



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

FEB 01 2021

Robert Sentell, Mayor  
Town of Gurley  
Post Office Box 128  
Gurley AL, 35748

RE: Draft Permit  
NPDES Permit No. AL0070661  
Gurley WWTP  
Madison County, Alabama

Dear Mayor Sentell:

Transmitted herein is a draft of the referenced permit.

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

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

Please be aware that Part I.C.1.c of your permit requires participation in the Department's web-based Electronic Environmental (E2) Reporting System Program for submittal of DMRs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. Please also be aware that Part I.C.2.e of your permit requires participation in the Department's web-based electronic environmental (E2) reporting system for submittal of SSOs unless valid justification as to why you cannot participate is submitted in writing. SSO hotline notifications and hard copy Form 415 SSO reports may be used only with the written approval from the Department. The E2 Program allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes> or you may obtain a hard copy by submitting a written request or by emailing [e2admin@adem.alabama.gov](mailto:e2admin@adem.alabama.gov).

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

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

Should you have any questions, please contact the undersigned by email at [nicholas.lowe@adem.alabama.gov](mailto:nicholas.lowe@adem.alabama.gov) or by phone at (334) 271-7811.

Sincerely,

A handwritten signature in cursive script that reads "Nicholas Lowe".

Nicholas Lowe  
Municipal Section  
Water Division

/mfc  
Enclosure

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

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

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



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

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



# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: TOWN OF GURLEY  
POST OFFICE BOX 128  
GURLEY, ALABAMA 35748

FACILITY LOCATION: GURLEY WWTP (0011 - 0.2 MGD, 0012 - 0.6 MGD)  
204 CHILDRESS STREET  
GURLEY, ALABAMA  
MADISON COUNTY

PERMIT NUMBER: AL0070661

RECEIVING WATERS: HURRICANE CREEK

*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**

<b>PART I</b>	<b>DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS .....</b>	<b>4</b>
A.	DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS .....	4
1.	Outfall 0011 Discharge Limits - Treated Wastewater.....	4
2.	Outfall 0011 Discharge Limits - Treated Wastewater (continued) .....	5
3.	Outfall 0012 Discharge Limits - Treated Wastewater.....	6
4.	Outfall 0012 Discharge Limits - Treated Wastewater (continued) .....	7
B.	DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS .....	8
1.	Representative Sampling.....	8
2.	Measurement Frequency .....	8
3.	Test Procedures .....	8
4.	Recording of Results .....	8
5.	Records Retention and Production.....	9
6.	Reduction, Suspension or Termination of Monitoring and/or Reporting.....	9
7.	Monitoring Equipment and Instrumentation .....	9
C.	DISCHARGE REPORTING REQUIREMENTS .....	9
1.	Reporting of Monitoring Requirements .....	9
2.	Noncompliance Notifications and Reports.....	11
D.	OTHER REPORTING AND NOTIFICATION REQUIREMENTS.....	13
1.	Anticipated Noncompliance .....	13
2.	Termination of Discharge .....	13
3.	Updating Information.....	13
4.	Duty to Provide Information .....	13
E.	SCHEDULE OF COMPLIANCE .....	13
1.	Compliance with discharge limits.....	13
2.	Schedule.....	13
<b>PART II</b>	<b>OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES .....</b>	<b>14</b>
A.	OPERATIONAL AND MANAGEMENT REQUIREMENTS.....	14
1.	Facilities Operation and Maintenance.....	14
2.	Best Management Practices (BMP) .....	14
3.	Certified Operator .....	14
B.	OTHER RESPONSIBILITIES.....	14
1.	Duty to Mitigate Adverse Impacts .....	14
2.	Right of Entry and Inspection .....	14
C.	BYPASS AND UPSET .....	14
1.	Bypass .....	14
2.	Upset.....	15
D.	DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES .....	15
1.	Duty to Comply.....	15
2.	Removed Substances.....	15
3.	Loss or Failure of Treatment Facilities .....	15
4.	Compliance With Statutes and Rules .....	16
E.	PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE .....	16
1.	Duty to Reapply or Notify of Intent to Cease Discharge .....	16
2.	Change in Discharge .....	16
3.	Transfer of Permit.....	16
4.	Permit Modification and Revocation .....	16
5.	Termination.....	17

6.	Suspension .....	17
7.	Stay .....	17
F.	COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION.....	18
G.	NOTICE TO DIRECTOR OF INDUSTRIAL USERS.....	18
H.	PROHIBITIONS .....	18
<b>PART III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS.....</b>		<b>19</b>
A.	CIVIL AND CRIMINAL LIABILITY .....	19
1.	Tampering .....	19
2.	False Statements.....	19
3.	Permit Enforcement .....	19
4.	Relief from Liability .....	19
B.	OIL AND HAZARDOUS SUBSTANCE LIABILITY .....	19
C.	PROPERTY AND OTHER RIGHTS.....	19
D.	AVAILABILITY OF REPORTS .....	19
E.	EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES .....	20
F.	COMPLIANCE WITH WATER QUALITY STANDARDS.....	20
G.	GROUNDWATER .....	20
H.	DEFINITIONS.....	20
I.	SEVERABILITY .....	23
<b>PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS.....</b>		<b>24</b>
A.	SLUDGE MANAGEMENT PRACTICES .....	24
1.	Applicability .....	24
2.	Submitting Information.....	24
3.	Reopener or Modification .....	24
B.	EFFLUENT TOXICITY TESTING REOPENER.....	24
C.	TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS.....	24
D.	PLANT CLASSIFICATION.....	24
E.	SANITARY SEWER OVERFLOW RESPONSE PLAN.....	25
1.	SSO Response Plan.....	25
2.	SSO Response Plan Implementation.....	26
3.	Department Review of the SSO Response Plan .....	26
4.	SSO Response Plan Administrative Procedures .....	26

## PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

### A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. Outfall 0011 Discharge Limits – 0.2 MGD Treated Wastewater

During the period beginning on the effective date of this permit and lasting until completion of the expansion of the facility to 0.6 MGD, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee’s application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	6.0 mg/l	*****	*****	E	GRAB	D	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	D	*****
Solids, Total Suspended 00530 1 0 0	50.0 lbs/day	75.0 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	5.0 lbs/day	7.5 lbs/day	3.0 mg/l	4.5 mg/l	*****	*****	*****	E	COMP24	D	S
Nitrogen, Ammonia Total (As N) 00610 1 0 0	33.3 lbs/day	50.0 lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	D	W
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****

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

\*\* Monitoring Requirements

(1) Sample Location

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

(2) Sample Type:

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

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

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

(4) Seasonal Limits:

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

2. Outfall 0011 Discharge Limits - 0.2 MGD Treated Wastewater (continued)

During the period beginning on the effective date of this permit and lasting until completion of the expansion of the facility to 0.6 MGD, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Chlorine, Total Residual See note (5) 50060 1 0 0	*****	*****	0.080 mg/l	*****	*****	0.139 mg/l	*****	E	GRAB	D	*****
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	D	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	D	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	26.6 lbs/day	40.0 lbs/day	16.0 mg/l	24.0 mg/l	*****	*****	*****	E	COMP24	D	S
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	41.7 lbs/day	62.5 lbs/day	25.0 mg/l	37.5 mg/l	*****	*****	*****	E	COMP24	D	W
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
BOD, Carb-5 Day, 20 Deg C, Percent Remvl 80091 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
Solids, Suspended Percent Removal 81011 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****

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

\*\* Monitoring Requirements

(1) Sample Location

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

(2) Sample Type:

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

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

- A - 7 days per week
- 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 (April - October)
- W = Winter (November - March)
- ECS = E. coli Summer (May - October)
- ECW = E. coli Winter (November - April)

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

## 3. Outfall 0012 Discharge Limits – 0.6 MGD Treated Wastewater

During the period beginning on the completion date of the expansion of the facility to 0.6 MGD, and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	6.0 mg/l	*****	*****	E	GRAB	C	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	C	*****
Solids, Total Suspended 00530 1 0 0	150 lbs/day	225 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	C	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	C	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	7.5 lbs/day	11.2 lbs/day	1.5 mg/l	2.2 mg/l	*****	*****	*****	E	COMP24	C	S
Nitrogen, Ammonia Total (As N) 00610 1 0 0	100 lbs/day	150 lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	C	W
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	S
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****

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

\*\* Monitoring Requirements

## (1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

US – Upstream

DS – Downstream

MW – Monitoring Well

SW – Storm Water

## (2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB – Grab

CALCTD - Calculated

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

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

F - 2 days per month

G - 1 day per month

H - 1 day per quarter

J - Annual

Q - For Effluent Toxicity

Testing, see Provision IV.B.

## (4) Seasonal Limits:

S = Summer (April – October)

W = Winter (November – March)

ECS = E. coli Summer (May – October)

ECW = E. coli Winter (November – April)

4. Outfall 0012 Discharge Limits – 0.6 MGD Treated Wastewater (continued)

During the period beginning on the completion date of the expansion of the facility to 0.6 MGD and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, which is described more fully in the Permittee’s application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Chlorine, Total Residual See note (5) (6) 50060 1 0 0	*****	*****	0.034 mg/l	*****	*****	0.058 mg/l	*****	E	GRAB	C	*****
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	C	ECS
E. Coli 51040 1 0 0	*****	*****	548 col.100mL	*****	*****	2507 col/100mL	*****	E	GRAB	C	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	45.0 lbs/day	67.5 lbs/day	9.0 mg/l	13.5 mg/l	*****	*****	*****	E	COMP24	C	S
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	125 lbs/day	187 lbs/day	25.0 mg/l	37.5 mg/l	*****	*****	*****	E	COMP24	C	W
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	C	*****
BOD, Carb-5 Day, 20 Deg C, Percent Remvl 80091 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
Solids, Suspended Percent Removal 81011 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****

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

\*\* Monitoring Requirements

(1) Sample Location

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

(2) Sample Type:

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

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

- A - 7 days per week
- 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 (April – October)
- W = Winter (November – March)
- ECS = E. coli Summer (May – October)
- ECW = E. coli Winter (November – April)

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

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



## 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 first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. by utilizing the Department's web-based Electronic Environmental (E2) Reporting System.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's E2 Reporting System (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.  

If the E2 Reporting System is down on the 28<sup>th</sup> day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the E2 Reporting System resuming operation, the permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date), if applicable.
  - (2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.  

A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.
  - (3) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
  - (4) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
  - (5) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible

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

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

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

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

2. Noncompliance Notifications and Reports

- a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:
- (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";
  - (2) Potentially threatens human health or welfare;
  - (3) Threatens fish or aquatic life;
  - (4) Causes an in-stream water quality criterion to be exceeded;
  - (5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
  - (6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
  - (7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A. as a result of an unanticipated bypass or upset; or
  - (8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state. (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision.)

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

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

d. Immediate notification

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

- e. The Department is utilizing a web-based electronic environmental (E2) reporting system for notification and submittal of SSO reports. **If the Permittee is not already participating in the E2 Reporting System for SSO reports, the Permittee must apply for participation in the system within 30 days of coverage under this permit unless the Permittee submits in writing valid justification as to why it cannot participate and the Department approves in writing utilization of verbal notifications and hard copy SSO report submittals.** Once the Permittee is enrolled in the E2 Reporting System for SSO reports, the Permittee must utilize the system for notification and submittal of all SSO reports unless otherwise allowed by this permit. The Permittee shall include in the SSO reports the information requested by ADEM Form 415. In addition, the Permittee shall include the latitude and longitude of the SSO in the report except when the SSO is a result of an extreme weather event (e.g., hurricane). To participate in the E2 Reporting System for SSO reports, the Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes>. If the E2 Reporting System is down (i.e., electronic submittal of SSO data cannot be completed due to technical problems originating with the Department's system), the Permittee is not relieved of its obligation to notify the Department or submit SSO reports to the Department by the required submittal date, and the Permittee shall submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include verbal reports, reports submitted via the SSO hotline, or reports submitted via fax, e-mail, mail, or hand-delivery such that they are received by the required reporting date. Within five calendar days of the E2 Reporting System resuming operation, the Permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. For any alternate notification, records of the date, time, notification method, and person submitting the notification should be maintained by the Permittee. If a Permittee is allowed to submit SSO reports via an alternate method, the SSO report must be in a format approved by the Department and must be legible.
- 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 301(c), 301(g), 301(h), 301(k), or 316(a) of the FWPCA or for fundamentally different factors;
- (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
- (10) When required by the reopener conditions in this permit;
- (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
- (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
- (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
- (14) When requested by the Permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules.

5. Termination

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

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

6. Suspension

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

7. Stay

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

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

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

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

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

**H. PROHIBITIONS**

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

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

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

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

1. Tampering

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

2. False Statements

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

3. Permit Enforcement

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

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

- (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;
- (2) An action for damages;
- (3) An action for injunctive relief; or
- (4) An action for penalties.

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

- (1) Initiate enforcement action based upon the permit which has been continued;
- (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
- (3) Reissue the new permit with appropriate conditions; or
- (4) Take other actions authorized by these rules and AWPCA.

4. Relief from Liability

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

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

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

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

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

#### **D. AVAILABILITY OF REPORTS**

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

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

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

**F. COMPLIANCE WITH WATER QUALITY STANDARDS**

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

**G. GROUNDWATER**

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

**H. DEFINITIONS**

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

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

- c. Which has never received a final effective NPDES permit for dischargers at that site.
- 29. NH<sub>3</sub>-N – means the pollutant parameter ammonia, measured as nitrogen.
- 30. Notifiable sanitary sewer overflow – means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
  - a. Reaches a surface water of the State; or
  - b. May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
- 31. Permit application – means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
- 32. Point source – means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
- 33. Pollutant – includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
- 34. Privately Owned Treatment Works – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a "POTW".
- 35. Publicly Owned Treatment Works – 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 TESTING REOPENER**

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

### **C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS**

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

### **D. PLANT CLASSIFICATION**

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

## E. SANITARY SEWER OVERFLOW RESPONSE PLAN

### 1. SSO Response Plan

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

#### a. General Information:

- (1) Approximate population of City/Town, if applicable
- (2) Approximate number of customers served by the Permittee
- (3) Identification of any subbasins designated by the Permittee, if applicable
- (4) Identification of estimated linear feet of sanitary sewers
- (5) Number of Pump/Lift Stations in the collection system

#### b. Responsibility Information:

- (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
- (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)

#### c. SSO and Surface Water Assessment

- (1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)
- (2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.
- (3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include:  
<http://www.adem.state.al.us/alEnviroRegLaws/files/Division6Voll.pdf> and  
[http://gis.adem.alabama.gov/ADEM\\_Dash/use\\_class/index.html](http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html)
- (4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated

#### d. Public Reporting of SSOs

- (1) Contact information for the public to report an SSO to the Permittee, during both normal and outside of normal business hours (e.g., telephone number, website, email address, etc.)
- (2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)
- (3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary

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

#### f. Public Notification Methods for SSOs

- (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media

notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)

- (a) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)
  - (2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)
  - (3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO
- g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum:
- (1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
  - (2) Procedures for collection and proper disposal of the SSO, if feasible.
  - (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.
  - (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.
- h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.
2. SSO Response Plan Implementation
- Except as otherwise required by this Permit, the Permittee shall fully implement the SSO Response Plan as soon as practicable, but no later than 180 days after the effective date of this Permit.
3. Department Review of the SSO Response Plan
- a. When requested by the Director or his designee, the Permittee shall make the SSO Response Plan available for review by the Department.
  - b. Upon review, the Director or his designee may notify the Permittee that the SSO Response Plan is deficient and require modification of the Plan.
  - c. Within thirty days of receipt of notification, or an alternate timeframe as approved by the Department, the Permittee shall modify any SSO Response Plan deficiency identified by the Director or his designee and shall certify to the Department that the modification has been made.
4. SSO Response Plan Administrative Procedures
- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.
  - b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.
  - c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.
  - d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0070661** Date: 3/25/2020

Permit Applicant: Town of Gurley  
Post Office Box 128  
Gurley, Alabama 35748

Location: Gurley WWTP  
204 Childress Street  
Gurley, Alabama 35748

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

Basis for Limitations: Water Quality Model: CBOD, NH3-N, DO  
Reissuance with no modification: DO, pH, TSS, NH3-N, TRC (0012),  
CBOD, TSS % Removal, CBOD %  
Removal  
Instream calculation at 7Q10: 0011 – 14%, 0012 – 33%  
Toxicity based: TRC  
Secondary Treatment Levels: TSS, TSS% Removal, CBOD (winter),  
NH3-N (winter), CBOD % Removal  
Other (described below): pH, E. coli

Design Flow in Million Gallons per Day: Outfall 0011 - 0.2 MGD, Outfall 0012 – 0.6 MGD

Major: No

Description of Discharge: Outfall Number 001;  
Effluent discharges to Hurricane Creek, which is  
classified as Fish & Wildlife.

