATA

ACUTE BIOTOXICITY DATA

Client/Toxicant: Montgomery Water Works
TTL Lab No.: 151007123-001A
NPDES Permit #: AL0022225
Sample Collector: Client
Grab Sample: Collected
(1) : Time / / Date
(2) : Time / / Date
(3) : Time / / Date
(4) : Time / / Date

Location/Outfall: Econchate WWTP - Effluent
Analyst: WDM, JML, KMK, QES
Dilution Water used:
x 20%DMW ___Up ___Down
Composite: Collected
(1) From: _____ Time _____ Date
To: _____ Time _____ Date

Initial Sample	Eff			
Undiluted pH	7.5			

Test Period:
Start: 1640 Time 10/08/2015 Date
End: 1440 Time 10/10/2015 Date
Test Organism:
Species: Pimephales promelas
Age: <72 hours Source: ABS
Data Approved by:

Sr. Biologist

Conc. or %	Test Container Number	Number of Live Organisms 0	24	48	DO (mg/L) 0	24	48	pH (Units) 0	24	48	Total Alkalinity (mg/L - $CaCO_3$) 0	24	48	Total Hardness (mg/L - $CaCO_3$) 0	24	48	Specific Conductance (umhos/cm) 0	24	48	Light Intensity ft-C 0	24	48	Temperature (Degrees Celcius) 0	24	48
28.9%	Effluent 1	5	5	5	8.3	8.0	8.3	7.6	8.1	8.2	55			80			247	267	305	78	67	68	25.7	25.6	24.5
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
	Control 1	5	5	5	8.3	8.3	8.3	7.8	8.0	7.7	60			80			180	202	229	78	67	68	25.8	25.6	24.5
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
Analyst Initials		JML/QES	KMK	KMK	JML/QES	KMK	KMK	JML/QES	KMK	KMK	WDM			WDM			JML/QES	KMK	KMK	JML/QES	KMK	KMK	JML/QES	KMK	KMK
Time		1640	1300	1440	1635	1310	1450	1635	1310	1450	1700			1700			1635	1310	1450	1650	1330	1435	1635	1310	1450

TTL, Inc., 3516 Greensboro Ave., P.O. Drawer 1128, Tuscaloosa, AL 35403 - 205/345-0816 Office 205/345-0992 Fax

ACUTE BIOTOXICITY DATA

Client/Toxicant: Montgomery Water Works
Location/Outfall: Econchate WWTP - Effluent
TTL Lab No.: 151007123-001A
Analyst: WDM, JML, KMK, QES
NPDES Permit #: AL0022225
Dilution Water used:
Sample Collector: Client
x 20%DMW ___Up ___Down

Test Period:
Start: 1640 Time 10/08/2015 Date
End: 1445 Time 10/10/2015 Date

Test Organism:
Species: Ceriodaphnia dubia
Age: <24 hrs Source: TTL, Inc.

Grab Sample: Collected
(1) : Time / / Date
(2) : Time / / Date
(3) : Time / / Date
(4) : Time / / Date

Composite: Collected
(1) From: : Time / / Date
To: : Time / / Date

Initial Sample	Eff			
Undiluted pH	7.5			

Data Approved by:

Sr. Biologist

Conc. or %	Test Container Number	Number of Live Organisms 0	24	48	DO (mg/L) 0	24	48	pH (Units) 0	24	48	Total Alkalinity (mg/L - $CaCO_3$) 0	24	48	Total Hardness (mg/L - $CaCO_3$) 0	24	48	Specific Conductance (umhos/cm) 0	24	48	Light Intensity ft-C 0	24	48	Temperature (Degrees Celcius) 0	24	48
28.9%	Effluent 1	5	5	5	8.3	8.0	8.3	7.6	8.1	7.9	55			80			247	267	277	78	67	68	25.7	25.6	24.5
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
	Control 1	5	5	5	8.3	8.3	8.3	7.8	8.0	8.0	60			80			180	202	220	78	67	68	25.8	25.6	24.5
	2	5	5	5																					
	3	5	5	5																					
	4	5	5	5																					
Analyst Initials		JML/QES	KMK	KMK	JML/QES	KMK	KMK	JML/QES	KMK	KMK	WDM			WDM			JML/QES	KMK	KMK	JML/QES	KMK	KMK	JML/QES	KMK	KMK
Time		1640	1305	1445	1635	1310	1450	1635	1310	1450	1700			1700			1635	1310	1450	1650	1330	1435	1635	1310	1450

TTL, Inc., 3516 Greensboro Ave., P.O. Drawer 1128, Tuscaloosa, AL 35403 - 205/345-0816 Office 205/345-0992 Fax

TTL LIMS Chain of Custody Form

Client: Montgomery Water Works
Contact: Mr. Steve Rodopoulos
Mailing Address: 6000 Richard E. Hanan Drive
City, State, Zip: Montgomery, AL 36108
Phone No.:
Sampled By: Client
Project ID: BIO-Mont Econchate
Project Name: Econchate WWTP - Acute Biotox

TTL WORK ORDER NUMBER **151007123**

Composite Sample Info

Sample Eff/cont
Start 10/6/15 06:00 (DATE/TIME)
End 10/7/15 06:00 (DATE/TIME)

Sample
Start (DATE/TIME)
End (DATE/TIME)

Sample Security Requirements

1. Condition of Contents:
2. Sealed for Shipping By:
3. Initial Contents Temp.: °C Seal Applied Yes No
4. Custody Seal Intact Upon Receipt by Laboratory: Yes No
5. Condition of Contents: GOOD-ON ICE
6. Comments: 26° Celsius
7. Reporting Status: Routine; ; Rush By* (* SURCHARGES MAY APPLY)
8. Client P.O. #

Date	Time	Sample ID/Description	Sample Type	Sample Method	Sample Containers	Analysis Parameters
10/7/15	6:00	Econchate WWTP Effluent	Aqueous	COMP24	1 DW1/2 GAL NP	ALK_W, COND, PH_LAB
↓	↓	Econchate WWTP Effluent	Aqueous	COMP24	1 BIOTOX-1GAL NP	BIOTOX_A
↓	↓	Econchate WWTP Effluent	Aqueous	COMP24	1 DW1/2 GALMETALS	HARD_W, 200.7PR

CUSTODY TRANSFERS

Relinquished by: (signed) Date/Time
1 10/7/15 1040
2 Vicki Boga 10/7/15 1310
3 10/7/15 1615
4

Received by (signed) Date/Time
1 Vicki Boga 10/7/15 1000
2 10/7/15 1310
3
4

SHIPPING DETAILS

Air Bill #:
Method of Shipment:
Received By Lab:
Date/Time 10/7/15 16:15

ATTACHMENT 3

REFERENCE TOXICANT DATA

Raw Data and CUSUM charts on file with ADEM.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA,CERCLA, or other remedial wastes must complete part F.

GENERAL INFORMATION:

F.1. Pretreatment program. Does the treatment works have, or is subject ot, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 9

b. Number of CIUs. 6

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Industrial Specialty Co, Inc.

Mailing Address: 50 Forest Hills Dr

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), CN(00720) Cd(01027), Cr(01034), Cu(01042), Pb(01051), Ni(01067), Zn(01092), Al(01104), Ag(01077)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): finished metal products

Raw material(s): aluminum, copper, zinc, nickel, etc.

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

10,000 gpd (X continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

3499/3471

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Rheem Manufacturing

Mailing Address: 2600 Gunter Park Drive, East

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), CN(00720)
Cd(01027), Cr(01034), Cu(01042), Pb(01051), Ni(01067), Zn(01092), Al(01104), Ag(01077)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): water heater

Raw material(s): metal finishing products and porcelain enamel

F.6. Flow Rate.

c. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

140,000 gpd (X continuous or _____ intermittent)

d. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

3639

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: American Sterilizer

Mailing Address: 2720 Gunter Park Drive

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), CN(00720) Cd(01027), Cr(01034), Cu(01042), Pb(01051), Ni(01067), Zn(01092), Al(01104), Ag(01077)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): surgical operating room equipment

Raw material(s): stainless steel, aluminum, copper, zinc, etc.

F.6. Flow Rate.

e. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

9,000 gpd (X continuous or _____ intermittent)

f. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

5047/3842

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Thermalex, Inc.

Mailing Address: 2758 Gunter Park Drive, West

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Cr(01034), Cu(01042), Zn(01092), Al(01104)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): aluminum extruded products

Raw material(s): aluminum, cutting oils

F.6. Flow Rate.

g. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,500 gpd (X continuous or _____ intermittent)

h. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

3354

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Cintas Corporation

Mailing Address: 1141 Emory Folmar Blvd.

Montgomery, Alabama 36110

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Cu(01042), Pb(01051), Ni(01067), Zn(01092), Al(01104), Mo(01062)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): linen supply, laundry

Raw material(s): detergents

F.6. Flow Rate.

i. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

60,000 gpd (X continuous or _____ intermittent)

j. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

7218

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: API Heat Transfer, Thermasys Corp.

Mailing Address: 2760 Gunter Park Drive

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Cr(01034), Cu(01042), Pb(01051), Ni(01067), Zn(01092), Al(01104)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): motor vehicle parts

Raw material(s): metals

F.6. Flow Rate.

k. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

6,000 gpd (X continuous or _____ intermittent)

l. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

3823

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Contech Construction Products

Mailing Address: 2700 Gunter Park Drive, West

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cu(01042), Zn(01092)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): cement reinforced pipes, PVC pipes

Raw material(s): cement, PVC resins

F.6. Flow Rate.

m. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,200 gpd (X continuous or _____ intermittent)

n. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

3355

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Alaga Whitfield Foods, Inc.

Mailing Address: 1101 North Court Street

Montgomery, Alabama 36104

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cu(01042), Zn(01092)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): fruit juices, tea

Raw material(s): fruit concentrates, sugars, preservatives

F.6. Flow Rate.

o. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

95,000 gpd (X continuous or _____ intermittent)

p. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

(2086/2099)

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Berry Global

Mailing Address: 2705 Gunter Park Drive, East

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cu(01042), Zn(01092)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): plastic packaging

Raw material(s): plastic film, vinyl & polyvinyl films

F.6. Flow Rate.

q. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

30,000 gpd (X continuous or _____ intermittent)

r. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

3081/3084

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Gerhardi, Inc.