Discussion: This is a reissuance due to expiration.

The segment of Hurricane Creek, containing the discharge, is classified as a Tier I stream and is included in the 2007 Final Approved Pathogens Total Maximum Daily Load (TMDL) for Hurricane Creek. Hurricane Creek is not on the most recent 303(d) list.

The limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD), Total Ammonia as Nitrogen (NH3-N), and Dissolved Oxygen (DO) are based on the Waste Load Allocation (WLA) models that were completed by ADEM's Water Quality Branch on December 9, 2019 for outfall 0011 and July 28, 2014 for outfall 0012. The monthly average limits for CBOD are 16.0 mg/L (summer) and 25.0 mg/L (winter) for outfall 0011. The monthly average limits for NH3-N are 3.0 mg/L (summer) and 20.0 mg/L (winter) for outfall 0011. The monthly average limits for CBOD are 9.0 mg/L (summer) and 25.0 mg/L (winter) for outfall 0012. The monthly average limits for NH3-N are 1.5 mg/L (summer) and 20.0 mg/L (winter) for outfall 0012. The limit for daily minimum DO is 6.0 mg/L for both outfalls.

For both outfalls, the limits for Total Suspended Solids (TSS), TSS % removal, and CBOD % removal are 30.0 mg/L, 85%, and 85% respectively. These limits are based on requirements of 40 CFR part 133.102 regarding Secondary Treatment.

The 2007 Hurricane Creek TMDL includes limitations for Fecal Coliform (FC). The TMDL requires that in-stream water quality criteria be met. The Department has received correspondence from the EPA indicating that, for waters with pathogen TMDLs already established, the Department may replace FC limits with E. coli limits. 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 for both outfalls were determined based on the water-use classification of the receiving stream. Since Hurricane Creek is classified as Fish & Wildlife, the limits for May through October are 126 col/100ml (monthly average) and 298 col/100ml (daily maximum), while the limits for November through April are 548 col/100ml (monthly average) and 2507 col/100ml (daily maximum).

The pH limits were developed in accordance with the Water-Use designation of the receiving stream and to be consistent with the Department's permitting approach and procedures. The minimum pH limit of 6.0 S.U. and a maximum limit of 8.5 S.U. are imposed for both outfalls.

For outfall 0011, the Total Residual Chlorine (TRC) limits of 0.080 mg/L (monthly average) and 0.139 mg/L (maximum daily) are imposed. For outfall 0012, the TRC limits of 0.034 mg/L (monthly average) and 0.058 mg/L (maximum daily) are imposed. These limits are based on EPA's recommended water quality values and on the current Toxicity Rationale, which considers the available dilution and should be protective of acute and chronic criteria in the receiving stream. The TRC limits would result in water quality standards being attained and is consistent with the Department's Antidegradation Policy and therefore is not considered backsliding. In accordance with a letter dated August 11, 1998 from EPA Headquarters and a 1991 memorandum from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a total Residual Chlorine measurement below 0.05 mg/L shall be considered below detection for compliance purposes. Monitoring for TRC is only applicable if chlorine is utilized for disinfection purposes. That is, if chlorine disinfection is not utilized, monitoring would not be applicable during the monitoring period, and "\*9" should be entered on the monthly DMR.

This permit imposes monitoring during the summer season (April-October) for the following nutrient-related parameters: Total Kjeldahl Nitrogen (TKN), Nitrite plus Nitrate as Nitrogen (NO<sub>2</sub>+NO<sub>3</sub>-N), and Total Phosphorus (TP). Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

Toxicity testing is not required because there are no significant industrial indirect discharges to the plant and because this is a minor facility.

The Department completed a reasonable potential analysis (RPA) of the discharge based on laboratory data provided in the Permittee's application. The RPA indicates whether pollutants in treated effluent have the potential to contribute to excursions of Alabama's in-stream water quality standards. Based on the RPA, it does not appear that there is reasonable potential to cause in-stream water quality criteria exceedances at this time.

For outfall 0011, monitoring will be conducted twice per week for most parameters. For outfall 0012, monitoring will be conducted three times per week for most parameters. For both outfalls, percent removal for CBOD and TSS will be calculated once per month. Monitoring for nutrient-related

parameters will be once per month during the summer season. Flow will be monitored continuously, 7 days per week.

ADEM Administrative Rule 335-6-10-.04 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 or expanded discharge to a Tier II stream, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Prepared by: Nicholas Lowe

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>Gurley WWTP</b>	
NPDES Permit Number:	<b>AL0070661</b>	
Receiving Stream:	<b>Hurricane Creek</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>0.200 MGD</b>	
Receiving Stream 7Q <sub>10</sub> :	<b>1.950 cfs</b>	
Receiving Stream 1Q <sub>10</sub> :	<b>1.460 cfs</b>	
Winter Headwater Flow (WHF):	<b>4.58 cfs</b>	
Summer Temperature for CCC:	<b>28 deg. Celsius</b>	
Winter Temperature for CCC:	<b>18 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N/A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter)	<b>N/A.</b>	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 13.70\%$$

### AMMONIA TOXICITY LIMITATIONS

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

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

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

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 13.70\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

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

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 17.4 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 73.0 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

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

	<u>DO-based NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>3.00 mg/l NH<sub>3</sub>-N</b>	<b>17.40 mg/l NH<sub>3</sub>-N</b>
Winter	<b>20.00 mg/l NH<sub>3</sub>-N</b>	<b>73.00 mg/l NH<sub>3</sub>-N</b>

**Summer: The DO based limit of 3.00 mg/l NH<sub>3</sub>-N applies.**

**Winter: The DO based limit of 20.00 mg/l NH<sub>3</sub>-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.

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

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 13.70\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**DISINFECTION REQUIREMENTS**

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

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)  
 Applicable Stream Classification: **Fish & Wildlife**  
 Disinfection Type: **Chlorination**  
 Limit calculation method: **Limits based on meeting stream standards at the point of discharge.**

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

**MAXIMUM ALLOWABLE CHLORINATION LIMITS**

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

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

Maximum allowable TRC in effluent:	0.080 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.139 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: Nicholas Lowe Date: 3/25/2020



## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>Gurley WWTP</b>	
NPDES Permit Number:	<b>AL0070661</b>	
Receiving Stream:	<b>Hurricane Creek</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>0.600 MGD</b>	
Receiving Stream 7Q <sub>10</sub> :	<b>1.950 cfs</b>	
Receiving Stream 1Q <sub>10</sub> :	<b>1.460 cfs</b>	
Winter Headwater Flow (WHF):	<b>4.58 cfs</b>	
Summer Temperature for CCC:	<b>28 deg. Celsius</b>	
Winter Temperature for CCC:	<b>18 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N./A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter)	<b>N./A.</b>	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 32.25\%$$

### AMMONIA TOXICITY LIMITATIONS

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

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

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

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 32.25\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

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

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 7.5 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 27.5 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

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

	<u>DO-based NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>1.50 mg/l NH<sub>3</sub>-N</b>	<b>7.50 mg/l NH<sub>3</sub>-N</b>
Winter	<b>20.00 mg/l NH<sub>3</sub>-N</b>	<b>27.50 mg/l NH<sub>3</sub>-N</b>

**Summer: The DO based limit of 1.50 mg/l NH<sub>3</sub>-N applies.**

**Winter: The DO based limit of 20.00 mg/l NH<sub>3</sub>-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.

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

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 32.25\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**DISINFECTION REQUIREMENTS**

---

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

See the attached Disinfection Guidance for applicable stream standards.

**(Non-coastal limits apply)**

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

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

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

**MAXIMUM ALLOWABLE CHLORINATION LIMITS**

---

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

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

Maximum allowable TRC in effluent:	0.034 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.58 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: Nicholas Lowe Date: 3/25/2020

$Q_d * C_d + Q_{d2} * C_{d2} + Q_s * C_s = Q_r * C_r$								Enter Max Daily Discharge as reported by Applicant (C <sub>d</sub> ) Max	Enter Avg Daily Discharge as reported by Applicant (C <sub>d</sub> ) Ave	Partition Coefficient (Stream / Lake)
ID	Pollutant	Carcinogen "Yes"	Type	Background from upstream source (C <sub>d2</sub> ) Daily Max	Background from upstream source (C <sub>d2</sub> ) Monthly Ave	Background Instream (C <sub>s</sub> ) Daily Max	Background Instream (C <sub>s</sub> ) Monthly Ave	µg/l	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	1.01	0.34	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	3.69	2.8	0.388
8	Lead**		Metals	0	0	0	0	0	0	0.467
9	Mercury**		Metals	0	0	0	0	0.00239	0.00205	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	15.3	8.87	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	94700	90500	-
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	Chlorobenzene		VOC	0	0	0	0	0	0	-
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-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	Trichloroethylene*	YES	VOC	0	0	0	0	0	0	-
53	Vinyl Chloride*	YES	VOC	0	0	0	0	0	0	-
54	p-Chloro-m-Cresol		Acids	0	0	0	0	0	0	-
55	2-Chlorophenol		Acids	0	0	0	0	0	0	-
56	2, 4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2, 4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2, 4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	4,6-Dintro-2-methylphenol	YES	Acids	0	0	0	0	0	0	-
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	2, 4, 6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	-
67	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(GH)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-Chloroisopropyl) 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	-

0.2	Enter Q <sub>d</sub> = wastewater discharge flow from facility (MGD)
0.3094458	Q <sub>a</sub> = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Q <sub>d2</sub> = background stream flow in MGD above point of discharge
0	Q <sub>d2</sub> = background stream flow from upstream source (cfs)
1.95	Enter 7Q10, Q <sub>s</sub> = background stream flow in cfs above point of discharge
1.46	Enter or estimated, 1Q10, Q <sub>s</sub> = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
119.43	Enter Mean Annual Flow, Q <sub>s</sub> = background stream flow in cfs above point of discharge
4.58	Enter 7Q2, Q <sub>s</sub> = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C <sub>s</sub> = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q <sub>d</sub> + Q <sub>d2</sub> + Q <sub>i</sub>	Q <sub>i</sub> = resultant in-stream flow, after discharge
Calculated on other sheets	C <sub>r</sub> = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
100	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 28, 2020

93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	<b>2, 4-Dinitrotoluene*</b>	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	<b>Endosulfan (alpha)</b>	YES	Bases	0	0	0	0	0	0	-
98	<b>Endosulfan (beta)</b>	YES	Bases	0	0	0	0	0	0	-
99	<b>Endosulfan sulfate</b>	YES	Bases	0	0	0	0	0	0	-
100	<b>Endrin</b>	YES	Bases	0	0	0	0	0	0	-
101	<b>Endrin Aldehyde</b>	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptachlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	<b>Hexachlorobenzene*</b>	YES	Bases	0	0	0	0	0	0	-
107	<b>Hexachlorobutadiene*</b>	YES	Bases	0	0	0	0	0	0	-
108	<b>Hexachlorocyclohexan (alpha)</b>	YES	Bases	0	0	0	0	0	0	-
109	<b>Hexachlorocyclohexan (beta)</b>	YES	Bases	0	0	0	0	0	0	-
110	<b>Hexachlorocyclohexan (gamma)</b>	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	<b>Indeno(1, 2, 3-CK)Pyrene*</b>	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	<b>N-Nitrosodi-N-Propylamine*</b>	YES	Bases	0	0	0	0	0	0	-
118	<b>N-Nitrosodi-N-Methylamine*</b>	YES	Bases	0	0	0	0	0	0	-
119	<b>N-Nitrosodi-N-Phenylamine*</b>	YES	Bases	0	0	0	0	0	0	-
120	<b>PCB-1016</b>	YES	Bases	0	0	0	0	0	0	-
121	<b>PCB-1221</b>	YES	Bases	0	0	0	0	0	0	-
122	<b>PCB-1232</b>	YES	Bases	0	0	0	0	0	0	-
123	<b>PCB-1242</b>	YES	Bases	0	0	0	0	0	0	-
124	<b>PCB-1248</b>	YES	Bases	0	0	0	0	0	0	-
125	<b>PCB-1254</b>	YES	Bases	0	0	0	0	0	0	-
126	<b>PCB-1260</b>	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	-

Freshwater F&W classification.		Freshwater Acute ( $\mu\text{g/l}$ ) $Q_1 = 1Q10$								Freshwater Chronic ( $\mu\text{g/l}$ ) $Q_1 = 7Q10$				Human Health Consumption Fish only ( $\mu\text{g/l}$ )					
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd2) Daily Max	Max Daily Discharge as reported by Applicant (Cmax)	Freshwater Acute ( $\mu\text{g/l}$ ) $Q_1 = 1Q10$			Avg Daily Discharge as reported by Applicant (Cavg)	Freshwater Chronic ( $\mu\text{g/l}$ ) $Q_1 = 7Q10$			Human Health Consumption Fish only ( $\mu\text{g/l}$ )						
						Water Quality Criteria (C <sub>w</sub> )	Draft Permit Limit (C <sub>perm</sub> )	20% of Draft Permit Limit		RP?	Background from upstream source (Cd2) Monthly Ave	Water Quality Criteria (C <sub>w</sub> )	Draft Permit Limit (C <sub>perm</sub> )	20% of Draft Permit Limit	RP?	Water Quality Criteria (C <sub>w</sub> )	Draft Permit Limit (C <sub>perm</sub> )	20% of Draft Permit Limit	RP?
1	Antimony			0	0				0						3.73E+02	2.73E+03	5.45E+02	No	
2	Arsenic		YES	0	1.01	592.334	3387.035	677.407	No	0	0.34	281.324	1908.081	381.618	No	3.03E-01	1.17E+02	2.35E+01	No
3	Beryllium			0	0					0	0								
4	Cadmium			0	0	8.633	48.791	9.758	No	0	0	1.042	7.611	1.522	No				
5	Chromium Chromium III			0	0	2713.159	15514.150	3102.830	No	0	0	352.928	2576.922	515.384	No				
6	Chromium Chromium VI			0	0	18.000	91.490	18.298	No	0	0	11.000	80.317	16.063	No				
7	Copper			0	3.69	34.837	188.058	39.812	No	0	2.8	23.082	168.534	33.707	No				
8	Lead			0	0	138.250	790.757	159.151	No	0	0	5.389	39.348	7.870	No				
9	Mercury			0	0.00239	2.400	13.723	2.745	No	0	0.00205	0.012	0.088	0.018	No	4.24E-02	3.10E-01	6.20E-02	No
10	Nickel			0	0	927.200	5301.831	1060.366	No	0	0	102.963	751.941	150.388	No	9.93E-02	7.25E+03	1.45E+03	No
11	Selenium			0	0	20.000	114.362	22.872	No	0	0	5.000	36.508	7.302	No	2.43E+03	1.77E+04	3.55E+03	No
12	Silver			0	0	3.217	18.394	3.679	No	0	0				No				
13	Thallium			0	0					0	0				No				
14	Zinc			0	15.3	350.092	2030.458	406.092	No	0	8.87	357.957	2613.948	522.789	No	2.74E+01	2.00E+00	3.99E-01	No
15	Cyanide			0	0	22.000	125.798	25.160	No	0	0	5.200	37.968	7.594	No	1.49E+04	1.09E+05	2.17E+04	No
16	Total Phenolic Compounds			0	0					0	0				No	9.33E+03	6.81E+04	1.36E+04	No
17	Hardness (As CaCO3)			0	94700					90500									
18	Acrolein			0	0					0	0				5.43E+00	3.96E+01	7.92E+00	No	
19	Acrylonitrile			0	0					0	0				1.44E-01	5.57E+01	1.11E+01	No	
20	Aldrin	YES		0	0	3.000	17.154	3.431	No	0	0				2.94E-05	1.14E-02	2.27E-03	No	
21	Benzene	YES		0	0					0	0				1.55E+01	5.99E+03	1.20E+03	No	
22	Bromoform	YES		0	0					0	0				7.88E+01	3.05E+04	6.10E+03	No	
23	Carbon Tetrachloride	YES		0	0					0	0				9.57E-01	3.70E+02	7.41E+01	No	
24	Chlordane	YES		0	0	2.400	13.723	2.745	No	0	0	0.0043	0.031	0.006	No	4.73E-04	1.83E-01	3.68E-02	No
25	Chlorobenzene			0	0					0	0				9.06E-02	6.62E+03	1.32E+03	No	
26	Chlorodibromo-Methane	YES		0	0					0	0				7.41E+00	2.87E+03	5.73E+02	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	3.95E+04	7.89E+03	No	
30	4,4'-DDD	YES		0	0					0	0				1.81E-04	7.02E-02	1.40E-02	No	
31	4,4'-DDE	YES		0	0					0	0				1.28E-04	4.95E-02	9.91E-03	No	
32	4,4'-DDT	YES		0	0	1.100	6.290	1.258	No	0	0	0.001	0.007	0.001	No	1.26E-04	4.95E-02	9.91E-03	No
33	Dichlorobromo-Methane	YES		0	0					0	0				1.00E+01	3.88E+03	7.77E+02	No	
34	1,1-Dichloroethane			0	0					0	0								
35	1,2-Dichloroethane	YES		0	0					0	0				2.14E-01	8.27E+03	1.65E+03	No	
36	Trans-1,2-Dichloro-Ethylene			0	0					0	0				5.01E+03	4.31E+04	6.83E+03	No	
37	1,1-Dichloroethylene	YES		0	0					0	0				4.17E+03	1.61E+06	3.22E+05	No	
38	1,2-Dichloropropane			0	0					0	0				6.49E+00	6.20E+01	1.24E+01	No	
39	1,3-Dichloro-Propylene			0	0					0	0				1.23E-01	8.97E+01	1.79E+01	No	
40	Dieldrin	YES		0	0	0.230	1.372	0.274	No	0	0	0.056	0.409	0.082	No	3.12E-05	1.21E-02	2.42E-03	No
41	Ethylbenzene			0	0					0	0				1.24E+03	9.09E+03	1.82E+03	No	
42	Methyl Bromide			0	0					0	0				8.71E+02	6.36E+03	1.27E+03	No	
43	Methyl Chloride			0	0					0	0								
44	Methylene Chloride	YES		0	0					0	0				3.46E+02	1.34E+05	2.68E+04	No	
45	1,1,2,2-Tetrachloro-Ethane	YES		0	0					0	0				2.33E-00	9.03E+02	1.81E+02	No	
46	Tetrachloro-Ethylene	YES		0	0					0	0				1.92E+00	7.42E+02	1.48E+02	No	
47	Toluene			0	0					0	0				0.72E-03	6.37E+04	1.27E+04	No	
48	Toxaphene	YES		0	0	0.730	4.174	0.835	No	0	0	0.0002	0.001	0.000	No	1.62E-04	6.27E-02	1.25E-02	No
49	Tributyltin (TBT)	YES		0	0	0.460	2.630	0.526	No	0	0	0.072	0.526	0.105	No				
50	1,1,1-Trichloroethane			0	0					0	0								
51	1,1,2-Trichloroethane	YES		0	0					0	0				9.10E+00	3.52E+03	7.04E+02	No	
52	Trichloroethylene	YES		0	0					0	0				1.75E+01	6.76E+03	1.35E+03	No	
53	Vinyl Chloride	YES		0	0					0	0				1.42E+00	5.51E+02	1.10E+02	No	
54	p-Chloro-m-Cresol			0	0					0	0								
55	2-Chlorophenol			0	0					0	0				8.71E-01	0.36E+02	1.27E+02	No	
56	2,4-Dichlorophenol			0	0					0	0				1.72E+02	1.26E+03	2.51E+02	No	
57	2,4-Dimethylphenol			0	0					0	0				4.98E+02	3.83E+03	7.27E+02	No	
58	4,6-Dinitro-O-Cresol			0	0					0	0								
59	2,4-Dinitrophenol			0	0					0	0				3.11E+03	2.27E+04	4.64E+03	No	
60	4,6-Dinitro-2-methylphenol	YES		0	0					0	0				1.85E+02	6.40E+04	1.28E+04	No	
61	Dioxin (2,3,7,8-TCDD)	YES		0	0					0	0				2.67E-08	1.03E-05	2.05E-06	No	
62	2-Nitrophenol			0	0					0	0								
63	4-Nitrophenol			0	0					0	0								
64	Pentachlorophenol	YES		0	0	6.723	49.881	9.976	No	0	0	8.993	48.880	9.773	No	1.77E+00	6.84E+02	1.37E+02	No
65	Phenol			0	0					0	0				5.00E-05	3.65E+06	7.30E+05	No	
66	2,4,6-Trichlorophenol	YES		0	0					0	0				1.41E+00	5.47E+02	1.09E+02	No	
67	Acenaphthene			0	0					0	0				5.78E+02	4.22E+03	8.45E+02	No	
68	Acenaphthylene			0	0					0	0								
69	Anthracene			0	0					0	0				2.33E+04	1.70E+05	3.41E+04	No	
70	Benzidine			0	0					0	0				1.16E-04	8.47E-04	1.69E-04	No	
71	Benzo(A)Anthracene	YES		0	0					0	0				1.07E-02	4.12E+00	8.25E-01	No	
72	Benzo(A)Pyrene	YES		0	0					0	0				1.07E-02	4.12E+00	8.25E-01	No	
73	Benzo(b)fluoranthene			0	0					0	0				1.07E-02	7.78E-02	1.58E-02	No	
74	Benzo(GH)Perylene			0	0					0	0								
75	Benzo(K)Fluoranthene			0	0					0	0				1.07E-02	7.78E-02	1.58E-02	No	
76	Bis (2-Chloroethoxy) Methane			0	0					0	0								
77	Bis (2-Chloroethyl)-Ether	YES		0	0					0	0				3.07E-01	1.19E+02	2.38E+01	No	
78	Bis (2-Chloroisopropyl) Ether			0	0					0	0				3.78E+04	2.76E+05	5.52E+04	No	
79	Bis (2-Ethylhexyl) Phthalate	YES		0	0					0	0				1.26E+00	4.66E+02	9.92E+01	No	
80	4-Bromophenyl Phenyl Ether			0	0					0	0								
81	Butyl Benzyl Phthalate			0	0					0	0				1.13E+03	8.23E+03	1.65E+03	No	
82	2-Chloronaphthalene			0	0					0	0				9.24E+02	6.75E+03	1.35E+03	No	
83	4-Chlorophenyl Phenyl Ether			0	0					0	0								
84	Chrysene	YES		0	0					0	0				1.07E+02	4.12E+00	8.25E-01	No	
85	Di-N-Butyl Phthalate			0	0					0	0				2.62E+03	1.91E+04	3.83E+03	No	
86	Di-N-Octyl Phthalate			0	0					0	0								
87	Dibenz(AH)Anthracene	YES		0	0					0	0				1.07E-02	4.12E+00	8.25E-01	No	
88	1,2-Dichlorobenzene			0	0					0	0				7.55E+02	5.52E+03	1.10E+03	No	
89	1,3-Dichlorobenzene			0	0					0	0				5.62E+02	4.11E+03	8.21E+02	No	
90	1,4-Dichlorobenzene			0	0					0	0				1.12E+				

112	Hexachloroethane		0	0			0	0										1.92E+00	1.40E+01	2.80E+00	No
113	Indeno(1, 2, 3-CK)Pyrene	YES	0	0			0	0										1.07E-02	4.12E+00	8.25E-01	No
114	Isophorone		0	0			0	0										5.61E+02	4.09E+03	8.19E+02	No
115	Naphthalene		0	0			0	0													
116	Nitrobenzene		0	0			0	0										4.04E+02	2.95E+03	5.90E+02	No
117	N-Nitrosodi-N-Propylamine	YES	0	0			0	0										2.95E-01	1.14E+02	2.28E+01	No
118	N-Nitrosodimethylamine	YES	0	0			0	0										1.76E+00	6.81E+02	1.36E+02	No
119	N-Nitrosodiphenylamine	YES	0	0			0	0										3.50E+00	1.35E+03	2.71E+02	No
120	PCB-1016	YES	0	0			0.014	0.102	0.020	No								3.74E-05	1.45E-02	2.89E-03	No
121	PCB-1221	YES	0	0			0.014	0.102	0.020	No								3.74E-05	1.45E-02	2.89E-03	No
122	PCB-1232	YES	0	0			0.014	0.102	0.020	No								3.74E-05	1.45E-02	2.89E-03	No
123	PCB-1242	YES	0	0			0.014	0.102	0.020	No								3.74E-05	1.45E-02	2.89E-03	No
124	PCB-1248	YES	0	0			0.014	0.102	0.020	No								3.74E-05	1.45E-02	2.89E-03	No
125	PCB-1254	YES	0	0			0.014	0.102	0.020	No								3.74E-05	1.45E-02	2.89E-03	No
126	PCB-1260	YES	0	0			0.014	0.102	0.020	No								3.74E-05	1.45E-02	2.89E-03	No
127	Phenanthrene		0	0			0	0													
128	Pyrene		0	0			0	0										2.33E+03	1.70E+04	3.41E+03	No
129	1, 2, 4-Trichlorobenzene		0	0			0	0										4.09E+01	2.99E+02	5.98E+01	No

ID	Pollutant	Carcinogen "Yes"	Type	$Q_d * C_d + Q_{d2} * C_{d2} + Q_s * C_s = Q_r * C_r$				Enter Max Daily Discharge as reported by Applicant (C <sub>d</sub> ) Max	Enter Avg Daily Discharge as reported by Applicant (C <sub>d</sub> ) Ave	Partition Coefficient (Stream / Lake)
				Background from upstream source (C <sub>d2</sub> ) Daily Max	Background from upstream source (C <sub>d2</sub> ) Monthly Ave	Background Instream (C <sub>s</sub> ) Daily Max	Background Instream (C <sub>s</sub> ) Monthly Ave			
				µg/l	µg/l	µg/l	µg/l	µg/l		
1	Antimony		Metals	0	0	0	0	0	-	
2	Arsenic**,**	YES	Metals	0	0	0	1.01	0.34	0.574	
3	Beryllium		Metals	0	0	0	0	0	-	
4	Cadmium**		Metals	0	0	0	0	0	0.236	
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0.210	
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	-	
7	Copper**		Metals	0	0	0	3.69	2.8	0.388	
8	Lead**		Metals	0	0	0	0	0	0.467	
9	Mercury**		Metals	0	0	0	0.00239	0.00205	0.302	
10	Nickel**		Metals	0	0	0	0	0	0.505	
11	Selenium		Metals	0	0	0	0	0	-	
12	Silver		Metals	0	0	0	0	0	-	
13	Thallium		Metals	0	0	0	0	0	-	
14	Zinc**		Metals	0	0	0	15.3	8.87	0.330	
15	Cyanide		Metals	0	0	0	0	0	-	
16	Total Phenolic Compounds		Metals	0	0	0	0	0	-	
17	Hardness (As CaCO3)		Metals	0	0	0	94700	90500	-	
18	Acrolein		VOC	0	0	0	0	0	-	
19	Acrylonitrile*	YES	VOC	0	0	0	0	0	-	
20	Aldrin	YES	VOC	0	0	0	0	0	-	
21	Benzene*	YES	VOC	0	0	0	0	0	-	
22	Bromoform*	YES	VOC	0	0	0	0	0	-	
23	Carbon Tetrachloride*	YES	VOC	0	0	0	0	0	-	
24	Chlordane	YES	VOC	0	0	0	0	0	-	
25	Chlorobenzene		VOC	0	0	0	0	0	-	
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	-	
27	Chloroethane		VOC	0	0	0	0	0	-	
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	-	
29	ChloroForm*	YES	VOC	0	0	0	0	0	-	
30	4,4'-DDD	YES	VOC	0	0	0	0	0	-	
31	4,4'-DDE	YES	VOC	0	0	0	0	0	-	
32	4,4'-DDT	YES	VOC	0	0	0	0	0	-	
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	-	
34	1, 1-Dichloroethane		VOC	0	0	0	0	0	-	
35	1, 2-Dichloroethane*	YES	VOC	0	0	0	0	0	-	
36	Trans-1, 2-Dichloro-Ethylene		VOC	0	0	0	0	0	-	
37	1, 1-Dichloroethylene*	YES	VOC	0	0	0	0	0	-	
38	1, 2-Dichloropropane		VOC	0	0	0	0	0	-	
39	1, 3-Dichloro-Propylene		VOC	0	0	0	0	0	-	
40	Dieldrin	YES	VOC	0	0	0	0	0	-	
41	Ethylbenzene		VOC	0	0	0	0	0	-	
42	Methyl Bromide		VOC	0	0	0	0	0	-	
43	Methyl Chloride		VOC	0	0	0	0	0	-	
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	-	
45	1, 1, 2, 2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	-	
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	-	
47	Toluene		VOC	0	0	0	0	0	-	
48	Toxaphene	YES	VOC	0	0	0	0	0	-	
49	Tributyltine (TBT)	YES	VOC	0	0	0	0	0	-	
50	1, 1, 1-Trichloroethane		VOC	0	0	0	0	0	-	
51	1, 1, 2-Trichloroethane*	YES	VOC	0	0	0	0	0	-	
52	Trichloroethylene*	YES	VOC	0	0	0	0	0	-	
53	Vinyl Chloride*	YES	VOC	0	0	0	0	0	-	
54	p-Chloro-M-Cresol		Acids	0	0	0	0	0	-	
55	2-Chlorophenol		Acids	0	0	0	0	0	-	
56	2, 4-Dichlorophenol		Acids	0	0	0	0	0	-	
57	2, 4-Dimethylphenol		Acids	0	0	0	0	0	-	
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0	0	0	-	
59	2, 4-Dinitrophenol		Acids	0	0	0	0	0	-	
60	4,6-Dintro-2-methylphenol	YES	Acids	0	0	0	0	0	-	
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	-	
62	2-Nitrophenol		Acids	0	0	0	0	0	-	
63	4-Nitrophenol		Acids	0	0	0	0	0	-	
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	-	
65	Phenol		Acids	0	0	0	0	0	-	
66	2, 4, 6-Trichlorophenol*	YES	Acids	0	0	0	0	0	-	
67	Acenaphthene		Bases	0	0	0	0	0	-	
68	Acenaphthylene		Bases	0	0	0	0	0	-	
69	Anthracene		Bases	0	0	0	0	0	-	
70	Benzidine		Bases	0	0	0	0	0	-	
71	Benzo(A)Anthracene*	YES	Bases	0	0	0	0	0	-	
72	Benzo(A)Pyrene*	YES	Bases	0	0	0	0	0	-	
73	3, 4 Benzo-Fluoranthene		Bases	0	0	0	0	0	-	
74	Benzo(GHI)Perylene		Bases	0	0	0	0	0	-	
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	-	
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	-	
77	Bis (2-Chloroethyl)-Ether*	YES	Bases	0	0	0	0	0	-	
78	Bis (2-Chloroisopropyl) Ether		Bases	0	0	0	0	0	-	
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	-	
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	-	
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	-	
82	2-Chloronaphthalene		Bases	0	0	0	0	0	-	
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	-	
84	Chrysene*	YES	Bases	0	0	0	0	0	-	
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	-	
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	-	
87	Dibenzo(A,H)Anthracene*	YES	Bases	0	0	0	0	0	-	
88	1, 2-Dichlorobenzene		Bases	0	0	0	0	0	-	
89	1, 3-Dichlorobenzene		Bases	0	0	0	0	0	-	
90	1, 4-Dichlorobenzene		Bases	0	0	0	0	0	-	
91	3, 3-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	-	
92	Diethyl Phthalate		Bases	0	0	0	0	0	-	