Mailing Address: 855 Industrial Park Blvd

Montgomery, Alabama 36117

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), CN(00720)

Cd(01027), Cr(01034), Cu(01042), Pb(01051), Ni(01067), Zn(01092), Ag(01077)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): electroplated car parts

Raw material(s): plastics, chemicals, metals

F.6. Flow Rate.

s. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

13,000 gpd (X continuous or _____ intermittent)

t. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

3471

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Dept of Veterans Affairs – Medical Center

Mailing Address: 215 Perry Hill Road

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cu(01042), Zn(01092)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): medical center

Raw material(s): laboratory chemicals

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

14,000 gpd (X continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

8062

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Baptist Health Services (East)

Mailing Address: 400 Taylor Road

Montgomery, Alabama 36117

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cu(01042), Zn(01092)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): hospital

Raw material(s): laboratory chemicals

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

36,000 gpd (X continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

8062

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Berry Global II

Mailing Address: 2740 Gunter Park Drive

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cr(01034), Zn(01092), Mo(01062)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): plastic packaging

Raw material(s): plastic film, vinyl & polyvinyl films

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,500 gpd (X continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

3081

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: City of Montgomery Landfill / Lagoon

Mailing Address: 115 Division Street

Montgomery, Alabama 36104

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cr(01034), Ni(01067), Zn(01092)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): landfill

Raw material(s): leachate

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

6,000 gpd (X continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

4953

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Maxwell AFB (Gunter)

Mailing Address: 2255 Congressman W L Dickinson Dr

Montgomery, Alabama 36109

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

BOD(00310), TSS(00530), O&G(00550), pH(S.U.), COD(00340), NH3-N(00610), Al(01104), Cu(01042), Zn(01092)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): military base operation

Raw material(s): concentrated wastewater

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

27,000 gpd (X continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

none gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

9711

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes X No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

_____ Yes __X__ No (go to F.12)

F.10 **Waste transport.** Method by which RCRA waste is received (check all that apply):

_____ Truck _____ Rail _____ Dedicated Pipe

F.11 **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12 **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

_____ Yes (complete F.13 through F.15.) __X__ No

F.13 **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is excepted to originate in the next five years).

F.14 **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

F.15 **Waste Treatment.**

a. Is this waste treated (or will be treated) prior to entering the treatment works?

_____ Yes _____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

_____ Continuous _____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.

a. Location of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3 Description of Outfall.

a. Outfall number _____

b. Location _____
(city or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

_____ Rainfall _____ CSO pollutant concentrations _____ CSO frequency

_____ CSO flow volume _____ Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (_____ actual or _____ approx.)

b. Give the average duration per CSO event.

_____ hours (_____ actual or _____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year

_____ Inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United State Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

MONTOMERY WATER WORKS
AND
SANITARY SEWER BOARD
MONTGOMERY, ALABAMA

1:15,000

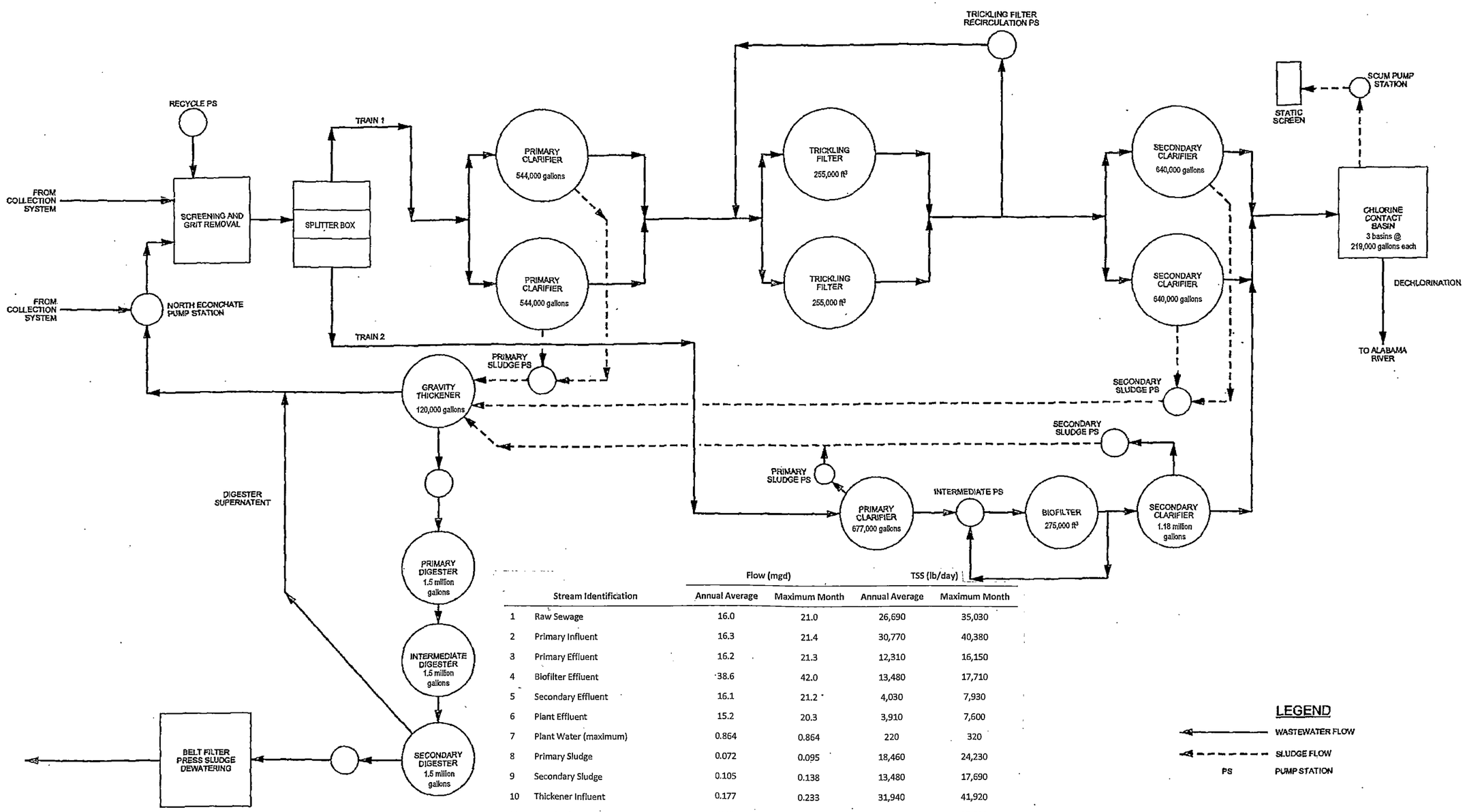
N
W E
S

The Mission of the Montgomery Water and Sewer Board
"To provide the highest quality water
and sanitary sewer service in harmony
with the environment"

Econchate WPCP

- Property Line
- Sewer Plants
- Existing Collector
- Existing Interceptor
- Existing Outfall
- Existing Force Main

MAPS TO BE USED FOR WATER AND SEWER PURPOSES ONLY



	Stream Identification	Flow (mgd) Annual Average	Flow (mgd) Maximum Month	TSS (lb/day) Annual Average	TSS (lb/day) Maximum Month
1	Raw Sewage	16.0	21.0	26,690	35,030
2	Primary Influent	16.3	21.4	30,770	40,380
3	Primary Effluent	16.2	21.3	12,310	16,150
4	Biofilter Effluent	38.6	42.0	13,480	17,710
5	Secondary Effluent	16.1	21.2	4,030	7,930
6	Plant Effluent	15.2	20.3	3,910	7,600
7	Plant Water (maximum)	0.864	0.864	220	320
8	Primary Sludge	0.072	0.095	18,460	24,230
9	Secondary Sludge	0.105	0.138	13,480	17,690
10	Thickener Influent	0.177	0.233	31,940	41,920
11	Digester Influent	0.086	0.113	28,740	37,720
12	Filter Press Feed	0.086	0.113	17,680	23,200
13	Dewatered Sludge	0.010	0.013	16,790	22,040
14	Thickener Overflow	0.091	0.120	3,190	4,190
15	Belt Press Filtrate	0.198	0.272	880	1,160
16	Recycle Flows	0.289	0.392	4,080	5,350

LEGEND

WASTEWATER FLOW

SLUDGE FLOW

PS PUMP STATION

FIGURE 3-12
MONTGOMERY COMP PLAN UPDATE

ECONCHATE WPCP
PROCESS FLOW DIAGRAM

ch2m:

000179

FILENAME: FIGURE_3-12_677481.dgn

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

RECEIVED
JAN 28 2019
IND / MUN BRANCH

PURPOSE OF THIS APPLICATION

- ☐ Initial Permit Application for New Facility*
- ☐ Modification of Existing Permit
- ☐ Revocation & Reissuance of Existing Permit
- ☐ Initial Permit Application for Existing Facility*
- ☒ Reissuance of Existing Permit

** An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.*

SECTION A – GENERAL INFORMATION

1. Facility Name: Econchate Wastewater Treatment Plant

   a. Operator Name: Montgomery Water Works & Sanitary Sewer Board

   b. Is the operator identified in A.1.a, the owner of the facility? ☒ Yes ☐ No
   If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.

   c. Name of Permittee* if different than Operator: _____
   **Permittee will be responsible for compliance with the conditions of the permit*

2. NPDES Permit Number: AL 0022225 (Not applicable if initial permit application)

3. Facility Physical Location: (**Attach a map with location marked; street, route no. or other specific identifier**)
   Street: 2501 Jackson Ferry Road
   City: Montgomery County: Montgomery State: AL Zip: 36104
   Facility Location (Front Gate): Latitude: 32° 25' 2" N Longitude: 86° 18' 11" W

4. Facility Mailing Address: P.O. Box 1631
   City: Montgomery County: Montgomery State: AL Zip: 36102

5. Responsible Official (as described on last page of this application):
   Name and Title: William R. Henderson, General Manager
   Address: P.O. Box 1631
   City: Montgomery State: AL Zip: 36102
   Phone Number: 334-206-3425 Email Address: bhenders@mwwssb.com

6. Designated Facility/DMR Contact:

Name and Title: Tim Logiotatos, Water Pollution Control Superintendent

Phone Number: 334-206-1722 Email Address: tlogio@mwwssb.com

7. Designated Emergency Contact:

Name and Title: Tim Logiotatos, Water Pollution Control Superintendent

Phone Number: 334-206-1722 Email Address: tlogio@mwwssb.com

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

Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

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

Permit Type	Permit Number	Held By
Econchate WWTP	AL0022225	Montgomery Water & Sanitary Sewer Board

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

Facility Name	Permit Number	Type of Action	Date of Action
n/a			

SECTION B – WASTEWATER DISCHARGE INFORMATION

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

Outfall No.	Highest Flow in Last 12 Months (MGD)	Highest Daily Flow (MGD)	Average Flow (MGD)
0011	26.65	42.95	13.96

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

3. Do you share an outfall with another facility? ☐ Yes ■ No (If no, continue to B.4)
For each shared outfall, provide the following:

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

4. 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:

5. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)? ☐ Yes ■ No

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

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

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

Description of Waste	Quantity (lbs/day)	Disposal Method*
Biosolids	16,000	Landfill

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

SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

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

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit?
See Attached List				■ Yes ☐ No
				☐ Yes ■ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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

SECTION E – COASTAL ZONE INFORMATION

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

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

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

SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS

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

SECTION I– RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?	Included in TMDL?*
0011	Alabama River	☐ Yes ■ No	☐ Yes ■ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ 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: William R Henderson Date Signed: 1-25-19

Name and Title: William R. Henderson, General Manager

If the Responsible Official signing this application is <u>not</u> identified in Section A.5 or A.8, 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.