0.6	Enter Q <sub>d</sub> = wastewater discharge flow from facility (MGD)
0.9283374	Q <sub>d</sub> = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Q <sub>d2</sub> = background stream flow in MGD above point of discharge
0	Q <sub>d2</sub> = background stream flow from upstream source (cfs)
1.95	Enter 7Q10, Q <sub>s</sub> = background stream flow in cfs above point of discharge
1.46	Enter or estimated, 1Q10, Q <sub>s</sub> = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
119.43	Enter Mean Annual Flow, Q <sub>s</sub> = background stream flow in cfs above point of discharge
4.58	Enter 7Q2, Q <sub>s</sub> = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C <sub>s</sub> = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q <sub>d</sub> + Q <sub>d2</sub> + Q <sub>s</sub>	Q <sub>r</sub> = resultant in-stream flow, after discharge
Calculated on other sheets	C <sub>r</sub> = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
100	Enter, background manganese and/or boron or 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 28, 2020

93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	0
94	2, 4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	0
95	2, 6-Dinitrotoluene		Bases	0	0	0	0	0	0	0
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	0
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	0
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	0
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	0
100	Endrin	YES	Bases	0	0	0	0	0	0	0
101	Endrin Aldehyde	YES	Bases	0	0	0	0	0	0	0
102	Fluoranthene		Bases	0	0	0	0	0	0	0
103	Fluorene		Bases	0	0	0	0	0	0	0
104	Heptachlor	YES	Bases	0	0	0	0	0	0	0
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	0
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	0
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	0
108	Hexachlorocyclohexan (alpha)	YES	Bases	0	0	0	0	0	0	0
109	Hexachlorocyclohexan (beta)	YES	Bases	0	0	0	0	0	0	0
110	Hexachlorocyclohexan (gamma)	YES	Bases	0	0	0	0	0	0	0
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	0
112	Hexachloroethane		Bases	0	0	0	0	0	0	0
113	Indeno(1, 2, 3-CK)Pyrene*	YES	Bases	0	0	0	0	0	0	0
114	Isophorone		Bases	0	0	0	0	0	0	0
115	Naphthalene		Bases	0	0	0	0	0	0	0
116	Nitrobenzene		Bases	0	0	0	0	0	0	0
117	N-Nitrosodi-N-Propylamine*	YES	Bases	0	0	0	0	0	0	0
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0	0	0	0	0
119	N-Nitrosodi-N-Phenylamine*	YES	Bases	0	0	0	0	0	0	0
120	PCB-1016	YES	Bases	0	0	0	0	0	0	0
121	PCB-1221	YES	Bases	0	0	0	0	0	0	0
122	PCB-1232	YES	Bases	0	0	0	0	0	0	0
123	PCB-1242	YES	Bases	0	0	0	0	0	0	0
124	PCB-1248	YES	Bases	0	0	0	0	0	0	0
125	PCB-1254	YES	Bases	0	0	0	0	0	0	0
126	PCB-1260	YES	Bases	0	0	0	0	0	0	0
127	Phenanthrene		Bases	0	0	0	0	0	0	0
128	Pyrene		Bases	0	0	0	0	0	0	0
129	1, 2, 4-Trichlorobenzene		Bases	0	0	0	0	0	0	0



Freshwater F&W classification.	Human Health Consumption Fish only (µg/l)																				
					Freshwater Acute (µg/l) C <sub>a</sub> = 1Q10				Freshwater Chronic (µg/l) C <sub>c</sub> = 7Q10				Carcinogen C <sub>a</sub> = Annual Average Non-Carcinogen C <sub>c</sub> = 7Q10								
	ID	Pollutant	RP?	Carcinogen Yes	Background from upstream source (Cd2) Daily Max	Max Daily Discharge as reported by Applicant (C <sub>max</sub> )	Water Quality Criteria (C <sub>l</sub> )	Draft Permit Limit (C <sub>max</sub> )	20% of Draft Permit Limit	RP?	Background from upstream source (Cd2) Monthly Ave	Avg Daily Discharge as reported by Applicant (C <sub>avg</sub> )	Water Quality Criteria (C <sub>c</sub> )	Draft Permit Limit (C <sub>max</sub> )	20% of Draft Permit Limit	RP?	Water Quality Criteria (C <sub>c</sub> )	Draft Permit Limit (C <sub>max</sub> )	20% of Draft Permit Limit	RP?	
1	Antimony			0	0					0	0						3.73E+02	1.16E+03	2.32E+02	No	
2	Arsenic		YES	0	1.01	562.334	1523.901	304.780	No	0	0.34	251.324	810.243	162.049	No		3.03E-01	3.93E+01	7.86E+00	No	
3	Beryllium			0	0					0	0										No
4	Cadmium			0	0	5.533	21.952	4.390	No	0	0	1.042	3.232	0.646	No						No
5	Chromium Chromium III			0	0	2713.150	6980.156	1396.031	No	0	0	352.926	1094.258	218.852	No						No
6	Chromium Chromium VI			0	0	16.000	41.163	8.233	No	0	0	11.000	34.106	6.821	No						No
7	Copper			0	3.69	34.837	89.110	17.822	No	0	2.8	23.082	71.568	14.313	No						No
8	Lead			0	0	138.750	355.779	71.156	No	0	0	5.389	16.709	3.342	No						No
9	Mercury			0	0.00239	2.490	6.174	1.235	No	0	0.00205	0.012	0.037	0.007	No		4.24E-02	1.32E-01	2.63E-02	No	
10	Nickel			0	0	927.200	2365.410	477.082	No	0	0	102.363	319.303	63.861	No		9.93E-02	3.08E-03	6.16E-02	No	
11	Selenium			0	0	20.000	51.454	10.291	No	0	0	5.000	15.503	3.101	No		2.43E+03	7.54E+03	1.51E+03	No	
12	Silver			0	0	3.217	8.276	1.655	No	0	0										No
13	Thallium			0	0					0	0						2.74E-01	8.48E-01	1.70E-01	No	
14	Zinc			0	15.3	355.092	913.547	182.709	No	0	8.87	357.597	1109.980	221.998	No		1.49E+04	4.62E+04	9.24E+03	No	
15	Cyanide			0	0	22.000	56.599	11.320	No	0	0	5.200	16.123	3.225	No		9.33E+03	2.89E+04	5.79E+03	No	
16	Total Phenolic Compounds			0	0					0	0										No
17	Hardness (As CaCO3)			0	94700					0	90500										No
18	Acetoin			0	0					0	0						5.43E+00	1.88E+01	3.36E+00	No	
19	Azofluorite	YES		0	0					0	0						1.44E-01	1.87E+01	3.73E+00	No	
20	Aldrin	YES		0	0	3.000	7.718	1.544	No	0	0						2.04E-05	3.81E-03	7.62E-04	No	
21	Benzene	YES		0	0					0	0						1.55E-01	2.01E-03	4.01E-02	No	
22	Bromotorm	YES		0	0					0	0						7.88E-01	1.02E+04	2.04E-03	No	
23	Carbon Tetrachloride	YES		0	0					0	0						9.57E-01	1.24E+02	2.48E+01	No	
24	Chlordane	YES		0	0	2.400	6.174	1.235	No	0	0	0.0043	0.013	0.003	No		4.73E-04	6.13E-02	1.23E-02	No	
25	Chlorobenzene			0	0					0	0						0.06E+02	2.81E+03	5.62E+02	No	
26	Chlorodibromo-Methane	YES		0	0					0	0						7.41E+00	9.60E+02	1.92E+02	No	
27	Chloroethane			0	0					0	0										No
28	2-Chloro-Ethylvinyl Ether			0	0					0	0										No
29	ChloroForm	YES		0	0					0	0						1.02E+02	1.32E+04	2.64E+03	No	
30	4,4'- DDD	YES		0	0					0	0						1.81E-04	2.35E-02	4.70E-03	No	
31	4,4'- DDE	YES		0	0					0	0						1.28E-04	1.66E-02	3.32E-03	No	
32	4,4'- DDT	YES		0	0	1.100	2.830	0.566	No	0	0	0.001	0.003	0.001	No		1.28E-04	1.66E-02	3.32E-03	No	
33	Dichlorobromo-Methane	YES		0	0					0	0						1.00E+01	1.30E+03	2.60E+02	No	
34	1, 1-Dichloroethane			0	0					0	0										No
35	1, 2-Dichloroethane	YES		0	0					0	0						2.14E+01	2.77E+03	5.54E+02	No	
36	Trans-1, 2-Dichloro-Ethylene			0	0					0	0						5.91E+03	1.83E+04	3.66E+03	No	
37	1, 1-Dichloroethylene	YES		0	0					0	0						4.17E+03	5.40E+05	1.08E+05	No	
38	1, 2-Dichloropropane			0	0					0	0						8.45E+00	2.63E+01	5.27E+00	No	
39	1, 3-Dichloro-Propylene			0	0					0	0						1.23E+01	3.81E+01	7.62E+00	No	
40	Dieldrin	YES		0	0	0.230	0.617	0.123	No	0	0	0.050	0.174	0.035	No		3.12E-05	4.05E-03	8.10E-04	No	
41	Ethylbenzene			0	0					0	0						1.24E+03	3.86E+03	7.72E+02	No	
42	Methyl Bromide			0	0					0	0						8.71E-02	2.70E+03	5.40E+02	No	
43	Methyl Chloride			0	0					0	0										No
44	Methylene Chloride	YES		0	0					0	0						3.45E+02	4.48E+04	8.96E+03	No	
45	1, 1, 2, 2-Tetrachloro-Ethane	YES		0	0					0	0						2.33E+00	3.03E+02	6.05E+01	No	
46	Tetrachloro-Ethylene	YES		0	0					0	0						1.92E+00	2.45E+02	4.97E+01	No	
47	Toluene			0	0					0	0						8.73E-03	2.70E-04	5.41E-03	No	
48	Toxaphene	YES		0	0	0.730	1.878	0.376	No	0	0	0.6002	0.001	0.000	No		1.62E-04	2.10E-02	4.20E-03	No	
49	Trbutylin (TBT)	YES		0	0	0.460	1.183	0.237	No	0	0	0.072	0.223	0.045	No						No
50	1, 1, 1-Trichloroethane			0	0					0	0										No
51	1, 1, 2-Trichloroethane	YES		0	0					0	0						9.10E+00	1.18E+03	2.36E+02	No	
52	Trichloroethylene	YES		0	0					0	0						1.75E-01	2.27E+03	4.53E+02	No	
53	Vinyl Chloride	YES		0	0					0	0						1.42E+00	1.85E+02	3.69E+01	No	
54	p-Chloro-M-Cresol			0	0					0	0										No
55	2-Chlorophenol			0	0					0	0						6.71E+01	2.70E+02	5.40E+01	No	
56	2, 4-Dichlorophenol			0	0					0	0						1.72E+02	5.33E+02	1.07E+02	No	
57	2, 4-Dimethylphenol			0	0					0	0						4.98E-02	1.54E+03	3.09E+02	No	
58	4, 6-Dinitro-O-Cresol			0	0					0	0										No
59	2, 4-Dinitrophenol			0	0					0	0										No
60	4,6-Dinitro-2-methylphenol	YES		0	0					0	0						3.11E-03	9.65E+03	1.93E+03	No	
61	Dioxin (2,3,7,8-TCDD)	YES		0	0					0	0						1.65E+02	2.15E+04	4.29E+03	No	
62	2-Nitrophenol			0	0					0	0						2.07E-08	3.46E-06	6.91E-07	No	
63	4-Nitrophenol			0	0					0	0										No
64	Pentachlorophenol	YES		0	0	0.723	22.443	4.489	No	0	0	6.693	20.751	4.150	No		1.77E+00	2.29E+02	4.58E+01	No	
65	Phenol			0	0					0	0						5.00E+05	1.55E+06	3.10E+05	No	
66	2, 4, 6-Trichlorophenol	YES		0	0					0	0						1.41E-00	1.83E+02	3.67E+01	No	
67	Acenaphthene			0	0					0	0						5.78E+02	1.79E+03	3.59E+02	No	
68	Acenaphthylene			0	0					0	0										No
69	Anthracene			0	0					0	0						2.33E+04	7.23E+04	1.45E+04	No	
70	Benidine			0	0					0	0						1.15E-04	3.59E-04	7.19E-05	No	
71	Benzo(A)Anthracene	YES		0	0					0	0						1.07E-02	1.38E+00	2.76E-01	No	
72	Benzo(A)Pyrene	YES		0	0					0	0						1.07E-02	1.38E+00	2.76E-01	No	
73	Benzo(b)fluoranthene			0	0					0	0						1.07E-02	3.30E-02	6.61E-03	No	
74	Benzo(GH)Perylene			0	0					0	0										No
75	Benzo(K)Fluoranthene			0	0					0	0						1.07E-02	3.30E-02	6.61E-03	No	
76	Bis (2-Chloroethoxy) Methane			0	0					0	0										No
77	Bis (2-Chloroethyl) Ether	YES		0	0					0	0						3.07E-01	3.99E+01	7.97E+00	No	
78	Bis (2-Chloroisopropyl) Ether			0	0					0	0						3.78E+04	1.17E+05	2.34E+04	No	
79	Bis (2-Ethylhexyl) Phthalate	YES		0	0					0	0						1.28E+00	1.66E+02	3.32E+01	No	
80	4-Bromophenyl Phenyl Ether			0	0					0	0										No
81	Butyl Benzyl Phthalate			0	0					0	0						1.13E-03	3.49E+03	6.99E+02	No	
82	2-Chloronaphthalene			0	0					0	0						9.24E+02	2.87E+03	5.73E+02	No	
83	4-Chlorophenyl Phenyl Ether			0	0					0	0										No
84	Chrysene	YES		0	0					0	0						1.07E-07	1.38E+00	2.76E-01	No	
85	Di-N-Butyl Phthalate			0	0					0	0						2.62E+03	8.13E+03	1.63E+03	No	