MONTOMERY WATER WORKS
AND
SANITARY SEWER BOARD
MONTGOMERY, ALABAMA

1:15,000

N
W E
S

The Mission of the Montgomery Water and Sewer Board
"To provide the highest quality water
and sanitary sewer service in harmony
with the environment"

Econchate WPCP
2501 Jackson Ferry Rd
Montgomery, AL 36104

Property Line
Sewer Plants

Selected Area
MONTGOMERY COUNTY
ALABAMA

MAPS TO BE USED FOR WATER AND SEWER PURPOSES ONLY

RECYCLE PS

FROM COLLECTION SYSTEM

SCREENING AND GRIT REMOVAL

SPLITTER BOX

TRAIN 1

TRAIN 2

FROM COLLECTION SYSTEM

NORTH ECONCHATE PUMP STATION

PRIMARY CLARIFIER 544,000 gallons

PRIMARY CLARIFIER 544,000 gallons

TRICKLING FILTER RECIRCULATION PS

TRICKLING FILTER 255,000 ft³

TRICKLING FILTER 255,000 ft³

SECONDARY CLARIFIER 640,000 gallons

SECONDARY CLARIFIER 640,000 gallons

STATIC SCREEN

SCUM PUMP STATION

CHLORINE CONTACT BASIN 3 basins @ 219,000 gallons each

DECHLORINATION

TO ALABAMA RIVER

PRIMARY SLUDGE PS

GRAVITY THICKENER 120,000 gallons

SECONDARY SLUDGE PS

SECONDARY SLUDGE PS

PRIMARY SLUDGE PS

PRIMARY CLARIFIER 677,000 gallons

INTERMEDIATE PS

BIOFILTER 275,000 ft³

SECONDARY CLARIFIER 1.18 million gallons

DIGESTER SUPERNATENT

PRIMARY DIGESTER 1.5 million gallons

INTERMEDIATE DIGESTER 1.5 million gallons

SECONDARY DIGESTER 1.5 million gallons

BELT FILTER PRESS SLUDGE DEWATERING

LEGEND

WASTEWATER FLOW

SLUDGE FLOW

PS PUMP STATION

FIGURE 3-12
MONTGOMERY COMP PLAN UPDATE

ECONCHATE WPCP
PROCESS FLOW DIAGRAM

ch2m:

000179

FILENAME: FIGURE_3-12_677481.dgn

PLOT DATE:

ADEM Form 188

Supplemental Information – NPDES Permit Application Form

Section D – Industrial Indirect Discharge Contributors

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit? Y/N
Alaga Whitfield Foods, Inc.	Process wastes from manufacturing juices, tea, and other beverages	Existing	0.095000	Y
American Sterilizer	Wastes from metal finishing operations associated with surgical equipment and supply manufacturing	Existing	0.009000	Y
API Heat Transfer, Thermasys Corp.	Discharge from manufacturing auto heat exchange, auto tubing, and specialty machinery	Existing	0.006000	N
Baptist Health Services (East)	Industrial wastes from hospital operations	Existing	0.036000	N
Berry Global	Wastes from manufacturing plastics film and sheet	Existing	0.030000	N
Berry Global (II)	Wastes from manufacturing plastics film and sheet	Existing	0.001500	N
Cintas Corporation	Wastes from industrial laundry, cleaning and garment services	Existing	0.060000	N
Contech Construction Products	Wastes from manufacturing plastics	Existing	0.001200	N
Dept of Veterans Affairs – Medical Center	Industrial wastes from hospital operations	Existing	0.014000	N
Gerhardi, Inc.	Wastes from manufacturing and electroplating plastic auto parts and grills	Existing	0.013000	Y
Industrial Specialty Co., Inc.	Industrial wastes from metal finishing operations	Existing	0.010000	Y
Maxwell AFB (Gunter)	Wastes from military base	Existing	0.027000	N
Montgomery Landfill/ Lagoon	Leachate from landfill	Existing	0.006000	N
Rheem Manufacturing	Process wastewater from metal finishing and porcelain enameling operations	Existing	0.140000	Y
Thermalex, Inc.	Process wastewater from aluminum extruding operations	Existing	0.002500	Y

RULES AND REGULATIONS

WATER WORKS & SANITARY SEWER BOARD
of the
CITY OF MONTGOMERY, ALABAMA

Governing Service To:

WATER USERS,
SANITARY SEWER USERS,
and
INDUSTRIAL WASTE DISCHARGERS

DATE APPROVED
9/19/17

SECTION III
PRETREATMENT REGULATIONS

A. GENERAL

It is the purpose and intent of these Rules and Regulations, as defined herein, to provide a complete system for permitting discharge to the Board's POTW in accordance with all Federal and State statutes and with Rules issued there under.

All dischargers of non-domestic waste are subject to pretreatment regulations and must be reviewed to evaluate applicability of pertinent requirements.

The issuance of permits and supervision of the user's pretreatment program and the revocation of permit authorizations shall in general be under the supervision of ADEM, with concurrence of the Board.

Each user required to enter into a discharge permit agrees to comply with these Rules and Regulations and promptly to pay all fees and charges provided herein or subsequently adopted by the Board. Failure to do so shall be grounds for cancellation of the permit and for discontinuance of sewer/water service. The application for a discharge permit will be provided by ADEM, unless the Board wishes to adopt forms for its own use. In these forms all reference to the City or municipality shall refer to the Board.

B. PRETREATMENT PROGRAM PROCEDURES FOR PERMITTING, COMPLIANCE TRACKING AND ENFORCEMENT

The Board's pretreatment program consists of four major elements: (1) the identification and categorization of dischargers and determination of pretreatment requirements; (2) the issuance of permits; (3) the tracking of dischargers to insure compliance with permits; and (4) the enforcement of all pretreatment rules and regulations.

The purpose of this paragraph is to describe the procedures for accomplishing requirements in each of the four major areas listed above. The intent of these procedures is to establish the administrative mechanism to allow the efficient and effective implementation of the Board's pretreatment resolution and the Board's Memorandum of Agreement with ADEM.

(1) Identification, Categorization of Dischargers, and Determination of Pertinent Requirements.

(a) Identification of Existing Dischargers.

The primary tool for identifying existing dischargers who may be subject to the Board's pretreatment requirements is a preliminary screening questionnaire that is sent to any known or suspected discharger who has not been categorized.

The function of the questionnaire is to obtain sufficient information to make a categorization decision; that is, to determine in which of the three categories listed below the discharger should be placed. The categories are:

1) A non-significant discharger about whom information is to be maintained in the Board's inventory of non-domestic contributors.

2) A significant discharger who does not require a State Indirect Discharge (SID) permit but whose discharge is to be regulated in some facet by the Board.

3) A significant discharger who requires an SID permit.

If there is no response from the recipient to the questionnaire, a second questionnaire will be sent with a letter of transmittal detailing the eventual consequence of non-response (see Enforcement Section).

(b) Categorization.

Upon evaluation of the questionnaires each business will be placed into one of three categories for program management. General guidelines for identifying category placement are as follows:

1) Category 1 - Businesses that have no discharge other than normal sanitary wastewater, or whose non-sanitary discharge has no significant effect on the sewer, will be placed in this category. The businesses so designated will not be tracked by the Board but they will be maintained in the Board's inventory in case a change in status is required in the future. No contractual arrangement between the Board and discharger will be required for those designated in Category 1. An example of a non-significant discharger could be a small office building.

2) Category 2 - A business will be placed in Category 2 when, in the Board's judgment, some component(s) in its wastewater may interfere with the operation and maintenance of the sewer collection system and/or the wastewater treatment plant and it is deemed appropriate to monitor the discharge. In Category 2, the nature of the wastewater does not fall under state or federal industrial pretreatment guidelines; therefore, no SID permit is required, but these dischargers will be subject to control by the Board. A permit delineating specific requirements for the dischargers will be executed

between the Board and the discharger for all discharges designated in Category 2. Dischargers in Category 2 will be subject to the Board's compliance tracking program. An example of a significant discharger who does not require a SID permit could be an apartment complex or a Food Service Establishment (FSE)/restaurant.

3) Category 3 - Businesses in Category 3 are those, which are subject to state and federal industrial pretreatment rules and regulations. Those in Category 3 will require a State Indirect Discharge (SID) permit. Generally, in accordance with state requirements, a business discharging a wastewater with one or more of the following characteristics will be placed in Category 3:

   a) The discharge of more than 25,000 gpd of process wastewater.

   b) The discharge of significant quantities of one or more of the EPA designated categorical wastes.

   c) The discharge in significant quantities of a prohibited or potentially prohibited waste.

   Businesses in Category 3 will be permitted by the State, will be required to execute a permit with the Board for the purpose of providing the Board a means of regulating the discharge, and will be subject to the Board's compliance tracking program. In addition to State permit requirements, the Board may, through permit, control those wastes described in Category 2 for Category 3 users. An example of a significant discharger who requires an SID permit would be an automobile manufacturer.

(c) Appeal Procedures for Any Pretreatment Requirement.

Decisions of the Board concerning pretreatment requirements for users will be made by the General Manager. Should the user object to the classification assigned or to the pretreatment criteria required by the General Manager's decision, the user may appeal the decision as outlined below:

1) A written notice of objection supported by any pertinent documentation must be made to the General Manager within 30 calendar days of notification of the requirement. The thirty day period within which the user can appeal may be waived by the General Manager if extenuating circumstances so justify. The General Manager will reply to the objection within 20 working days. Decisions by the General Manager may be appealed to the Board. Decisions by the Board are final except in cases where ADEM must also concur.

2) Any written appeal submitted and received by the Board, which is not addressed within 20 working days of receipt, is considered granted to the user.

3) If a user is appealing being placed in Category 3 (SID permit required), final appeal concerning issuance of the SID permit and permit requirement must be to ADEM. The Board's recommendations must accompany the user's appeal to ADEM.

(d) Modification of Program Requirements for Users: Periodically, changes in pretreatment requirements of existing users are required. When such changes are deemed necessary, the procedures listed below are applicable.

1) The user will be notified in writing of the proposed change and of the basis for the change.

2) Included in the notice of change will be any draft permit or contractual requirements, if appropriate.

3) The proposed change in user requirements will be effective 30 calendar days after notice. Should the user object to the change, such objection must be registered with the Board within 30 calendar days of receipt of the notice of proposed change. Appeal of changes should be as described in (c) above.

(2) Permits

The basis for regulating users of the sewer system will be through SID permits and/or permits between the user and the Board.

SID permits will be issued and enforced by ADEM in coordination with the Board but are not directly controlled by the Board.

In addition to the SID permit, the Board will enter into a separate permit with the permit holder to address pretreatment criteria. The Board will execute permits with Category 2 and Category 3 users. These permits will specifically identify all pretreatment requirements to be enforced by the Board that the user must meet and will provide the Board that authority required by federal pretreatment regulations but not granted the Board under enabling statutes. Users may be subject to other state and federal pretreatment requirements not included in the Board's permit. All SID requirements will be referenced in Category 3 permits.

If construction of pretreatment facilities is required of any user, such a requirement will be included in the user's permit. A schedule for facility completion will be an enforceable portion of the permit.

(3) Compliance Tracking

The purpose of the compliance-tracking program is to insure that all Category 2 and Category 3 users are meeting the terms of their permits. The program consists of the following major components:

(a) Self-Monitoring Reports: In accordance with the Board/ADEM Memorandum of Agreement, each Category 3 user will be required to submit a self-monitoring report once a month. This requirement will be included in the user's permit with the Board. Parameter concentration(s) to be reported and the frequency of analysis will be specified in the SID permit. Reports will be submitted concurrently to the Board and to ADEM and should be received by the Board no later than the 28th day of the subsequent month. Failure to submit such reports will be a breach of the executed permit and could result in enforcement action.

(b) Compliance Evaluation Inspections: The purpose of compliance evaluation inspections (CEI) is to insure the proper operation of any pretreatment facilities specified in permits with Category 2 and Category 3 users. These inspections are a "walk-through" type and do not involve effluent sampling. These inspections will confirm that all required facilities are in place and being properly operated. A CEI may be done concurrently with the compliance sampling inspection (CSI) described below. All Category 2 and Category 3 facilities will receive a CEI annually.

(c) Compliance Sampling Inspection: The purpose of the compliance sampling inspection (CSI) is to insure that those effluent limits specified in a user's permit are being achieved. During the CSI, a 3-day composite sample will be taken from the user's effluent and analyzed for those parameters contained in the respective permit. The Board will conduct such inspections every six months. As a minimum, annual inspections will be conducted. In lieu of a 3-day composite sample on an annual basis, the Board may choose to conduct a CSI on a 24 hour composite, monthly basis if such an approach appears appropriate for a given user.

(d) Inspection Summary Reports: Reports will be maintained of all inspection results.

(4) Enforcement

The Board will enforce its permits with Category 2 and Category 3 users and the Pretreatment Resolution in a consistent and equitable manner. The compliance-tracking program will identify those users not meeting the terms of their permits. Once violators are identified, enforcement action will follow. The following enforcement actions are available to the Board's General Manager when seeking to correct problems:

(a) Verbal notice to the violators requesting corrective action.

(b) Written notice to the violators requesting corrective action.

(c) Execution of penalty fees as provided for in the approved permit between the Board and dischargers.

(d) Referral of the violator to ADEM.

(e) Termination of water and sewer services to the violator.

C. GENERAL DISCHARGE PROHIBITIONS

No person shall contribute or cause to be contributed, directly or indirectly, any pollutant or wastewater which will interfere with the operation or performance of the POTW. These general prohibitions apply to all users of a POTW whether or not the user is subject to National Categorical Pretreatment Standards or any other national, state or local pretreatment standards or requirements. A user may not contribute the following substances to any POTW:

(1) Any liquids, solids or sp-gasses which by reason of their nature or quantity are, or may be, sufficient either alone or by interaction with other substances to cause fire or explosion or to be injurious in any other way to the POTW or to the operation of the POTW. At no time shall two successive readings on an explosion hazard meter at the point of discharge into the system (or at any point in the system) be more than five percent (5%) nor shall any single reading be over ten percent (10%) of the Lower Explosive Limit (LEL) of the meter. Prohibited materials include, but are not limited to, gasoline, kerosene, naphtha, benzene, toluene, xylene, ethers, alcohols, ketones, aldehydes, peroxides, chlorates, perchlorates, bromates, carbides, hydrides, sulfides and any other substance that is a fire hazard to the system.

(2) Solid or viscous substances that may cause obstruction to the flow in a sewer or other interference with the operation of the wastewater treatment facilities, including, but not limited to, grease, garbage with particles greater than one-half inch (½") in any dimension, animal guts or tissues, paunch manure, bones, hair, hides or fleshing, entrails, whole blood, feathers, ashes, cinders, sand, spent lime, stone or marble dust, metal, glass, straw, shavings, grass clippings, rags, spent grains, spent hops, waste paper, wood, plastics, gas, tar, asphalt, residues, residues from refining or processing of fuel or lubricating oil, mud, or glass grinding or polishing wastes.

(3) Any wastewater having a PH less than 6.0, unless the POTW is specifically designed to accommodate such wastewater, or wastewater having any other corrosive property capable of causing damage or hazard to structures, equipment, and/or personnel of the POTW.

(4) Any wastewater containing toxic pollutants in sufficient quantity, either alone or by interaction with other pollutants, to interfere with any wastewater treatment process, to constitute a hazard to humans or animals, to create a toxic effect in the receiving waters of the POTW, or to exceed the limitation set forth in a Categorical Pretreatment Standard. A toxic pollutant shall include but not be limited to any pollutant identified pursuant to Section 307(a) of the Clean Water Act, as amended, 33 U.S.C. Section 1317 (a).

(5) Any noxious or malodorous liquids, sp-gasses, or solids which either alone or by interaction with other wastes are sufficient to create a public nuisance or hazard to life or are sufficient to prevent entry into the sewers for maintenance and repair.

(6) Any substances, such as residues, sludge, or scums, that may cause the POTW's effluent or any other product of the POTW to be unsuitable for reclamation and reuse or that interferes with the reclamation process. In no case shall a substance contributed to the POTW fail to comply with sludge use or disposal criteria, guidelines or regulations developed under Section 405 of the Clean Water Act, as amended, 33 U.S.C. section 1345, or any criteria, guidelines, or regulations affecting sludge use or disposal developed pursuant to the Solid Waste Disposal Act, the Clean Air Act, the Toxic Substances Control Act, or state criteria applicable to the sludge management method being used.

(7) Any substance that will cause the POTW to violate its NPDES and/or State Indirect Discharge Permit or the receiving water quality standards.

(8) Any wastewater with objectionable color not removed in the treatment process, including, but not limited to, dye wastes and vegetable tanning solutions.

(9) Any wastewater having a temperature that will inhibit biological activity in the POTW treatment plant resulting in interference, but in no case wastewater with a temperature at the introduction into the POTW which exceeds 40 degrees C (104 degrees F) unless the POTW treatment plant is designed to accommodate such temperature.

(10) Any pollutants, including oxygen demanding pollutants (BOD, etc.) released at a flow rate and/or pollutant concentration which a user knows or has reason to know will cause interference to the POTW. In no case shall a slug load have a flow rate or contain concentration or qualities of pollutants that exceed for any time period longer than fifteen (15) minutes more than five (5) times the average twenty-four (24) hour concentration, quantities, or flow during normal operation.

(11) Any wastewater containing any radioactive wastes or isotopes of such concentration as may exceed limits established by the Superintendent in compliance with applicable State or Federal Regulations.

(12) Any wastewater that causes a hazard to human life or creates a public nuisance.

When the Superintendent determines that a user(s) is contributing to the POTW any of the above enumerated substances in such amounts as to interfere with the operation of the POTW, the Superintendent shall: (1) advise the user(s) of the impact of the contribution on the POTW; and (2) develop effluent limitations(s) for such user(s) to correct the interference with the POTW.

D. NATIONAL CATEGORICAL PRETREATMENT STANDARDS

Upon the promulgation of the National Categorical Pretreatment Standards for a particular industrial subcategory, the Pretreatment Standard, if more stringent than limitations imposed under these Rules for sources in that subcategory shall immediately supersede the limitations

imposed under these Rules. The Superintendent shall notify all affected users of the applicable reporting requirements under 40 CFR, Section 403.12.

E. MODIFICATION OF NATIONAL CATEGORICAL PRETREATMENT STANDARDS

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

F. POLLUTANT LIMITATIONS

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

G. STATE REQUIREMENTS

State requirements and limitations on discharges shall apply in any case where they are more stringent than federal requirements and limitations or those in these Rules.

H. BOARD'S RIGHT OF REVISION

The Board reserves the right to establish by Rules and Regulations more stringent limitations or requirements on discharges to the wastewater disposal system than those presently contained in this Section.

I. EXCESSIVE DISCHARGE

No user shall ever increase the use of process water or in any way attempt to dilute a discharge as a partial or complete substitute for adequate treatment to achieve compliance with the limitations contained in the National Categorical Pretreatment Standards, or in any other pollutant-specific limitation developed by the Board or State. (Comment: Dilution may be an acceptable means of complying with some of the prohibitions set forth in paragraph A of this

section, e.g. the PH prohibition, provided the method has the prior approval of the Superintendent of the Alabama Department of Environmental Management.)

J. ACCIDENTAL DISCHARGES

Each user shall provide protection from accidental discharge of substances prohibited by these Rules. Facilities to prevent accidental discharge of prohibited substances shall be provided and maintained at the user's cost and expense. Detailed plans showing facilities and operating procedure to provide this protection shall be submitted to the Board for review, and must be approved by the Board before construction of the facility. No person who commences contribution to the POTW after the effective date of these Rules shall be permitted to introduce pollutants into the system until accidental discharge procedures have been approved by the Board and the Alabama Department of Environmental Management. Review and approval of such plans and operating procedures shall not relieve the user from the responsibility to modify its facility as necessary to meet the requirements of these Rules.

In the case of an accidental discharge, it is the responsibility of the user to immediately telephone and notify the POTW and the Alabama Department of Environmental Management of the incident. The notification shall include location of discharge, type of waste, concentration and volume, and corrective actions.

Within five (5) days of an accidental discharge, the user shall submit to the Alabama Department of Environmental Management a detailed written report describing the cause of the discharge and the measures to be taken by the user to prevent similar future occurrences. Such notification shall not relieve the user from responsibility for any expense, loss, damage or other liability which may be incurred as a result of damage to the POTW, including fish kills, or any other damage to person or property; nor shall such notification relieve the user of any fines, civil penalties, or other liability which may be imposed by these Rules and Regulations.

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

K. CHARGES AND FEES

The purpose of this Section is to provide for the recovery of costs from users of the Board's wastewater disposal system for the implementation of the program established herein. The applicable charges or fees shall be set forth in the Board's Schedule of Charges and Fees and shall apply to each user contributing to the POTW who is or should have a discharge permit.

The Board may adopt charges and fees including, but not limited to:

(1) Fees for reimbursement of costs of setting up and operating the Board's Pretreatment Program;

(2) Fees for monitoring, inspections and surveillance procedures;

(3) Fees for reviewing accidental discharge procedures and construction;

(4) Fees for permit applications;

(5) Fees for filing appeals;

(6) Fees for consistent removal by the Board of pollutants otherwise subject to Federal Pretreatment Standards; and

(7) Other fees as the Board may deem necessary to carry out the requirements contained herein.

These fees relate solely to the matters covered by these Rules and Regulations and are in addition to all other fees chargeable by the Board, e.g. the Board's present Industrial User Charges.

L. WASTEWATER DISCHARGERS

No person may discharge to the POTW any wastewater except as authorized by the Board in accordance with these Rules and Regulations.

M. WASTEWATER CONTRIBUTION PERMITS

(1) General Permits: All Category 2 and Category 3 users proposing to connect to or to contribute to the POTW shall obtain a Wastewater Discharge Permit before connecting to or contributing to the POTW.