**Summary of Metals Data - Gurley WWTP**

**AL0070661**

<b>Pollutant</b>	<b>1/22/2019</b>	<b>2/26/2019</b>	<b>3/19/2019</b>	<b>Maximum</b>	<b>Average</b>
<b>Hardness</b>	89.9	94.7	87	94.7	90.5
<b>Arsenic</b>	0	0.00101	0	0.00101	0.00034
<b>Copper</b>	0.00369	0.00165	0.00307	0.00369	0.00280
<b>Mercury</b>	-	-	-	0.00000239	0.00000205
<b>Zinc</b>	0.01530	0	0.01130	0.01530	0.00887

**\*All Units are in mg/L**

**\*includes all data where detection occurred.**

**\*Mercury Data from EPA Form 2A**

# Waste Load Allocation Summary

Page 1

## REQUEST INFORMATION

Request Number:

2842

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

Receiving Waterbody	Hurricane Creek
Previous Stream Name	

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

River Basin	Tennessee	Outfall Latitude	34.695599	(decimal degrees)
*County	Madison	Outfall Longitude	-86.417267	(decimal degrees)

Permit Number	AL0070661	Permit Type	CONVERSION
Permit Status		Active	
Type of Discharger		MUNICIPAL	

Do other discharges exist that may impact the model?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If yes, impacting dischargers names.	West Fork WWTP, Hazel Green WWTP, Buckhorn HS, Buckhorn WWTP, Union Springs, Huntsville Chase WWTP, Giles & Kendall, Central School, Madison County HS, Huntsville Big Cove WWTP, Owens Cross Roads WWTP
--------------------------------------	--

Impacting dischargers permit numbers.	
---------------------------------------	--

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

Comments included
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Information Verified By	REC	Year File Was Created	1996
Response ID Number		1421	

Lat/Long Method	GPS
-----------------	-----

12 Digit HUC Code	060300020402
-------------------	--------------

Use Classification	F&W
--------------------	-----

Site Visit Completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---

Date of Site Visit	6/19/2014
--------------------	-----------

Waterbody Impaired?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------	---

Date of WLA Response	7/28/2014
----------------------	-----------

Antidegradation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------	---

Approved TMDL?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Waterbody Tier Level	Tier I
----------------------	--------

Use Support Category	4A
----------------------	----

Approval Date of TMDL	3/19/2007
-----------------------	-----------

## Waste Load Allocation Information

Modeled Reach Length	54.15	Miles	Date of Allocation	7/28/2014
Name of Model Used	SWQM	Allocation Type	2 Seasons	
Model Completed by	Ross Caton	Type of Model Used	Desk-top	
Allocation Developed by	Water Quality Branch			

# Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters						
	Qw	0.2	MGD	Qw	0.2	MGD	Qw	MGD	Qw	MGD	
Season	Summer		Season	Winter		Season			Season		
From	May		From	Dec		From			From		
Through	Nov		Through	Apr		Through			Through		
CBOD5	CBOD5	16	mg/L	CBOD5	25	mg/L	TP		TP		
NH3-N	NH3-N	3	mg/L	NH3-N	20	mg/L	TN		TN		
TKN	TKN			TKN			TSS		TSS		
D.O.	D.O.	6	mg/L	D.O.	6	mg/L					

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

Water Quality Characteristics Immediately Upstream of Discharge						
Parameter	Summer			Winter		
CBODu	2	mg/l		2	mg/l	
NH3-N	0.11	mg/l		0.11	mg/l	
Temperature	28	°C		18	°C	
pH	7	su		7	su	

### Hydrology at Discharge Location

Drainage Area Qualifier	Drainage Area	sq mi
Estimated	Stream 7Q10	1.95 cfs
	Stream 1Q10	1.46 cfs
	Stream 7Q2	4.58 cfs
	Annual Average	119.43 cfs

### Method Used to Calculate

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

### Comments and/or Notations

Determination of effluent limits included evaluating both the receiving waterbody at the discharge location (Hurricane Creek) and also the Flint River downstream of the confluence with Hurricane Creek.

# Waste Load Allocation Summary

Page 1

## REQUEST INFORMATION

Request Number:

3651

From:	Nicholas Lowe	In Branch/Section	Municipal
Date Submitted	10/4/2019	Date Required	11/3/2019
FUND Code		605	
Date Permit application received by NPDES program		6/24/2019	

Receiving Waterbody	Hurricane Creek
---------------------	-----------------

Previous Stream Name	
----------------------	--

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

Previous Discharger Name	
--------------------------	--

River Basin	Tennessee	Outfall Latitude	34.695695	(decimal degrees)
-------------	-----------	------------------	-----------	-------------------

*County	Madison	Outfall Longitude	-86.417205	(decimal degrees)
---------	---------	-------------------	------------	-------------------

Permit Number	AL0070661	Permit Type	Permit Reissuance
---------------	-----------	-------------	-------------------

Permit Status	Active
---------------	--------

Type of Discharger	MUNICIPAL
--------------------	-----------

Do other discharges exist that may impact the model?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

**If yes, impacting dischargers names.**  
West Fork WWTP, Hazel Green WWTP, Buckhorn HS WWTP, Buckhorn WWTP, Integra Madison, Huntsville Chase WWTP, Giles and Kendall, Madison Highschool, Integra East, Gurley WWTP, Huntsville Big Cove WWTP, Owens Cross Roads WWTP

**Impacting dischargers permit numbers.**  
AL0078344, AL0066478, AL0051691, AL0078336, AL0078298, AL0071650, AL0048810, AL0083933, AL0070467, AL0070661, AL0055042, AL0053228

Existing Discharge Design Flow	0.2	MGD
Proposed Discharge Design Flow		MGD

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

Comments included	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-------------------	---

Information Verified By	JJM	Year File Was Created	1996
-------------------------	-----	-----------------------	------

Response ID Number	1727
--------------------	------

Lat/Long Method	GPS
-----------------	-----

12 Digit HUC Code	060300020402
-------------------	--------------

Use Classification	F&W
--------------------	-----

Site Visit Completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---

Date of Site Visit	11/21/2019
--------------------	------------

Waterbody Impaired?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	---

Date of WLA Response	12/4/2019
----------------------	-----------

Antidegradation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------	---

Approved TMDL?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------	---

Waterbody Tier Level	Tier I
----------------------	--------

Approved TMDL?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------	---

Use Support Category	4A
----------------------	----

Approval Date of TMDL	3/19/2007
-----------------------	-----------

## Waste Load Allocation Information

Modeled Reach Length	0.85	Miles
----------------------	------	-------

Date of Allocation	12/9/2019
--------------------	-----------

Name of Model Used	SWQM
--------------------	------

Allocation Type	2 Seasons
-----------------	-----------

Model Completed by	James Mooney
--------------------	--------------

Type of Model Used	Desk-top
--------------------	----------

Allocation Developed by	Water Quality Branch
-------------------------	----------------------

# Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters									
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD						
	Season Summer		Season Winter		Season	Season		Season						
	From Apr		From Nov		From	From		From						
	Through Oct		Through Mar		Through	Through		Through						
CBOD5		mg/L	CBOD5	9	mg/L	CBOD5	25	mg/L	TP		mg/L	TP		mg/L
NH3-N		mg/L	NH3-N	1.5	mg/L	NH3-N	20	mg/L	TN		mg/L	TN		mg/L
TKN		mg/L	TKN		mg/L	TKN		mg/L	TSS		mg/L	TSS		mg/L
D.O.		mg/L	D.O.	6	mg/L	D.O.	6	mg/L			mg/L			mg/L

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

Water Quality Characteristics Immediately Upstream of Discharge						
Parameter	Summer			Winter		
CBODu	2.27	mg/l		2.27	mg/l	
NH3-N	0.134	mg/l		0.134	mg/l	
Temperature	28	°C		18	°C	
pH	7	su		7	su	

### Hydrology at Discharge Location

Drainage Area Qualifier	Drainage Area	sq mi	Method Used to Calculate
Estimated	Stream 7Q10	72.5	ADEM Estimate w/USGS Gage Data
	Stream 7Q10	1.9	75% of 7Q10
	Stream 1Q10	1.4	ADEM Estimate w/USGS Gage Data
	Stream 7Q2	4.5	ADEM Estimate w/USGS Gage Data
	Annual Average	78.9	ADEM Estimate w/USGS Gage Data

**Comments and/or Notations:** The Gurley WWTP discharge was modeled in Hurricane creek for 0.84 mi and the DO levels were kept above 5.0 mg/L. The end output from the Hurricane Creek model was input as tributary flow into the Flint River model and DO levels were kept above 5.0 mg/L.

Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>
---------------------	--	--

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

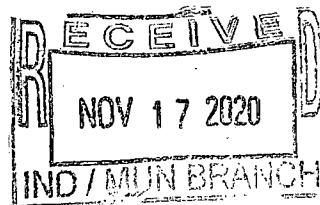
Facility Information	1.1	Facility name Gurley Wastewater Treatment Plant		
		Mailing address (street or P.O. box) P. O. Box 128		
		City or town Gurley	State AL	ZIP code 35748
		Contact name (first and last) Jimmy Jones	Title Certified Operator, Grade IV	Phone number (256) 776-3313
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 204 Childress Street		
		City or town Gurley	State AL	ZIP code 35748
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No		
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.		
		Applicant name Town of Gurley		
		Applicant address (street or P.O. box) P. O. Box 128		
		City or town Gurley	State AL	ZIP code 35748
		Contact name (first and last) Robert Sentell	Title Mayor	Phone number (256) 776-3313
		Email address townofgurley@gmail.com		
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both		
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)		
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)		
		<b>Existing Environmental Permits</b>		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) AL 0070661	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)



EPA Identification Number

NPDES Permit Number  
AL 0070661Facility Name  
Gurley WWTPForm Approved 03/05/19  
OMB No. 2040-0004

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type (indicate percentage)</b>		<b>Ownership Status</b>
		Gurley	801	<u>100</u> 0 <input type="checkbox"/> Unknown	% separate sanitary sewer % combined storm and sanitary sewer	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
				<u>    </u> <u>    </u> <input type="checkbox"/> Unknown	% separate sanitary sewer % combined storm and sanitary sewer	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
				<u>    </u> <u>    </u> <input type="checkbox"/> Unknown	% separate sanitary sewer % combined storm and sanitary sewer	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
				<u>    </u> <u>    </u> <input type="checkbox"/> Unknown	% separate sanitary sewer % combined storm and sanitary sewer	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
		<b>Total Population Served</b>	801			
		Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>	<b>Combined Storm and Sanitary Sewer</b>	
			100 %	0 %		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.			<b>Design Flow Rate</b>	
					0.200 mgd	
	<b>Annual Average Flow Rates (Actual)</b>					
	<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>	
	0.253 mgd		0.228 mgd		0.337 mgd	
	<b>Maximum Daily Flow Rates (Actual)</b>					
<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>		
0.668 mgd		0.569 mgd		0.632 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		<b>Total Number of Effluent Discharge Points by Type</b>				
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>
		1	0	0	0	0



EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL 0070661

Gurley WWTP

OMB No. 2040-0004

**Outfalls Other Than to Waters of the United States**

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?

 Yes No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

**Surface Impoundment Location and Discharge Data**

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?

 Yes No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

**Land Application Site and Discharge Data**

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?

 Yes No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?

 Yes No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

**Transporter Data**

Entity name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	

Outfalls and Other Discharge or Disposal Methods

Outfalls and Other Discharge or Disposal Methods Continued

1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.			
<b>Receiving Facility Data</b>				
Facility name			Mailing address (street or P.O. box)	
City or town			State	ZIP code
Contact name (first and last)			Title	
Phone number			Email address	
NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate mgd	
1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.				
1.22	Provide information in the table below on these other disposal methods.			
<b>Information on Other Disposal Methods</b>				
	<b>Disposal Method Description</b>	<b>Location of Disposal Site</b>	<b>Size of Disposal Site</b>	<b>Annual Average Daily Discharge Volume</b>
			acres	gpd
			acres	gpd
			acres	gpd
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Variance Requests

1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)			
<input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2))				
<input checked="" type="checkbox"/> Not applicable				

Contractor Information

1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.				
1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.			
<b>Contractor Information</b>				
		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	Contractor name (company name)			
	Mailing address (street or P.O. box)			
	City, state, and ZIP code			
	Contact name (first and last)			
	Phone number			
	Email address			
	Operational and maintenance responsibilities of contractor			

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL 0070661

Gurley WWTP

OMB No. 2040-0004

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

<b>Outfalls to Waters of the United States</b>						
<b>Design Flow</b>	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
	<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	<b>Average Daily Volume of Inflow and Infiltration</b> 100,000 gpd		
Indicate the steps the facility is taking to minimize inflow and infiltration. Any new I/I sources identified will be repaired. A CDBG project is being applied for to address I/I. Two portable flow meters are being used to identify high I/I sections of the system.						
<b>Topographic Map</b>	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Flow Diagram</b>	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
	Briefly list and describe the scheduled improvements.					
	1. Upgrade to 0.600 MGD facility and discharge to outfall 0012.					
	2.					
	3.					
	4.					
2.6	Provide scheduled or actual dates of completion for improvements.					
<b>Scheduled or Actual Dates of Completion for Improvements</b>						
	<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
	1.	0012	06/01/2023	05/31/2024	06/01/2024	09/01/2024
	2.					
	3.					
	4.					
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None required or applicable					
Explanation: Upgrade is in the planning stage.						

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL 0070661

Gurley WWTP

OMB No. 2040-0004

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

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)					
			<b>Outfall Number</b> <u>0011</u>		<b>Outfall Number</b> <u>0012</u>		<b>Outfall Number</b> _____
	State	Alabama		Alabama			
	County	Madison		Madison			
	City or town	Gurley		Gurley			
	Distance from shore	N/A ft.		N/A ft.		ft.	
	Depth below surface	N/A ft.		N/A ft.		ft.	
	Average daily flow rate	0.25 mgd		Not Used mgd		mgd	
	Latitude	34°	41'	42" N	34°	41'	42" N
Longitude	86°	25'	04" W	86°	25'	04" W	" ' "
<b>Seasonal or Periodic Discharge Data</b>	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.					
	3.3	If so, provide the following information for each applicable outfall.					
			<b>Outfall Number</b> _____		<b>Outfall Number</b> _____		<b>Outfall Number</b> _____
	Number of times per year discharge occurs						
	Average duration of each discharge (specify units)						
Average flow of each discharge	mgd		mgd		mgd		
Months in which discharge occurs							
<b>Diffuser Type</b>	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.					
	3.5	Briefly describe the diffuser type at each applicable outfall.					
		<b>Outfall Number</b> _____		<b>Outfall Number</b> _____		<b>Outfall Number</b> _____	
<b>Waters of the U.S.</b>	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.					

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL 0070661

Gurley WWTP

OMB No. 2040-0004

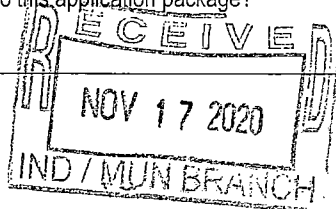
		3.7 Provide the receiving water and related information (if known) for each outfall.			
		Outfall Number <u>0011</u>	Outfall Number <u>0012</u>	Outfall Number _____	
Receiving Water Description	Receiving water name	Hurricane Creek	Hurricane Creek		
	Name of watershed, river, or stream system	Flint River	Flint River		
	U.S. Soil Conservation Service 14-digit watershed code				
	Name of state management/river basin				
	U.S. Geological Survey 8-digit hydrologic cataloging unit code				
	Critical low flow (acute)	cfs	cfs	cfs	
	Critical low flow (chronic)	cfs	cfs	cfs	
	Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	
			3.8 Provide the following information describing the treatment provided for discharges from each outfall.		
		Outfall Number <u>0011</u>	Outfall Number <u>0012</u>	Outfall Number _____	
Treatment Description	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	
	<b>Design Removal Rates by Outfall</b>				
	BOD <sub>5</sub> or CBOD <sub>5</sub>	95 %	%	%	
	TSS	90 %	%	%	
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	
	Nitrogen	<input type="checkbox"/> Not applicable 90 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	
	Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

Treatment Description Continued

3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. The existing chlorination/dechlorination process will be upgraded to 0.600 MGD along with plant expansion or possibly replaced with UV.					
		Outfall Number <u>0011</u>		Outfall Number <u>0012</u>		Outfall Number _____
	Disinfection type	Chlorination		Future Upgrade		
	Seasons used					
	Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

Effluent Testing Data

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



Effluent Testing Data Continued

3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
	<table border="1"> <thead> <tr> <th>Date(s) Submitted (MM/DD/YYYY)</th> <th>Summary of Results</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity:				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted.				
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.				