(2) Permit Application: Users required to obtain a Wastewater Discharge Permit shall complete and file with the Board an application on a form prescribed by the Board, accompanied by the current fee, at least 90 days prior to connecting to or contributing to the POTW. If the application is approved by the Board, it shall be transmitted to the Alabama Department of Environmental Management. In support of the application, the proposed user shall submit, in units and terms appropriate for evaluation, the following information:

(a) Name, address and location (if different from address);

(b) SIC number according to the Standard Industrial Classification Manual, Bureau of the Budget, 1972, as amended;

(c) Wastewater constituents and characteristics as determined by a reliable analytical laboratory sampling and analysis shall be performed in accordance with procedures established by the EPA pursuant to Section 304(g) of the Clean Water Act, as amended, 33 U.S. C. Section 1314 (g) , and contained in 40 CFR, Part 136, as amended;

(d) Time and duration of contribution;

(e) Average daily and 3 minute peak wastewater flow rates, including daily, monthly and seasonal variations if any;

(f) Site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location and elevation;

(g) Description of activities, facilities and plant processes on the premises including all substances which are or could be discharged;

(h) Where known, the nature and concentration of any pollutants in the discharge which are limited by any state pretreatment standards or the National Pretreatment Standards, and a statement regarding whether or not the pretreatment standards are being met on a consistent basis and, if not, whether additional operation and maintenance (O&M) and/or additional pretreatment is required for the user to meet applicable pretreatment standards;

(i) If additional pretreatment and/or O&M will be required to meet the Pretreatment Standards, the shortest schedule by which the user will provide such additional pretreatment. The completion date in this schedule shall not be later than the compliance date established for the applicable Pretreatment Standard. The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and operation of additional pretreatment facilities required for the user to meet the applicable Pretreatment Standards (e.g., hiring an engineer, completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc.). No increment of progress contained in the schedule shall exceed 9 months. Not later than 14 days following each date in the schedule, including the final date for compliance, the user shall submit a progress report to the Superintendent and Alabama Department of Environmental Management including, as a minimum, whether or not it complied with the increment of progress, the reason for delay, and the steps being taken to return the construction to the schedule established. In no event shall more than 9 months elapse between such progress reports to the Superintendent.

(j) Each product produced, by type, amount, process or processes and rate of production;

(k) Type and amount of raw materials processed (average and maximum per day);

(l) Number and type of employees, hours of operation of plant, and proposed or actual hours of operation of pretreatment system;

(m) Any other information as may be deemed by the Board or the Alabama Department of Environmental Management to be necessary to evaluate the permit application.

(3) Consideration of Permit Application

The Board and the Alabama Department of Environmental Management will evaluate the data furnished by the user and may require additional information. After evaluation and acceptance of the data furnished, the Board, or the Alabama Department of Environmental Management with the concurrence of the Board, may issue a Wastewater Discharge Permit subject to terms and conditions provided herein and in the Memorandum of Agreement between the Alabama Department of Environmental Management and the Board.

N. PERMIT MODIFICATIONS

Within 9 months of the promulgation of a National Categorical Pretreatment Standard, all Wastewater Discharge Permits previously issued shall be revised to require compliance with such standard within the time frames prescribed by such standard. Where a user subject to a National Categorical Pretreatment Standard has not previously submitted an application for a Wastewater Discharge Permit as required by this Section, the user shall apply for a Wastewater Discharge Permit within 180 days after the promulgation of the applicable National Categorical Pretreatment Standard. In addition, a user with an existing Wastewater Discharge Permit shall submit to the Superintendent within 180 days after the promulgation of an applicable National Categorical Pretreatment Standard the information required by paragraphs M(2)(h) and M(2)(I) of this Section.

O. PERMIT CONDITIONS

(1) Wastewater Discharge Permits shall be expressly subject to all provisions of these Rules and all other applicable regulations, charges and fees established by the Board. Permits may contain the following:

(a) The unit charge or schedule of charges and fees for the wastewater to be discharged to a community sewer;

(b) Limits on the average and maximum wastewater constituents and characteristics;

(c) Limits on average and maximum rate and time of discharge or requirements for flow regulations and equalization;

(d) Requirements for installation and maintenance of inspection and sampling facilities;

(e) Specifications for monitoring programs which may include sampling actions, frequency of sampling, number, types and standards for tests and reporting schedule;

(f) Compliance schedules;

(g) Requirements for submission of technical reports or discharge reports (see paragraph R of this Section);

(h) Requirements for maintaining and retaining plant records relating to wastewater discharge as specified by the Board, and for affording the Board access thereto;

(i) Requirements for notifying the Board of any new introduction of wastewater constituents or any substantial change in the volume or character of the wastewater constituents being introduced into the wastewater treatment system;

(j) Requirements for notifying the Board of sludge discharges; and

(k) Other conditions as deemed appropriate by the Board to ensure compliance with these Rules and Regulations.

P. PERMIT DURATION

Permits shall be issued for a specified time period, not to exceed five (5) years. A permit may be issued for a period less than a year or may be stated to expire on a specific date. The user shall apply for permit re-issuance a minimum of 180 days prior to the expiration of the user's existing permit. The terms and conditions of the permit may be subject to modification by the Board and the Alabama Department of Environmental Management during the term of the permit. The user shall be informed of any proposed changes in his permit at least 30 days prior to the effective date of change. Any changes or new conditions in the permit shall include a reasonable time schedule for compliance.

Q. PERMIT TRANSFER

Wastewater Discharge Permits are issued to a specific user for a specific operation. A Wastewater Discharge Permit shall not be assigned, transferred or sold to a new person, a successor to the permittee, different premises, or a new or changed operation without the approval of the Board and the Alabama Department of Environmental Management.

R. REPORTING REQUIREMENTS FOR PERMITTEE

(1) Compliance Date of Report: Within 90 days of the date for final compliance with applicable Pretreatment Standards or, in the case of a New Source, within 90 days of commencement of the introduction of wastewater into the POTW, any person subject to Pretreatment Standards shall submit to the Superintendent and the Alabama Department of Environmental Management a report indicating the nature and concentration of all

pollutants in the discharge from the regulated process which are limited by Pretreatment Standards and the average and maximum daily flow for these process units which are limited by such Pretreatment Standards. The report shall state whether the applicable Pretreatment Standards are being met on a consistent basis and, if not, what additional O&M and/or pretreatment is necessary to bring the user into compliance with the applicable Pretreatment Standards. This statement shall be signed by the user or his authorized representative and certified to by a qualified professional.

(2) Periodic Compliance Reports

(a) Any person subject to a Pretreatment Standard, after the compliance date of such Pretreatment Standard, or, in the case of a New Source, after commencement of the discharge into the POTW, shall submit to the Superintendent and the Alabama Department of Environmental Management a monthly report indicating the nature and concentration of pollutants in the effluent which are limited by such Pretreatment Standards. In addition, this report shall include a record of all daily flows which during the reporting period exceeded the average daily flow.

(b) The Superintendent or the Alabama Department of Environmental Management may impose mass limitations on persons who are using dilution to meet applicable Pretreatment Standards, or in other cases where the impositions of mass limitations are appropriate. In such cases, the report required by subparagraph (2) (a) of paragraph R of this Section shall indicate the mass of pollutants regulated by Pretreatment Standards in the effluent of the user. These reports shall contain the results of sampling and analysis of the discharge, including the flow and the nature and concentration, or production and mass, where requested by the Superintendent, of pollutants contained therein which are limited by the applicable Pretreatment Standards. The frequency of monitoring shall be prescribed in the applicable Pretreatment Standard. All analysis shall be performed in accordance with procedures established by the Administrator of the EPA pursuant to Section 304(g) of the Clean Air Act, as amended, 33 U.S.C. Section 1314(g), and contained in 40 CFR, Part 136 and amendments thereto or with any other test procedures approved by the Administrator. Sampling shall be performed in accordance with the techniques approved by the Administrator.

(Comment: Where 40 CFR, Part 136 does not include a sampling or analytical technique for the pollutant in question, sampling and analysis shall be performed in accordance with the procedures set forth in the EPA publication, Sampling and Analysis Procedures for Screening of Industrial Effluents for Priority Pollutants, and analytical procedures approved by the Administrator.)

and shall be acceptable to them before construction of the facility. The review of such plans and operating procedures will in no way relieve the user from the responsibility of modifying the facility as necessary to produce an effluent acceptable to the Board and to ADEM under the provisions of these Rules. Any subsequent changes in the pretreatment facilities or method of operation shall be reported to and be acceptable to the Board and to ADEM prior to the user's initiation of the changes.

The Board shall annually publish in a newspaper of general circulation a list of the user(s) who were not in compliance with any pretreatment standards at least once during the 12 previous months. The notification shall also summarize any enforcement actions taken against the user(s) during the same 12 months.

All records relating to compliance with Pretreatment Standards shall be made available to officials of the EPA and ADEM upon request.

V. CONFIDENTIAL INFORMATION

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

When requested by the person furnishing a report, and approved by the Board, the portions of a report which might disclose trade secrets or secret processes shall not be made available for inspection by the public but shall be available (1) to governmental agencies for uses related to these Rules, the National Pollutant Discharge Elimination System (NPDES) Permit, ADEM Permit and/or the Pretreatment Programs, (2) for use by the State or any state agency or the EPA in judicial review or enforcement proceedings involving the person furnishing the report, and (3) and in response to subpoena or court order of production directed to the Board. Wastewater constituents and characteristics will not be recognized as confidential information.

Information accepted by the Board as confidential shall not be transmitted to any governmental agency or to the general public by the Board until and unless a ten-day notification is given to the user, except where subpoena or court order requires production within a shorter time period.

W. ENFORCEMENT

(1) Harmful Contributions: The Board or ADEM may suspend the wastewater treatment service and/or a Wastewater Discharge Permit when such suspension is necessary, in the opinion of either, in order to stop an actual or threatened discharge which presents or may present an imminent or substantial endangerment to the health or welfare of persons

or to the environment, causes interference to the POTW or causes the Board to violate any condition of its NPDES Permit.

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

(2) Revocation of Permit: Any user, who commits one or more of the following violations of these Rules, or applicable state and federal regulations, is subject to having its permit revoked:

(a) failure to factually report the wastewater constituents and characteristics of his discharge;

(b) failure to report significant changes in operations, or wastewater constituents and characteristics;

(c) refusal to allow the Board's employees reasonable access to the premises for the purpose of inspection or monitoring; or,

(d) notification of violation.

(3) Notification of Violation: Whenever the Board or ADEM finds that any person has violated or is violating these Rules, a Wastewater Discharge Permit, or any prohibition, limitation or requirement contained herein, the Board or ADEM may serve upon such person a written notice stating the nature of the violation. Within 30 days of the date of the notice, such person shall submit a plan for the satisfactory correction thereof to the Board or ADEM.

(4) Show Cause Hearing: The Board or ADEM may order any person who causes or allows an unauthorized discharge to enter the POTW to show cause why the proposed enforcement action should not be taken. A notice shall be served on such person specifying the time and place of a hearing regarding the violation, the reasons the action is to be taken, and the proposed enforcement action, and directing the person to show cause why the proposed enforcement action should not be taken. The notice of the hearing shall be served personally or by registered or certified mail (return receipt requested) at least 10 days before the hearing. Service may be made on any agent or officer of a corporation.

The Board or ADEM may conduct the hearing and take the evidence, or may designate any of its members or any officer or employee of the Board or ADEM to:

(a) issue in the name of the Board or ADEM notices of hearings requesting the attendance and testimony of witnesses and the production of evidence relevant to any matter involved in such hearings;

(b) take the evidence; and

(c) transmit a report of the evidence and hearing, including transcripts and other evidence, together with recommendations to the Board and ADEM for action thereon.

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

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

(5) Legal Action: If any person discharges sewage, industrial wastes or other wastes into the Board's wastewater disposal system contrary to the provisions of these Rules, the Board may commence an action for appropriate relief in the Circuit Court for Montgomery County, Alabama, or any other court with jurisdiction over the subject matter.

X. SCHEDULE OF FEES, CHARGES AND PENALTIES RELATING TO RULES AND REGULATIONS ON PRETREATMENT OF INDUSTRIAL WASTE (AMENDED 2/15/94)

ITEM	FEE TYPE	FEE DESCRIPTION
(1)	INDUSTRIAL WASTE SURCHARGE	All Category 3 users are subject to the industrial waste surcharge as described in Section IV of these Rules and Regulations
(2)	PERMIT CHARGE	A processing fee established by the Board will be required of all Category 2 and 3 users for their original permit.
(3)	PENALTIES	In case of failure to submit a required report, improper operation of waste facilities, or any breach of the permit the following procedures will apply: a. The Board shall give written notice to the user, requiring action within thirty (30) days. b. Penalty for failure to comply with permit provisions after written notice is $100.00 per day for Category 2 users and $300.00 per day for Category 3 users. c. Termination of service. Charge for terminating and reinstating service shall be cost plus 20%.
(4)	APPEAL	$100.00

TABLE III-1: SCHEDULE OF FEES

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
AL0022225

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM **2F** NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
002S	32.00	25.00	9.00	-86.00	18.00	21.00	Alabama River

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002S	10 acres	50 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

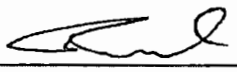
All materials stored indoors with no exposure to rainfall. Areas kept grassed as much as possible.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
002S	No significant materials exposed to rainfall. All materials stored under roof and/or in containment walls.	N/A

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Tim Logiotatos, WPC Superintendent		11/13/19

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

On 11/5/19 the storm water piping system was visually inspected and dye test conducted to verify the storm water system's integrity. At 8:00 AM the outfall (sample location 002S) was visually inspected. At that time, the outfall was dry (confirming that no process/sanitary sewer liquids were being released through the storm water outfall during normal operations). Dye was released from multiple locations throughout the plant site in an effort to further verify the absence of any cross connection between the plant's sanitary/process water and storm water systems. The dye testing began at 8:00 AM and the system was again visually inspected at 8:30 AM. The inspection and dye testing revealed no evidence of a cross connection with the plant's process or sanitary systems. Inspection and testing was witnessed by the Plant Operations Supervisor and the Plant Maint Superv

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

VIII. Biological Toxicity Testing Data

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 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

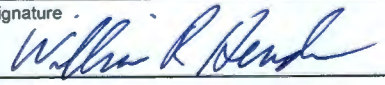
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☑ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. 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 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.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
William R. Henderson, General Manager	(334) 206-3425
C. Signature 	D. Date Signed 1-25-19

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – 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.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5 mg/L	N/A			1.00	
Biological Oxygen Demand (BOD5)	CBOD 9 mg/L				1.00	
Chemical Oxygen Demand (COD)	--					
Total Suspended Solids (TSS)	49 mg/L				1.00	
Total Nitrogen	<1.0 mg/L				1.00	
Total Phosphorus	<0.5 mg/L				1.00	
pH	Minimum 8.06	Maximum 8.06	Minimum	Maximum	1.00	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
NH3-N	<0.50 mg/L				1.00	
TKN	0.8 mg/L				1.00	
E. coli	585 col/100mL				1.00	

Continued from the Front

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
10/22/17	180	1.01	>72	21.53 cfs	0.408 MGD

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

Computed from calculation of surface area and flow

MONTOMERY WATER WORKS
AND
SANITARY SEWER BOARD
MONTGOMERY, ALABAMA

1:5,000

N
W E
S

The Mission of the Montgomery Water and Sewer Board

"To provide the highest quality water and sanitary sewer service in harmony with the environment"

Econchate WPCP

Property Line

Sewer Plants

Selected Area

MONTGOMERY COUNTY
ALABAMA

MAPS TO BE USED FOR WATER AND SEWER PURPOSES ONLY

FACILITY NAME AND PERMIT NUMBER:
ECONCHATE WWTP AL0022225

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2S NPDES

NPDES FORM 2S APPLICATION OVERVIEW

PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).

1. Facilities with a currently effective NPDES permit.

2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).

Form Approved 1/14/99
OMB Number 2040-0086

PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

1. Facility Information.

a. Facility name n/a

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Facility Address (not P.O. B ox) _____

_____

e. Indicate the type of facility

_____ Publicly owned treatment works (POTW) _____ Privately owned treatment works

_____ Federally owned treatment works _____ Blending or treatment operation

_____ Surface disposal site _____ Sewage sludge incinerator

_____ Other (describe) _____

2. Applicant Information.

a. Applicant name _____

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Is the applicant the owner or operator (or both) of this facility?

_____ owner _____ operator

e. Should correspondence regarding this permit be directed to the facility or the applicant?

_____ facility _____ applicant

Form Approved 1/14/99
OMB Number 2040-0086

3. Sewage Sludge Amount. Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

a. Amount generated at the facility _____ dry metric tons
b. Amount received from off site _____ dry metric tons
c. Amount treated or blended on site _____ dry metric tons
d. Amount sold or given away in a bag or other container for application to the land _____ dry metric tons
e. Amount of bulk sewage sludge shipped off site for treatment or blending _____ dry metric tons
f. Amount applied to the land in bulk form _____ dry metric tons
g. Amount placed on a surface disposal site _____ dry metric tons
h. Amount fired in a sewage sludge incinerator _____ dry metric tons
i. Amount sent to a municipal solid waste landfill _____ dry metric tons
j. Amount used or disposed by another practice _____ dry metric tons
Describe _____

4. Pollutant Concentrations. Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

5. Treatment Provided At Your Facility.

a. Which class of pathogen reduction does the sewage sludge meet at your facility?

_____ Class A _____ Class B _____ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

_____

_____

_____

_____

_____

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)
_____ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

_____
_____

6. **Sewage Sludge Sent to Other Facilities.** Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8?
_____ Yes _____ No

If yes, go to question 8 (Certification).

If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?
_____ Yes _____ No

If no, go to question 7 (Use and Disposal Sites).

If yes, provide the following information for the facility receiving the sewage sludge:

a. Facility name _____

b. Mailing address _____
_____

c. Contact person _____
Title _____
Telephone number _____

d. Which activities does the receiving facility provide? (Check all that apply)

_____ Treatment or blending
_____ Land application
_____ Incineration
_____ Sale or give-away in bag or other container
_____ Surface disposal
_____ Other (describe):

_____
_____

7. Use and Disposal Sites. Provide the following information for each site on which sewage sludge from this facility is used or disposed:

a. Site name or number _____

b. Contact person _____

Title _____

Telephone _____

c. Site location (Complete 1 or 2)

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude _____ Longitude _____

d. Site type (Check all that apply)

____ Agricultural ____ Lawn or home garden ____ Forest
____ Surface disposal ____ Public Contact ____ Incineration
____ Reclamation ____ Municipal Solid Waste Landfill ____ Other (describe): _____

8. Certification. Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 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 and official title _____

Signature _____

Telephone number _____

Date signed _____

SEND COMPLETED FORMS TO:

Form Approved 1/14/99
OMB Number 2040-0086

PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

1. **SECTION A: GENERAL INFORMATION.**

   Section A must be completed by all applicants

2. **SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.**

   Section B must be completed by applicants who either:

   1) Generate sewage sludge, or

   2) Derive a material from sewage sludge.

3. **SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.**

   Section C must be completed by applicants who either:

   1) Apply sewage to the land, or

   2) Generate sewage sludge which is applied to the land by others.

   NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if <u>all</u> sewage sludge from their facility falls into one of the following three categories:

   1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
   2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
   3) The sewage sludge from this facility is sent to another facility for treatment or blending.

4. **SECTION D: SURFACE DISPOSAL**

   Section D must be completed by applicants who own or operate a surface disposal site.

5. **SECTION E: INCINERATION**

   Section E must be completed by applicants who own or operate a sewage sludge incinerator.

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

a. Facility name: Econchate Wastewater Treatment Plant

b. Mailing Address: P.O. Box 1631
Montgomery, AL 36102

c. Contact person: Tim Logiotatos

Title: Water Pollution Control Superintendent

Telephone number: (334) 206-1722

d. Facility Address (not P.O. Box): 2501 Jackson Ferry Rd
Montgomery, AL 36104

e. Is this facility a Class I sludge management facility? ✓ Yes _____ No

f. Facility design flow rate: 21.00 mgd

g. Total population served: 85,000.00

h. Indicate the type of facility:

✓ Publicly owned treatment works (POTW)
_____ Federally owned treatment works
_____ Surface disposal site
_____ Other (describe)
_____ Privately owned treatment works
_____ Blending or treatment operation
_____ Sewage sludge incinerator

A.2. Applicant Information. If the applicant is different from the above, provide the following:

a. Applicant name: Montgomery Water Works & Sanitary Sewer Board

b. Mailing Address: P.O. Box 1631
Montgomery, AL 36102

c. Contact person: William R. Henderson

Title: General Manager

Telephone number: (334) 206-3425

d. Is the applicant the owner or operator (or both) of this facility?

✓ owner ✓ operator

e. Should correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Permit Information.

a. Facility's NPDES permit number (if applicable): AL0022241

b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit

A.4. Indian Country. Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

_____Yes ✓ No If yes, describe: _____

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.

b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

A.6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

A.7. Contractor Information.

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _____Yes ✓ No

If yes, provide the following for each contractor (attach additional pages if necessary):

a. Name _____

b. Mailing Address _____

_____

c. Telephone Number _____

d. Responsibilities of contractor _____

_____

FACILITY NAME AND PERMIT NUMBER:
ECONCHATE WWTP AL0022225

Form Approved 1/14/99
OMB Number 2040-0086

A.8. Pollution 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 Part 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 four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	4.20	EPA 6010	4.0 mg/kg
CADMIUM	4.20	EPA 6010	4.0 mg/kg
CHROMIUM	51.50	EPA 6010	4.0 mg/kg
COPPER	302.00	EPA 6010	4.0 mg/kg
LEAD	25.50	EPA 6010	4.0 mg/kg
MERCURY	0.56	EPA 7471	0.3 mg/kg
MOLYBDENUM	8.20	EPA 6010	4.0 mg/kg
NICKEL	23.70	EPA 6010	4.0 mg/kg
SELENIUM	9.80	EPA 6010	4.0 mg/kg
ZINC	611.00	EPA 6010	4.0 mg/kg

A.9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

_____ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

✓ Section A (General Information)

✓ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

_____ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 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 and official title: William R. Henderson, General Manager

Signature: William R Henderson Date signed: 1-25-19

Telephone number: (334) 206-3425

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

B.1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 2,887.00 dry metric tons

B.2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name n/a

b. Mailing Address

c. Contact person

Title

Telephone number

d. Facility Address (not P.O. Box)

e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

B.3. Treatment Provided At Your Facility.