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

Industrial Discharges and Hazardous Wastes

4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.				
4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
	<table border="1"> <thead> <tr> <th>Number of SIUs</th> <th>Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td> </td> <td>1</td> </tr> </tbody> </table>	Number of SIUs	Number of NSCIUs		1
Number of SIUs	Number of NSCIUs				
	1				
4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.				
4.6	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				



Industrial Discharges and Hazardous Wastes Continued

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

**SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))**

CSO Map and Diagram

5.1	Does the treatment works have a combined sewer system?			
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No → SKIP to Section 6.	
5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.)			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

EPA Identification Number

NPDES Permit Number  
AL 0070661Facility Name  
Gurley WWTPForm Approved 03/05/19  
OMB No. 2040-0004

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

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

OMB No. 2040-0004

AL 0070661

Gurley WWTP

CSO Receiving Waters

5.7 Provide the information in the table below for each of your CSO outfalls.

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

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

Checklist and Certification Statement

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

Column 1	Column 2	
<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ Table F
<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

6.2 **Certification Statement**

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

Name (print or type first and last name)

Robert Sentell

Official title

Mayor

Signature



Date signed

7/1/19

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

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

**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD <sub>5</sub> or <input checked="" type="checkbox"/> CBOD <sub>5</sub> (report one)	26.5	mg/l	6.97	mg/l	24	SM 5210	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	2700	#/100mL	339	#/100mL	24	SM 922M	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.632	MGD	0.337	MGD	365		
pH (minimum)	6.1						
pH (maximum)	8.5						
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	22.0	mg/l	11.4	mg/l	24	EPA 160.2	<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

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

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	9.4	mg/l	1.25	mg/l	24	SM 4500 NH3-C	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	0.03	mg/l	0.02	mg/l	24		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	6.8	mg/l	6.3	mg/l	24		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	8.5	mg/l	5.2	mg/l	14	4500-N ORG-B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	16.2	mg/l	8.68	mg/l	14	EPA 300.0	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	<5.0	mg/l	<5.0	mg/l	7	EPA 1664A	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	4.07	mg/l	2.66	mg/l	7	EPA 365.3	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	22	mg/l	4.89	mg/l	7	EPA 1664A	<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

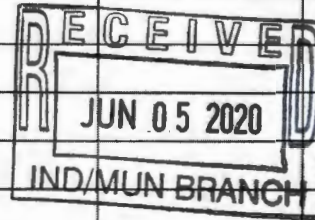
This page intentionally left blank.

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

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

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable	0.00369	mg/L	0.0028	mg/L	3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable	2.39	ng/L	2.05	ng/L	3	EPA 1631E	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable	ND	mg/L			3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable	0.0153	mg/L	.0088	mg/L	3	200.8	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide	ND	mg/L			3	97511.09	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds	ND	mg/L			3	625.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein	ND	mg/L			3	624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile	ND	mg/L			3	624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene	ND	mg/L			3	624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform	ND	mg/L			3	624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL





EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

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

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

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

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

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

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

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

EPA Identification Number

NPDES Permit Number

Facility Name

Outfall Number

AL 0070661

Gurley WWTP

0011

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

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

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

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

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

**This page intentionally left blank.**

EPA Identification Number

NPDES Permit Number  
AL 0070661

Facility Name  
Gurley WWTP

Outfall Number  
0011

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

**TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY**

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<input type="checkbox"/> No additional sampling is required by NPDES permitting authority.							
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

<b>Test Information</b>			
	Test Number _____	Test Number _____	Test Number _____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			
<b>Toxicity Test Methods</b>			
Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			
<b>Sample Type</b>			
Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
<b>Sample Location</b>			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
<b>Point in Treatment Process</b>			
Describe the point in the treatment process at which the sample was collected for each test.			
<b>Toxicity Type</b>			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both



EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

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

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Outfall Number 0011
---------------------------	-----------------------------------	------------------------------	------------------------

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

**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

	Test Number _____	Test Number _____	Test Number _____
<b>Acute Test Results Continued</b>			
Other (describe)			
<b>Chronic Test Results</b>			
NOEC		%	%
IC <sub>25</sub>		%	%
Control percent survival		%	%
Other (describe)			
<b>Quality Control/Quality Assurance</b>			
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

**This page intentionally left blank.**

EPA Identification Number

NPDES Permit Number  
AL 0070661Facility Name  
Gurley WWTPForm Approved 03/05/19  
OMB No. 2040-0004**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Description of all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the average daily volume of wastewater discharged by the SIU.	gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number

NPDES Permit Number  
AL 0070661

Facility Name  
Gurley WWTP

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

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? If yes, describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP	Form Approved 03/05/19 OMB No. 2040-0004	
Form 2S NPDES		<b>U.S Environmental Protection Agency</b> <b>Application for NPDES Permit for Sewage Sludge Management</b> <b>NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE</b>		
<b>PRELIMINARY INFORMATION</b>				
Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?				
<input checked="" type="checkbox"/> Yes → Complete Part 2 of application package (begins p. 7). <input type="checkbox"/> No → Complete Part 1 of application package (below).				
<b>PART 1</b>		<b>LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))</b>		
Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).				
<b>PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))</b>				
<b>Facility Information</b>	1.1	Facility name Gurley Wastewater Treatment Plant		
		Mailing address (street or P.O. box) P. O. Box 128		
		City or town Gurley	State AL	ZIP code 35748
		Contact name (first and last) Jimmy Jones	Title Certified Operator	Phone number (256) 776-3313
		Location address (street, route number, or other specific identifier) 204 Childress Street		<input type="checkbox"/> Same as mailing address
		City or town Gurley	State AL	ZIP code 35748
		<b>1.2 Ownership Status</b>		
	<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) <u>Municipal</u> <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____			
<b>PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))</b>				
<b>Applicant Information</b>	2.1	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).		
	2.2	Applicant name Town of Gurley		
		Applicant address (street or P.O. box) P. O. Box 128		
		City or town Gurley	State AL	ZIP code 35748
		Contact name (first and last) Robert Sentell	Title Mayor	Phone number (256) 776-3313
	2.3 Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both			
	2.4 To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)			
<b>PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))</b>				
<b>Sewage Sludge Amount</b>	3.1	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:		
		<b>Practice</b>	<b>Dry Metric Tons per 365-Day Period</b>	
		Amount generated at the facility	12.00	
		Amount treated at the facility		
		Amount used (i.e., received from off site) at the facility		
	Amount disposed of at the facility			

**PART 1, SECTION 4. POLLUTANT CONCENTRATIONS (40 CFR 122.21(c)(2)(ii)(E))**

Pollutant Concentrations

4.1

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 503 for your 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 4.5 years old.

Check here if you have provided a separate attachment with this information.

Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic	2.21	6010B	
Cadmium	3.89	6010B	
Chromium	28.30	6010B	
Copper	179.80	6010B	
Lead	14.55	6010B	
Mercury	0.25	7471A	
Molybdenum	2.50	6010B	
Nickel	23.20	6010B	
Selenium	18.62	6010B	
Zinc	621.66	6010B	
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

**PART 1, SECTION 5. TREATMENT PROVIDED AT YOUR FACILITY (40 CFR 122.21(c)(2)(ii)(C))**

<b>Treatment Provided at Your Facility</b>	5.1	For each sewage sludge use or disposal practice, indicate the amount of sewage sludge used or disposed of, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option. Attach additional pages, as necessary.																																																			
		<table border="1"> <thead> <tr> <th>Use or Disposal Practice (check one)</th> <th>Amount (dry metric tons)</th> <th>Pathogen Class and Reduction Alternative</th> <th>Vector Attraction Reduction Option</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Land application of bulk sewage</td> <td></td> <td><input type="checkbox"/> Not applicable</td> <td><input type="checkbox"/> Not applicable</td> </tr> <tr> <td><input type="checkbox"/> Land application of biosolids (bulk)</td> <td></td> <td><input type="checkbox"/> Class A, Alternative 1</td> <td><input type="checkbox"/> Option 1</td> </tr> <tr> <td><input type="checkbox"/> Land application of biosolids (bags)</td> <td></td> <td><input type="checkbox"/> Class A, Alternative 2</td> <td><input type="checkbox"/> Option 2</td> </tr> <tr> <td><input type="checkbox"/> Surface disposal in a landfill</td> <td></td> <td><input type="checkbox"/> Class A, Alternative 3</td> <td><input type="checkbox"/> Option 3</td> </tr> <tr> <td><input type="checkbox"/> Other surface disposal</td> <td></td> <td><input type="checkbox"/> Class A, Alternative 4</td> <td><input type="checkbox"/> Option 4</td> </tr> <tr> <td><input type="checkbox"/> Incineration</td> <td></td> <td><input type="checkbox"/> Class A, Alternative 5</td> <td><input type="checkbox"/> Option 5</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Class A, Alternative 6</td> <td><input type="checkbox"/> Option 6</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Class B, Alternative 1</td> <td><input type="checkbox"/> Option 7</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Class B, Alternative 2</td> <td><input type="checkbox"/> Option 8</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Class B, Alternative 3</td> <td><input type="checkbox"/> Option 9</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Class B, Alternative 4</td> <td><input type="checkbox"/> Option 10</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Domestic septage, pH adjustment</td> <td><input type="checkbox"/> Option 11</td> </tr> </tbody> </table>	Use or Disposal Practice (check one)	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option	<input type="checkbox"/> Land application of bulk sewage		<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Land application of biosolids (bulk)		<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Land application of biosolids (bags)		<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Surface disposal in a landfill		<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Other surface disposal		<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4	<input type="checkbox"/> Incineration		<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5			<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6			<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7			<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8			<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9			<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10			<input type="checkbox"/> Domestic septage, pH adjustment
Use or Disposal Practice (check one)	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option																																																		
<input type="checkbox"/> Land application of bulk sewage		<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable																																																		
<input type="checkbox"/> Land application of biosolids (bulk)		<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1																																																		
<input type="checkbox"/> Land application of biosolids (bags)		<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2																																																		
<input type="checkbox"/> Surface disposal in a landfill		<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3																																																		
<input type="checkbox"/> Other surface disposal		<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4																																																		
<input type="checkbox"/> Incineration		<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5																																																		
		<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6																																																		
		<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7																																																		
		<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8																																																		
		<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9																																																		
		<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10																																																		
		<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11																																																		
	5.2	For each of the use and disposal practices specified in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge. (Check all that apply.)																																																			
		<table border="1"> <tbody> <tr> <td><input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)</td> <td><input type="checkbox"/> Thickening (concentration)</td> </tr> <tr> <td><input type="checkbox"/> Stabilization</td> <td><input type="checkbox"/> Anaerobic digestion</td> </tr> <tr> <td><input type="checkbox"/> Composting</td> <td><input type="checkbox"/> Conditioning</td> </tr> <tr> <td><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)</td> <td><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)</td> </tr> <tr> <td><input type="checkbox"/> Heat drying</td> <td><input type="checkbox"/> Thermal reduction</td> </tr> <tr> <td><input type="checkbox"/> Methane or biogas capture and recovery</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </tbody> </table>	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)	<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction	<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____																																							
<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)																																																				
<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion																																																				
<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning																																																				
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)																																																				
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction																																																				
<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____																																																				

**PART 1, SECTION 6. SEWAGE SLUDGE SENT TO OTHER FACILITIES (40 CFR 122.21(c)(2)(ii)(C))**

<b>Sewage Sludge Sent to Other Facilities</b>	6.1	Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)-(8)?								
		<input type="checkbox"/> Yes → SKIP to Part 1, Section 8 (Certification). <input type="checkbox"/> No								
	6.2	Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?								
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 1, Section 7.								
	6.3	Receiving facility name								
	Mailing address (street or P.O. box)									
	City or town	State	ZIP code							
	Contact name (first and last)	Title	Phone number	Email address						
	6.4	Which activities does the receiving facility provide? (Check all that apply.)								
		<table border="1"> <tbody> <tr> <td><input type="checkbox"/> Treatment or blending</td> <td><input type="checkbox"/> Sale or give-away in bag or other container</td> </tr> <tr> <td><input type="checkbox"/> Land application</td> <td><input type="checkbox"/> Surface disposal</td> </tr> <tr> <td><input type="checkbox"/> Incineration</td> <td><input type="checkbox"/> Other (describe)</td> </tr> <tr> <td><input type="checkbox"/> Composting</td> <td></td> </tr> </tbody> </table>	<input type="checkbox"/> Treatment or blending	<input type="checkbox"/> Sale or give-away in bag or other container	<input type="checkbox"/> Land application	<input type="checkbox"/> Surface disposal	<input type="checkbox"/> Incineration	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Composting	
<input type="checkbox"/> Treatment or blending	<input type="checkbox"/> Sale or give-away in bag or other container									
<input type="checkbox"/> Land application	<input type="checkbox"/> Surface disposal									
<input type="checkbox"/> Incineration	<input type="checkbox"/> Other (describe)									
<input type="checkbox"/> Composting										



EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL 0070661

Gurley WWTP

OMB No. 2040-0004

**PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))**


<b>Use and Disposal Sites</b>	Provide the following information for each site on which sewage sludge from this facility is used or disposed of.				
	<input type="checkbox"/> Check here if you have provided separate attachments with this information.				
	7.1	Site name or number			
		Mailing address (street or P.O. box)			
		City or town		State	ZIP code
		Contact name (first and last)	Title	Phone number	Email address
		Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
		City or town		State	ZIP code
County		County code	<input type="checkbox"/> Not available		
7.2	Site type (check all that apply)				
<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	Lawn or home garden	<input type="checkbox"/>	Forest
<input type="checkbox"/>	Surface disposal	<input type="checkbox"/>	Public contact	<input type="checkbox"/>	Incineration
<input type="checkbox"/>	Reclamation	<input type="checkbox"/>	Municipal solid waste landfill	<input type="checkbox"/>	Other (describe)

**PART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

<b>Checklist and Certification Statement</b>	8.1	In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		<b>Column 1</b>	<b>Column 2</b>
	<input checked="" type="checkbox"/>	Section 1: Facility Information	<input checked="" type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 2: Applicant Information	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 3: Sewage Sludge Amount	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 4: Pollutant Concentrations	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 5: Treatment Provided at Your Facility	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 6: Sewage Sludge Sent to Other Facilities	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 7: Use and Disposal Sites	<input type="checkbox"/> w/ attachments
<input type="checkbox"/>	Section 8: Checklist and Certification Statement		

EPA Identification Number	NPDES Permit Number AL 0070661	Facility Name Gurley WWTP
---------------------------	-----------------------------------	------------------------------

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

<b>Checklist and Certification Statement Continued</b>	8.2	<b>Certification Statement</b>	
		<p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
		Name (print or type first and last name) Robert Sentell	Official title Mayor
		Signature 	Date signed 7/1/19