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

_____ Class A ✓ Class B _____ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
anaerobic digestion

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
✓ None or unknown

B.3. Treatment Provided At Your Facility. (con't)

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

_____

_____

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

_____

_____

Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.

B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons

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

_____Yes _____No

Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.

B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

a. 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: _____ dry metric tons

b. Attach, with this application, 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.

Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

B.6. Shipment Off Site for Treatment or Blending.

a. Receiving facility name _____

b. Mailing address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____

B.6. Shipment Off Site for Treatment or Blending. (con't)

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?____ Yes ____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

_____ Class A _____ Class B _____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

_____
_____

f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?
_____Yes _____No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge.

_____
_____

g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above? ____ Yes ____ No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

_____
_____

h. If you answered yes to (e), (f), or (g), 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).

i. 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? _____ Yes _____ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

Complete Section B.7 if sewage sludge from your facility is applied to the land, <u>unless</u> the sewage sludge is covered in:

- **Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); <u>or</u>**
- **Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); <u>or</u>**
- **Section B.6 (you send it to another facility for treatment or blending).**

B.7. Land Application of Bulk Sewage Sludge.

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons

B.7. Land Application of Bulk Sewage Sludge. (con't)

b. Do you identify all land application sites in Section C of this application? _____ Yes _____ No

If no, submit a copy of the land application plan with application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? _____ Yes _____ No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

_____

_____

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

B.8. Surface Disposal.

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

_____ Yes _____ No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

c. Site name or number _____

d. Contact person _____

Title _____

Telephone number _____

Contact is _____Site owner _____Site operator

e. Mailing address _____

_____

f. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: _____ dry metric tons

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

B.9. Incineration.

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? _____ Yes _____ No

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Telephone number: _____

Contact is: _____ Incinerator owner _____ Incinerator operator

B.9. Incineration. (con't)

e. Mailing address: _____

_____

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: _____ dry metric tons

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in a Municipal Solid Waste Landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill: City of Montgomery, North Montgomery Sanitary Landfill

b. Contact person: Patrick Dunson

Title: City Engineer, City of Montgomery, AL

Telephone number: (334) 625-2690

Contact is: ✓ Landfill owner _____ Landfill operator

c. Mailing address: 25 Washington Avenue
Montgomery, AL 36104

d. Location of municipal solid waste landfill:

Street or Route #: 115 Division Street

County: Montgomery

City or Town: Montgomery State: AL Zip: 36104

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:

2,887.00 dry metric tons

f. List, on this form or an attachment, 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
51-01	Solid Waste FacilityDisposal

g. Submit, with this 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)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete Section C for sewage sludge that is applied to the land, unless any of the following conditions apply:

- **The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 (fill out B.4 Instead); or**
- **The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 Instead); or**
- **You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).**

Complete Section C for every site on which the sewage sludge that you reported in Section B.7 is applied.

C.1. Identification of Land Application Site.

a. Site name or number _____

b. Site location (Complete 1 and 2).

1. Street or Route # _____

   County _____

   City or Town _____ State _____ Zip _____

2. Latitude _____ Longitude _____

   Method of latitude/longitude determination

   _____ USGS map _____ Field survey _____ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

C.2. Owner Information.

a. Are you the owner of this land application site? _____ Yes _____ No

b. If no, provide the following information about the owner:

Name _____

Telephone number _____

Mailing Address _____

_____

C.3. Applier Information.

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?
_____ Yes _____ No

b. If no, provide the following information for the person who applies:

Name _____

Telephone number _____

Mailing Address _____

_____

C.4. Site Type: Identify the type of land application site from among the following.

_____ Agricultural land _____ Forest _____ Public contact site

_____ Reclamation site _____ Other. Describe: _____

C.5. Crop or Other Vegetation Grown on Site.

a. What type of crop or other vegetation is grown on this site?

_____

b. What is the nitrogen requirement for this crop or vegetation?

_____

C.6. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
_____ Yes _____ No

If yes, answer C.6.a and C.6.b;

a. Indicate which vector attraction reduction option is met:

_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)

b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

_____

_____

Complete Question C.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).

C.7. Cumulative Loadings and Remaining Allotments.

a. Have you contacted the 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

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority _____

Contact Person _____

Telephone number _____

b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?
_____ Yes _____ No

If no, skip C.7.c.

c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge 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.

Facility name _____

Mailing Address _____

_____

Contact person _____

Title _____

Telephone number _____

D. SURFACE DISPOSAL

Complete this section if you own or operate a surface disposal site.

Complete Sections D.1 - D.5 for each active sewage sludge unit.

D.1. Information on Active Sewage Sludge Units.

a. Unit name or number: _____

b. Unit location (Complete 1 and 2).

1. Street or Route # _____

   County _____

   City or Town _____ State _____ Zip _____

2. Latitude_____ Longitude_____

   Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____ dry metric tons

e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons

f. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec? _____ Yes _____ No

If yes, describe the liner (or attach a description):

_____

_____

g. Does the active sewage sludge unit have a leachate collection system? _____ Yes _____ No

If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:

_____

_____

h. If you answered no to either D.1.f. or D.1.g., answer the following question:

Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?
_____ Yes _____ No

If yes, provide the actual distance in meters: _____

Provide the following information:

Remaining capacity of active sewage sludge unit, in dry metric tons: _____ dry metric tons

Anticipated closure date for active sewage sludge unit, if known: _____ (MM/DD/YYYY)

Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.

D.2. Sewage Sludge from Other Facilities. Is sewage sent to this active sewage sludge unit from any facilities other than your facility?

_____ Yes _____ No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Facility name _____

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

_____ Class A _____ Class B _____ None or unknown

e. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

_____

_____

f. Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown

g. Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge

_____

_____

h. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in (d) - (g) above:

_____

_____

D.3. Vector Attraction Reduction

a. Which vector attraction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

_____ Option 9 (Injection below and surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)

D.3. Vector Attraction Reduction. (con't)

b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

_____

_____

D.4. Ground-Water Monitoring.

a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?
_____ Yes _____ No

If yes, provide a copy of available ground-water monitoring data. Also, provide a written description of the well locations, the approximate depth to ground-water, and the ground-water monitoring procedures used to obtain these data.

_____

_____

b. Has a ground-water monitoring program been prepared for this active sewage sludge unit? _____ Yes _____ No

If yes, submit a copy of the ground-water monitoring program with this permit application.

c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated? _____ Yes _____ No

If yes, submit a copy of the certification with this permit application.

D.5. Site-Specific Limits. Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
_____ Yes _____ No

If yes, submit information to support the request for site-specific pollutant limits with this application.

E. INCINERATION

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section s necessary.

E.1. Incinerator Information.

a. Incinerator name or number: _____

b. Incinerator location (Complete 1 and 2).

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude_____ Longitude_____

Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other

E.2. Amount Fired. Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: _____ dry metric tons

E.3. Beryllium NESHAP.

a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31? _____ Yes _____ No

Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

b. If the answer to (a) is yes, **submit with this application** a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

E.4. Mercury NESHAP.

a. How is compliance with the mercury NESHAP being demonstrated?

_____ Stack testing (if checked, complete E.4.b)

_____ Sewage sludge sampling (if checked, complete E.4.c)

b. If stack testing is conducted, submit the following information with this application:

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.

Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

c. If sewage sludge sampling is used to demonstrate compliance, 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.

E.5. Dispersion Factor.

a. Dispersion factor, in micrograms/cubic meter per gram/second: _____

b. Name and type of dispersion model: _____

c. Submit a copy of the modeling results and supporting documentation with this application.

E.6. Control Efficiency.

a. Control efficiency, in hundredths, for the following pollutants:

Arsenic: _____ Chromium: _____ Nickel: _____

Cadmium: _____ Lead: _____

b. Submit a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

E.7. Risk Specific Concentration for Chromium.

a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: _____

b. Which basis was used to determine the RSC?

____Table 2 in 40 CFR 503.43

____Equation 6 in 40 CFR 503,43 (site-specific determination)

c. If Table 2 was used, identify the type of incinerator used as the basis:

____Fluidized bed with wet scrubber

____Fluidized bed with wet scrubber and wet electrostatic precipitator

____Other types with wet scrubber

____Other types with wet scrubber and wet electrostatic precipitator

d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

E.8. Incinerator Parameters

a. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

b. Incinerator type: _____

c. Incinerator stack height, in meters: _____

Indicate whether value submitted is: _____ Actual stack height _____ Creditable stack height

E.9. Performance Test Operating Parameters

a. Maximum Performance Test Combustion Temperature: _____

b. Performance test sewage sludge feed rate, in dry metric tons/day: _____

indicate whether value submitted is:

_____ Average use _____ Maximum design

Submit, with this application, supporting documents describing how the feed rate was calculated.

c. Submit, with this application, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

E.10. **Monitoring Equipment.** List the equipment in place to monitor the following parameters:

a. Total hydrocarbons or carbon monoxide: _____

b. Percent oxygen: _____

c. Moisture content: _____

d. Combustion temperature: _____

e. Other: _____

E.11. **Air Pollution Control Equipment.** Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

_____

_____

_____

_____

Additional Information, if provided, will appear on the following pages.

MONTOMERY WATER WORKS
AND
SANITARY SEWER BOARD
MONTGOMERY, ALABAMA

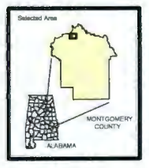
1:15,000

N
W E
S

The Mission of the Montgomery Water and Sewer Board
"To provide the highest quality water
and sanitary sewer service in harmony
with the environment"

Econchate WPCP

- Property Line
- Sewer Plants
- Belt Press



MAPS TO BE USED FOR WATER AND SEWER PURPOSES ONLY

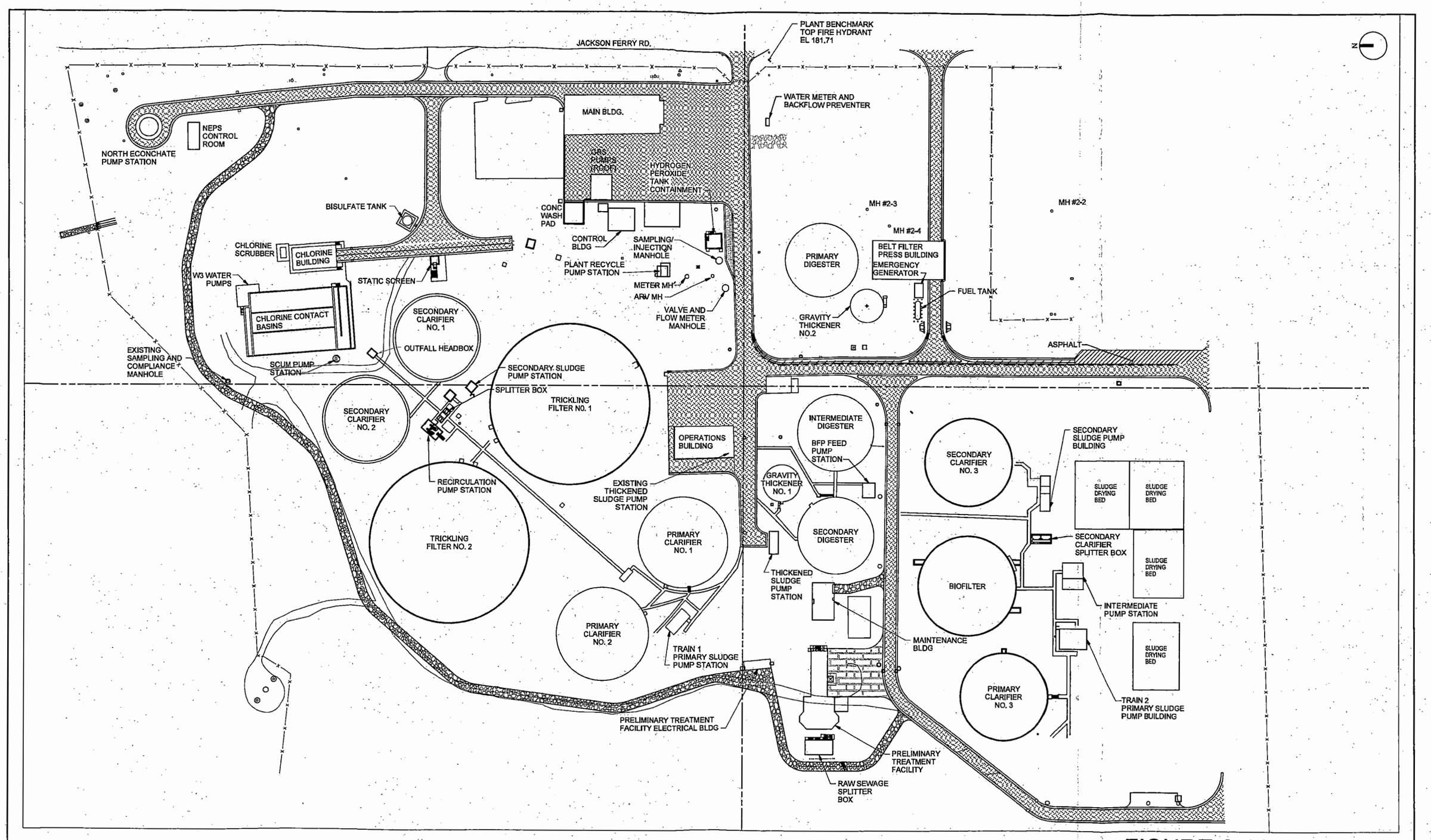


FIGURE 3-11
MONTGOMERY COMP PLAN UPDATE
ECONCHATE WPCP SITE PLAN

677481

ch2m:

FILENAME: FIGURE_3-11_677481.dgn PLOT DATE: 2017\12\18 PLOT TIME: 1:37:04 PM

Paint Filter Liquids Test

40 CFR 264.314 and 265.314
Method 9095

Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
12-30			✓	R.A.
1-3			✓	ATC
1-4-16			✓	ATC
1-5-16			✓	ATC
1-6-16			✓	ATC
1-9-17			✓	R.A.
1-10-17			✓	R.A.
1-11-17			✓	R.A.
1-12-17			✓	R.A.
1-13-17			✓	R.A.
1-17-17			✓	ATC
1-18-17			✓	R.A.
1-19-17			✓	ATC
1-20-17			✓	R.A.
1-23-17			✓	R.A.
1-24-17			✓	R.A.
1-25-17			✓	R.A.
1-26-17			✓	ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs.
		Yes	NO	
1-27-17			✓	ATC
1-30-17			✓	ATC
1-31-17			✓	ATC
2-1-17			✓	ATC
2-2-17			✓	ATC
2-3-17			✓	ATC
2-6-17			✓	ATC
2-7-17			✓	ATC
2-8-17			✓	R.A.
2-9-17			✓	R.A.
2-10-17			✓	R.A
2-13-17			✓	R.A.
2-15-17			✓	R.A.
2-16-17			✓	R.A.
2-17-17			✓	R.A.
2-21-17			✓	R.A.
2-22-17			✓	R.A
2-23-17			✓	RA

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs.
		Yes	NO	
2-24-17			✓	R.A.
2-27-17			✓	R.A
2-28-17			✓	ATC
3-1-17			✓	R.A
3-2-17			✓	R.A.
3-3-17			✓	ATC
3-6-17			✓	R.A.
3-7-17			✓	R.A
3-8-17			✓	R.A.
3-9-17			✓	R.A.
3-10-17			✓	R.A.
3-13-17			✓	R.A.
3-14-17			✓	R.A.
3-15-17			✓	R.A.
3-16-17			✓	R.A.
3-17-17			✓	R.A
3-20-17			✓	R.A
3-21-17			✓	R.A

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
3-22-17			✓	RA
3-23			✓	RA
3-24-17			✓	RA
3-27-			✓	RA
3-28-17			✓	RA
3-29-17			✓	ATC
3-31-17			✓	ATC
4-3-17			✓	ATC
4-4-17			✓	ATC
4-5-17			✓	ATC
4-6-17			✓	ATC
4-7-17			✓	ATC
4-10-17			✓	ATC
4-11-17			✓	ATC
4-12-17			✓	ATC
4-13-17			✓	ATC
4-14-17			✓	ATC
4-17-17			✓	ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs.
		Yes	NO	
4-18-17		✓		ATC
4-19-17		✓		ATC
4-20-17		✓		ATC
4-21-17		✓		ATC
4-24-17		✓		ATC
4-25-17		✓		ATC
4-26-17		✓		ATC
4-27-17		✓		ATC
4-28-17		✓		ATC
5-1-17		✓		ATC
5-2-17		✓		ATC
5-3-17		✓		ATC
5-4-17		✓		ATC
* 5-5-17		✓		ATC
5-8-17		✓		ATC
5-9-17		✓		ATC
5-10-17		✓		ATC
5-11-17		✓		ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
5-12-17		✓		ATC
5-15-17		✓		ATC
5-16-17		✓		ATC
5-17-17		✓		ATC
5-18-17		✓		ATC
5-19-17		✓		ATC
5-22-17		✓		ATC
5-23-17		✓		ATC
5-24-17		✓		ATC
5-25-17		✓		ATC
5-26-17		✓		ATC
5-30-17		✓		ATC
5-31-17		✓		ATC
6-1-17		✓		ATC
6-5-17		✓		ATC
6-6-17		✓		ATC
6-7-17		✓		ATC
6-8-17		✓		ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
6-9-17			✓	ATC
6-12-17			✓	ATC
6-15-17			✓	ATC
6-19-17			✓	ATC
6-20-17			✓	ATC
6-21-17			✓	ATC
6-22-17			✓	ATC
6-23-17			✓	ATC
6-26-17			✓	ATC
6-27-17			✓	ATC
6-28-17			✓	ATC
6-29-17			✓	R.P.D.
7-5-17			✓	ATC
7-6-17			✓	ATC
7-7-17			✓	ATC
7-10-17			✓	ATC
7-11-17			✓	ATC
7-12-17			✓	ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
7-17-17			✓	ATC
7-18-17			✓	ATC
7-19-17			✓	ATC
7-20-17			✓	ATC
7-21-17			✓	ATC
7-24-17			✓	ATC
7-25-17			✓	ATC
7-31-17			✓	ATC
8-1-17			✓	ATC
8-2-17			✓	ATC
8-3-17			✓	ATC
8-4-17			✓	ATC
8-7-17			✓	ATC
8-8-17			✓	ATC
8-9-17			✓	ATC
8-10-17			✓	ATC
8-11-17			✓	ATC
8-14-17			✓	ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
8-15-17			✓	ATC
8-16-17			✓	ATC
8-17-17			✓	ATC
8-18-17			✓	ATC
8-21-17			✓	ATC
8-22-17			✓	ATC
8-23-17			✓	ATC
8-24-17			✓	ATC
8-25-17			✓	ATC
8-28-17			✓	ATC
8-29-17			✓	ATC
8-30-17			✓	ATC
8-31-17			✓	ATC
9-1-17			✓	ATC
9-5-17			✓	ATC
9-6-17			✓	ATC
9-7-17			✓	ATC
~~9-8-17~~			✓	~~ATC~~

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
9-12-17			✓	ATC
9-13-17			✓	ATC
9-14-17			✓	ATC
9-15-17			✓	ATC
9-18-17			✓	ATC
9-19-17			✓	ATC
9-20-17			✓	ATC
9-21-17			✓	ATC
9-22-17			✓	ATC
9-25-17			✓	ATC
9-26-17			✓	ATC
9-27-17			✓	ATC
9-28-17			✓	ATC
10-2-17			✓	ATC
10-3-17			✓	ATC
10-4-17			✓	ATC
10-5-17			✓	ATC
10-6-17			✓	ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
10-10-17			✓	ATC
10-11-17			✓	ATC
10-12-17			✓	ATC
10-13-17			✓	ATC
10-16-17			✓	ATC
10-17-17			✓	ATC
10-18-17			✓	ATC
10-19-17			✓	ATC
10-20-17			✓	ATC
10-23-17			✓	ATC
10-24-17			✓	ATC
10-25-17			✓	ATC
10-26-17			✓	ATC
10-27-17			✓	ATC
10-30-17			✓	ATC
10-31-17			✓	ATC
11-1-17			✓	ATC
11-2-17			✓	ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
11-3-17			✓	ATC
11-6-17			✓	ATC
11-7-17			✓	ATC
11-8-17			✓	ATC
11-9-17			✓	ATC
11-13-17			✓	ZWS
11-14-17			✓	ATC
11-15-17			✓	ATC
11-16-17			✓	ATC
11-17-17			✓	ZWS
11-20-17			✓	ATC
11-21-17			✓	ATC
11-27-17			✓	ATC
11-28-17			✓	ATC
11-29-17			✓	ATC
12-1-17			✓	ATC
12-4-17			✓	ATC
12-5-17			✓	ATC

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Date	Sample Volume	Presence of Free Liquids		Tech. Infs
		Yes	No	
12-6-17			✓	ATC
12-6-17			✓	ZWS
12-7-17			✓	ATC
12-8-17			✓	ATC
12-11-17			✓	ATC
12-12-17			✓	ATC
12-13-17			✓	ATC
12-14-17			✓	ATC
12-15-17			✓	ATC
12-18-17			✓	ATC
12-19-17			✓	ATC
12-20-17			✓	ATC
12-21-17			✓	ATC
12-22-17			✓	ZWS
12-26-17			✓	ZWS
12-27-17			✓	ZWS
12-28-17			✓	ATC
12-29-17			✓	ATC