**PART 1 APPLICANTS STOP HERE.**

**Submit completed application package to your NPDES permitting authority.**

**This page intentionally left blank.**

<b>PART 2</b>	<b>PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))</b>
---------------	--

Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit. Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

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

General Information	All Part 2 applicants must complete this section.				
	<b>Facility Information</b>				
	1.1	Facility name Gurley Wastewater Treatment Plant			
		Mailing address (street or P.O. box) P. O. Box 128			
		City or town Gurley	State AL	ZIP code 35986	Phone number (256) 776-3313
		Contact name (first and last) Jimmy Jones	Title Certified Operator, Grade IV	Email address	
		Location address (street, route number, or other specific identifier) 204 Childress Street			<input type="checkbox"/> Same as mailing address
		City or town Gurley	State AL	ZIP code 35748	
	1.2	Is this facility a Class I sludge management facility?			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	1.3	<b>Facility Design Flow Rate</b>	2.00 million gallons per day (mgd)		
	1.4	<b>Total Population Served</b>	807		
	1.5	<b>Ownership Status</b>			
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____			
	<b>Applicant Information</b>				
1.6	Is applicant different from entity listed under Item 1.1 above?				
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1).				
1.7	Applicant name Town of Gurley				
	Applicant mailing address (street or P.O. box) P. O. Box 128				
	City or town Gurley	State AL	ZIP code 35748		
	Contact name (first and last) Robert Sentell	Title Mayor	Phone number (256) 776-3313	Email address	
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.)				
	<input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both				
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.)				
	<input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)				


AL 0070661

Gurley WWTP

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

AL 0070661

Gurley WWTP

General Information Continued	1.17				<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>	
	cont.	Responsibilities of contractor						
	<b>Pollutant Concentrations</b>							
	Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.							
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.							
	1.18	<b>Pollutant</b>	<b>Average Monthly Concentration (mg/kg dry weight)</b>	<b>Analytical Method</b>	<b>Detection Level</b>			
		Arsenic	2.21	6010B				
		Cadmium	3.89	6010B				
		Chromium	28.30	6010B				
		Copper	179.80	6010B				
	Lead	14.55	6010B					
	Mercury	0.25	7471A					
	Molybdenum	2.50	6010B					
	Nickel	23.20	6010B					
	Selenium	18.62	6010B					
	Zinc	621.66	6010B					
<b>Checklist and Certification Statement</b>								
1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.							
	<b>Column 1</b>			<b>Column 2</b>				
	<input checked="" type="checkbox"/>	Section 1 (General Information)		<input checked="" type="checkbox"/>	w/ attachments			
	<input type="checkbox"/>	Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)		<input type="checkbox"/>	w/ attachments			
	<input type="checkbox"/>	Section 3 (Land Application of Bulk Sewage Sludge)		<input type="checkbox"/>	w/ attachments			
	<input type="checkbox"/>	Section 4 (Surface Disposal)		<input type="checkbox"/>	w/ attachments			
	<input type="checkbox"/>	Section 5 (Incineration)		<input type="checkbox"/>	w/ attachments			
1.20	<b>Certification Statement</b>							
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>							
	Name (print or type first and last name)			Official title				
	Robert Sentell			Mayor				
	Signature			Date signed				
				7/1/19				
	Telephone number							
	(256) 776-3313							
Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.								

**PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))**

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge	2.1	Does your facility generate sewage sludge or derive a material from sewage sludge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.		
	<b>Amount Generated Onsite</b>			
	2.2	Total dry metric tons per 365-day period generated at your facility:		12.00
	<b>Amount Received from Off Site Facility</b>			
	2.3	Does your facility receive sewage sludge from another facility for treatment use or disposal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.7 (Part 2, Section 2) below.		
	2.4	Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:		
	Provide the following information for each of the facilities from which you receive sewage sludge. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
	2.5	Name of facility		
		Mailing address (street or P.O. box)		
		City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number	
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address	
	City or town	State	ZIP code	
	County	County code	<input type="checkbox"/> Not available	
2.6	Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.			
	<b>Amount (dry metric tons)</b>	<b>Pathogen Class and Reduction Alternative</b>	<b>Vector Attraction Reduction Option</b>	
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11	
2.7	Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)			
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____		

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

**Treatment Provided at Your Facility**

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

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

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

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

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

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

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

2.11 Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)-(8) and is it land applied?  
 Yes  No → SKIP to Item 2.14 (Part 2, Section 2) below.

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

2.13 Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?  
 Yes  No

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



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

**Sale or Give-Away in a Bag or Other Container for Application to the Land**

2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.

Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.

**Shipment Off Site for Treatment or Blending**

2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.			
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
2.19	Name of receiving facility			
	Mailing address (street or P.O. box)			
	City or town	State	ZIP code	
	Contact name (first and last)	Title	Phone number	Email address
	Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
	City or town	State	ZIP code	
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:			
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.			

2.22 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1
<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2
<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3
<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4
<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5
<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6
<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7
<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8
<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9
<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10
<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11

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

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

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

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

EPA Identification Number		NPDES Permit Number AL 0070661		Facility Name Gurley WWTP		Form Approved 03/05/19 OMB No. 2040-0004		
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.48	Name of landfill						
		Mailing address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title	Phone number		Email address	
		Location address (street, route number, or other specific identifier)						<input type="checkbox"/> Same as mailing address
		County			County code			<input type="checkbox"/> Not available
		City or town			State		ZIP code	
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:						
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.						
		<b>Permit Number</b>		<b>Type of Permit</b>				
2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information.							
2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No							

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

Land Application of Bulk Sewage Sludge

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

**Site Type**

- 3.10 Type of land application:
- Agricultural land  Forest
- Reclamation site  Public contact site
- Other (describe)

**Crop or Other Vegetation Grown on Site**

3.11 What type of crop or other vegetation is grown on this site?

3.12 What is the nitrogen requirement for this crop or vegetation?

**Vector Attraction Reduction**

3.13 Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site?

Yes  No → SKIP to Item 3.16 (Part 2, Section 3) below.

3.14 Indicate which vector attraction reduction option is met. (Check only one response.)

- Option 9 (injection below land surface)  Option 10 (incorporation into soil within 6 hours)

3.15 Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.

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

**Cumulative Loadings and Remaining Allotments**

3.16 Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)?

- Yes  No → SKIP to Part 2, Section 4.

3.17 Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?

- Yes  No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.

3.18 Provide the following information about your NPDES permitting authority:

NPDES permitting authority name

Contact person

Telephone number

Email address

3.19 Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?

- Yes  No → SKIP to Part 2, Section 4.

3.20 Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

- Check here to indicate that additional pages are attached.

Facility name

Mailing address (street or P.O. box)

City or town

State

ZIP code

Contact name (first and last)

Title

Phone number

Email address

Land Application of Bulk Sewage Sludge Continued

**PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(q)(10))**

Surface Disposal

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

AL 0070661

Gurley WWTP

Surface Disposal Continued

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



**Vector Attraction Reduction**

4.21 Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

Option 9 (Injection below and surface)

Option 11 (Covering active sewage sludge unit daily)

Option 10 (Incorporation into soil within 6 hours)

None

4.22 Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.

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

**Groundwater Monitoring**

4.23 Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?

Yes

No → SKIP to Item 4.26 (Part 2, Section 4) below.

4.24 Provide a copy of available groundwater monitoring data.

Check here to indicate you have attached the monitoring data.

4.25 Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.

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

4.26 Has a groundwater monitoring program been prepared for this active sewage sludge unit?

Yes

No → SKIP to Item 4.28 (Part 2, Section 4) below.

4.27 Submit a copy of the groundwater monitoring program with this permit application.

Check here to indicate you have attached the monitoring program.

4.28 Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated?

Yes

No → SKIP to Item 4.30 (Part 2, Section 4) below.

4.29 Submit a copy of the certification with this permit application.

Check here to indicate you have attached the certification to the application package.

**Site-Specific Limits**

4.30 Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

Yes

No → SKIP to Part 2, Section 5.

4.31 Submit information to support the request for site-specific pollutant limits with this application.

Check here to indicate you have attached the requested information.

Surface Disposal Continued

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

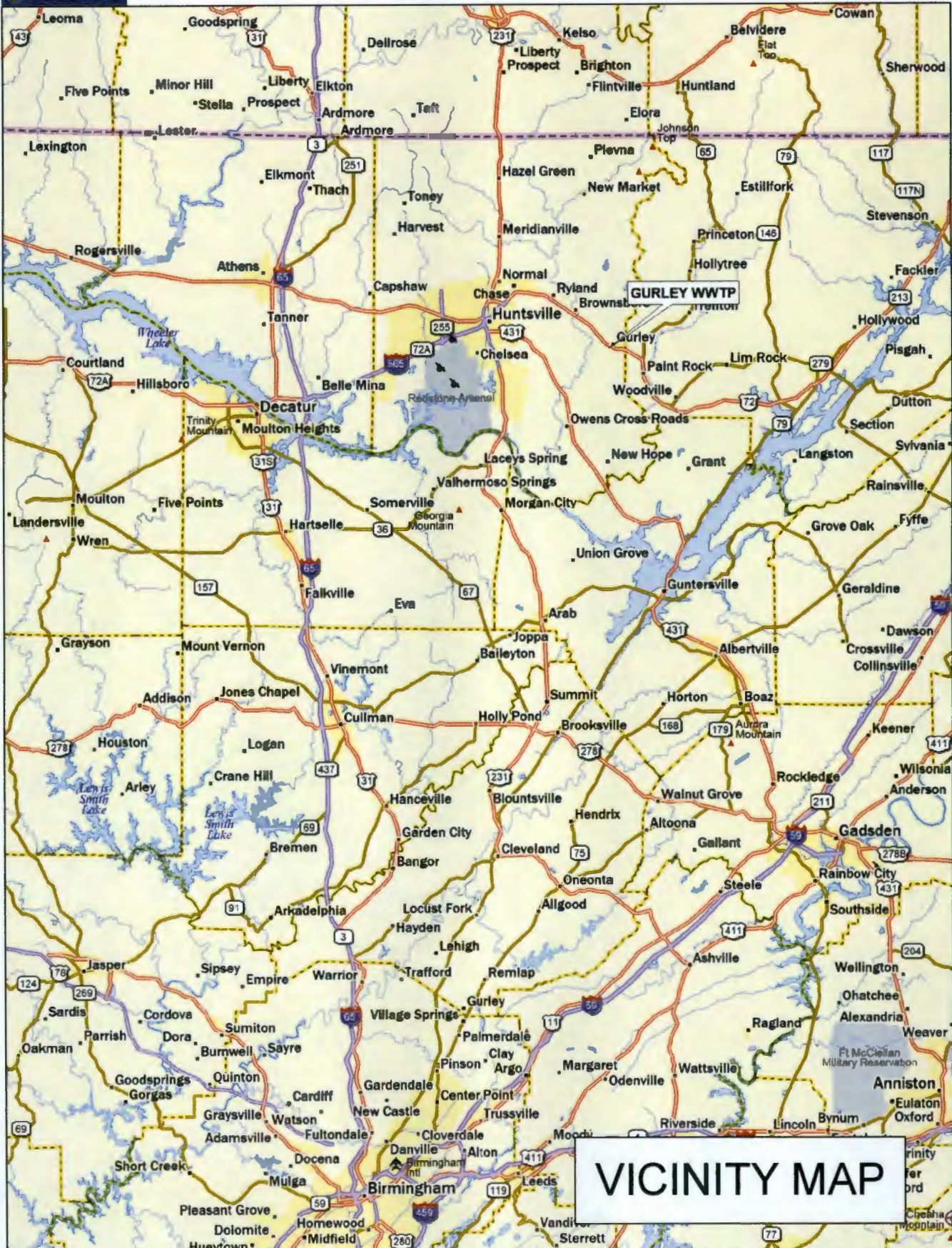
<b>Incinerator Information</b>	
5.1	Do you fire sewage sludge in a sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to END.
5.2	Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.) 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

Incineration

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

Incineration Continued





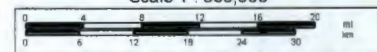
Data use subject to license.

© DeLorme. Topo North America™ 10.

www.delorme.com

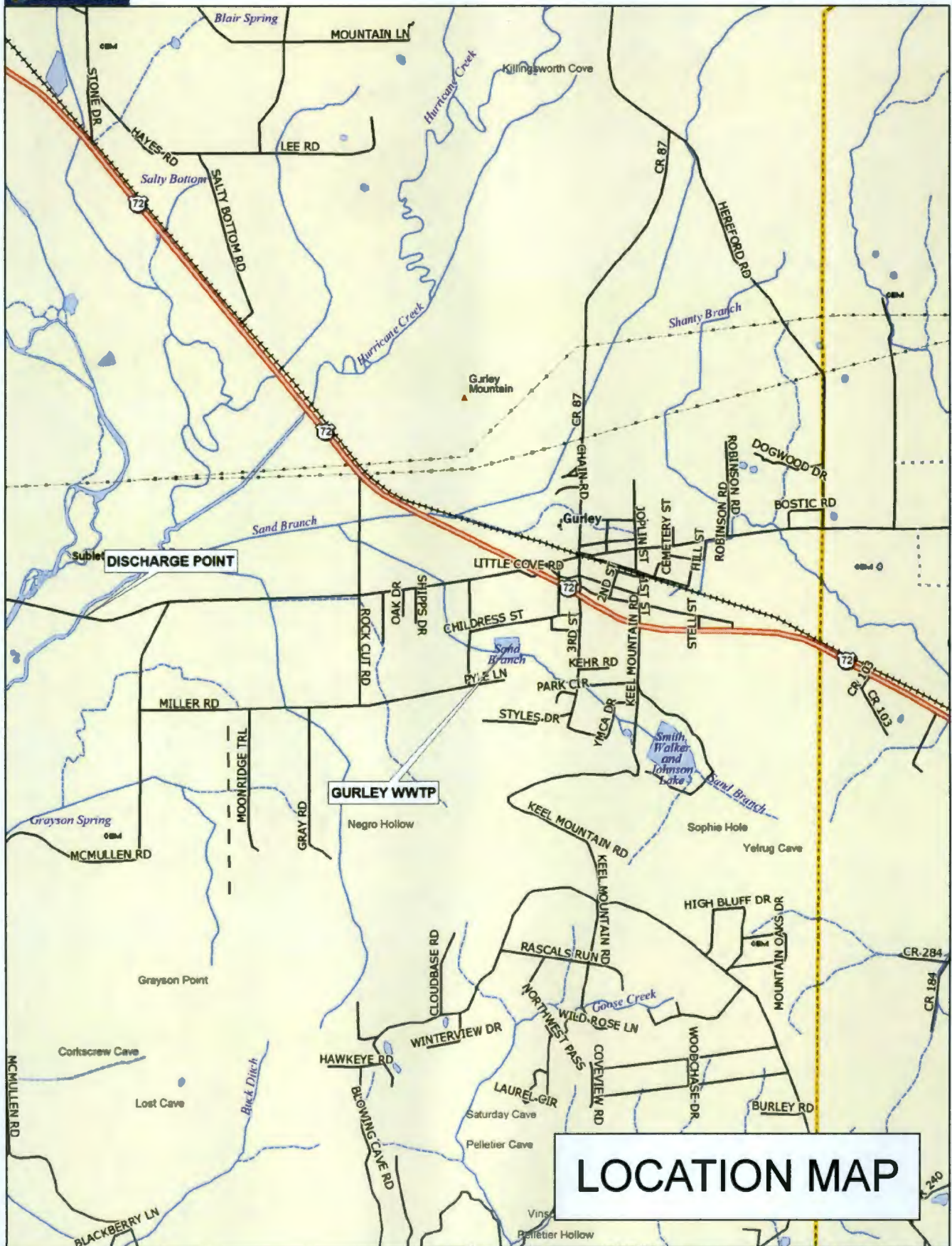


Scale 1 : 800,000



1" = 12.63 mi

Data Zoom 8-0



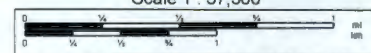
Data use subject to license.

© DeLorme. Topo North America™ 10.

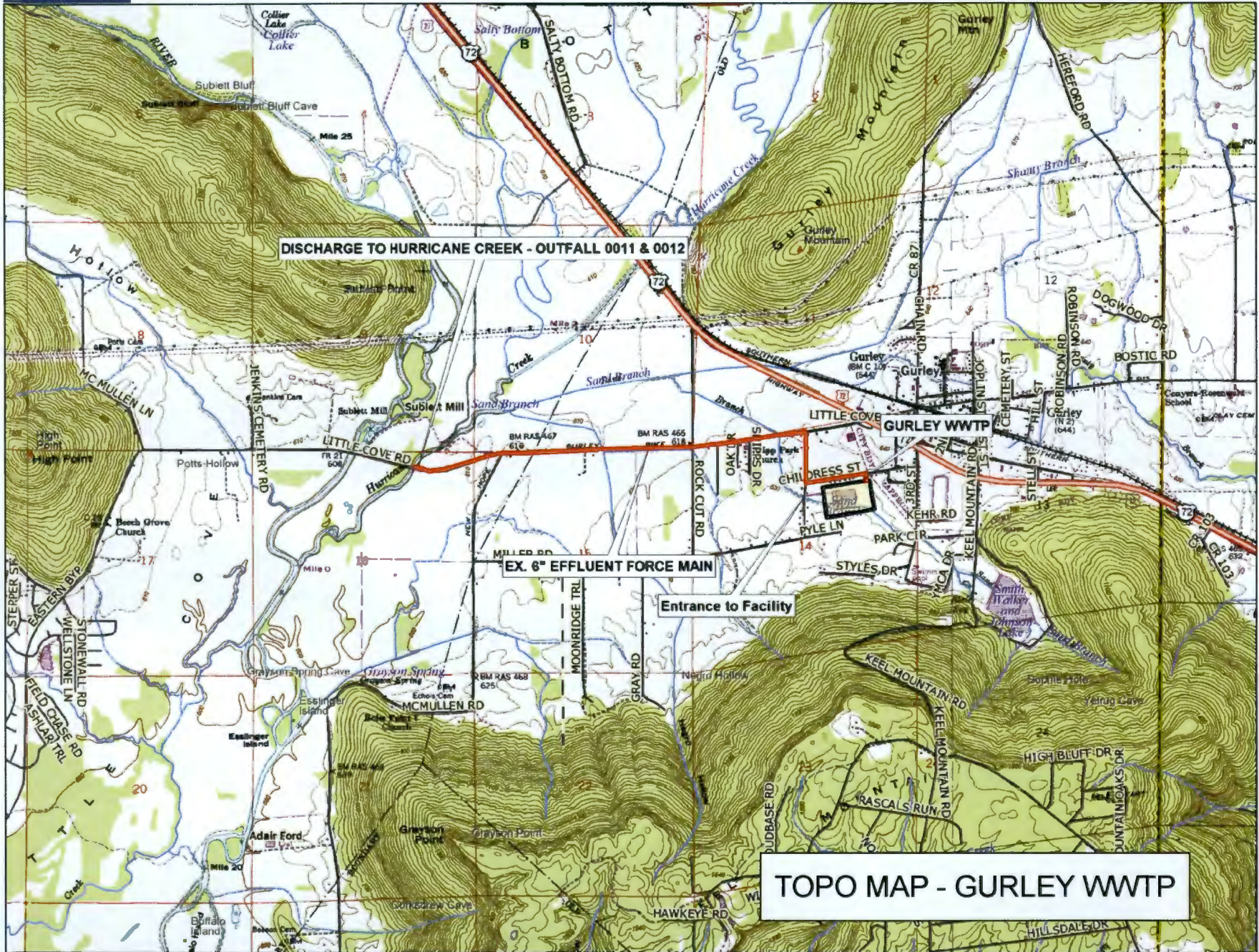
www.delorme.com



Scale 1 : 37,500



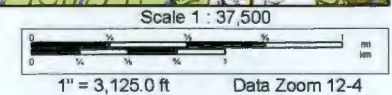
1" = 3,125.0 ft Data Zoom 12-4



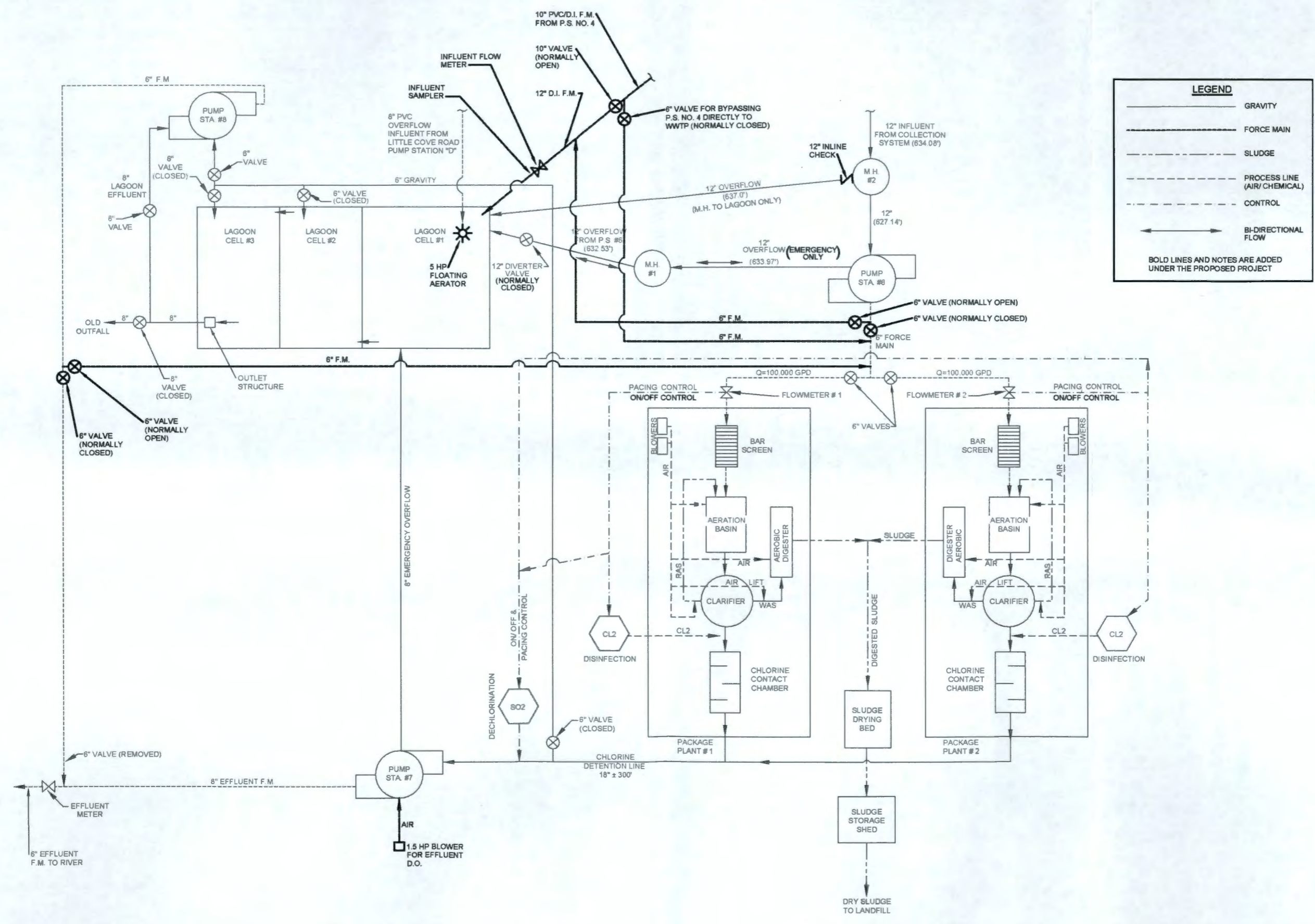
Data use subject to license.

© DeLorme. Topo North America™ 10.

www.delorme.com



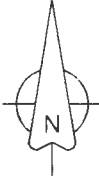
COPYRIGHT © THESE DRAWINGS AND DESIGN INTENT ARE THE SOLE PROPERTY OF LADD ENVIRONMENTAL CONSULTANTS, INC. WHICH MAY NOT BE REPRODUCED WITHOUT WRITTEN PERMISSION.



TREATMENT SCHEMATIC  
GURLEY WWTP

REVISION:					
DATE:					
ALABAMA <b>LADD ENVIRONMENTAL CONSULTANTS, INC.</b> ENVIRONMENTAL CONSULTANTS, INC. P.O. BOX 880689 • FORT PAYNE, ALABAMA 35966 1207 CHITWOOD AVENUE S.E. • FORT PAYNE, AL 35967 PHONE • (256) 846-5315 • FAX • (256) 846-5385 www.laddenv.com					
FILE NO.	2018-40	SCALE	NO SCALE		
SP	12018-40-PROSHEM	CHECKED BY:	SB	DATE	JUNE 2018
MADISON COUNTY <b>LADD ENVIRONMENTAL CONSULTANTS, INC.</b> ENVIRONMENTAL CONSULTANTS, INC.					
GURLEY WWTP FOR THE TOWN OF GURLEY					





- PUMP STATION NO. 8 OPERATION:**
- VRDS WILL CONTROL PUMPS TO PROVIDE A RESET FLOW VOLUME (CHECKED BY THE EX INFLUENT FLOW METERS). FLOW CONTROL WILL BE EASILY ADJUSTABLE BY THE OPERATOR. PUMPS WILL ALTERNATE AS RECOMMENDED BY MANUFACTURER TO PROVIDE CONTINUOUS FLOW.
  - WHEN LAAGOON LEVEL IS PUMPED DOWN AND INFLUENT FLOW IS LESS THAN THE FLOW LEAVING THE LAAGOON THE WETWELL WILL PUMP DOWN AND THE PUMPS WILL TURN OFF SIMILAR TO A TYPICAL PUMP STATION CONTROL SETUP.
  - WHEN THE LAAGOON LEVEL IS HIGH AND/OR THE INFLUENT FLOW IS HIGHER THAN THE PUMPED FLOW FROM PUMP STATION NO. 3 THE EXCESS FLOW WILL BE HELD IN THE LAAGOON UNTIL THE INFLUENT FLOW DROPS AND ALLOWS THE PUMP STATION TO DRAW DOWN THE LEVEL OF THE LAAGOON.
  - IF THE LAAGOON LEVEL GETS TOO HIGH THE OPERATOR WILL SPEED UP THE PUMPS, SENDING MORE FLOW TO THE WWTP & REDUCING THE LAAGOON LEVEL.
  - BY PASSING FLOW THROUGH THE LAAGOONS WILL SMOOTH OUT FLOW PEAKS, EVENLY DOSE THE WWTP & DILUTE UNUSUAL & HIGH STRENGTH WASTEWATER.
  - DESIGN CONDITIONS:  
 140 GPM @ 31.6 TDH (PUMP OFF)  
 280 GPM @ 39.0 TDH (PUMP OFF)  
 350 GPM @ 34.4 TDH (PUMP OFF) (100%)  
 420 GPM @ 41.5 TDH (SURCHARGE @ 632') (100%)

WETWELL AERATION SYSTEM AT EFFLUENT PUMP STATION NO. 7 TO INCREASE DISSOLVED OXYGEN

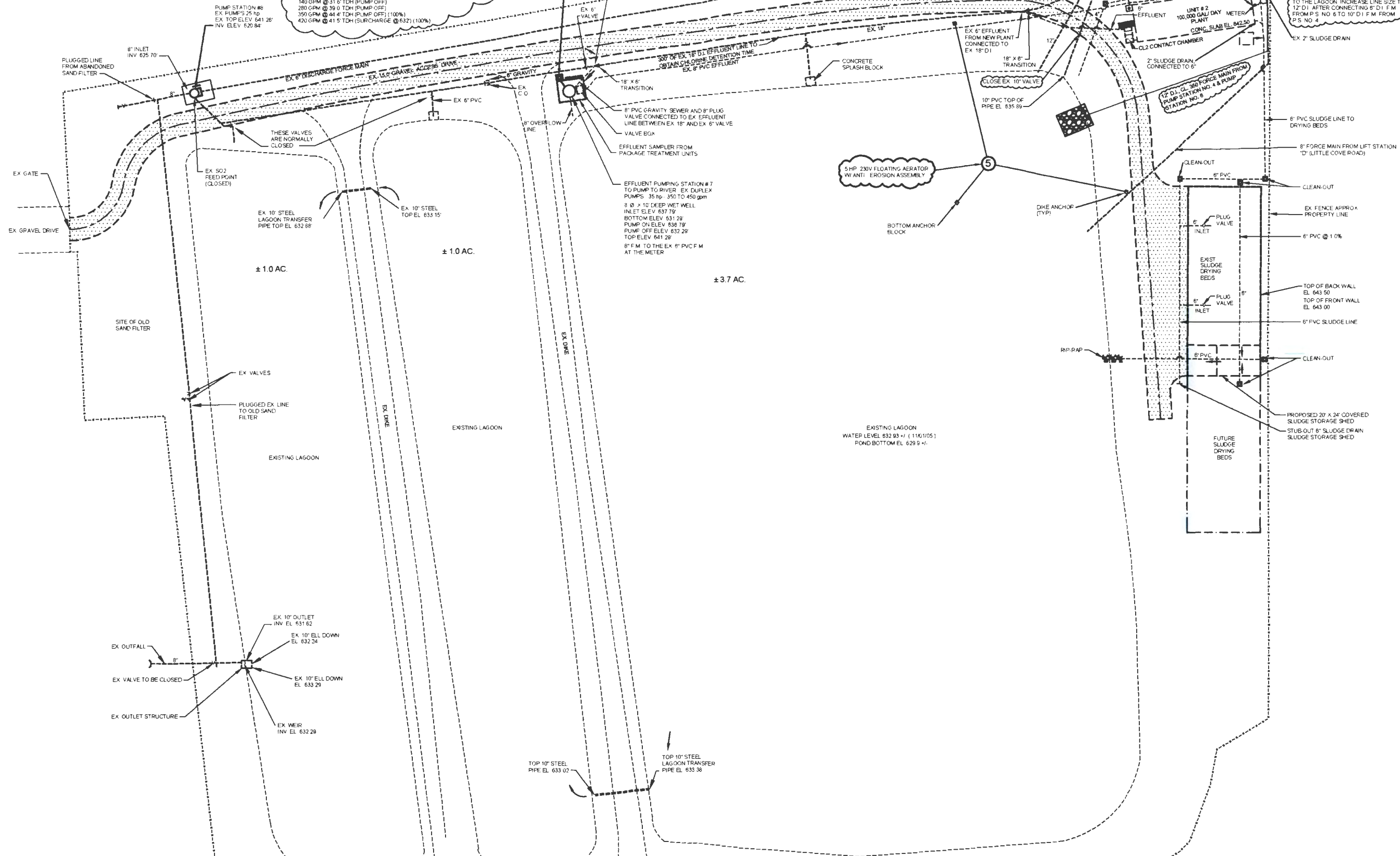
12" INLINE CHECK VALVE FROM INSIDE MANHOLE IN EX 12" PVC TO PREVENT FLOW FROM LAAGOON BACK TO MANHOLE NO. 2.

1" TAP VALVE AND CONNECTION OF S02 LINE AT END OF EX 18" 1" PVC SCH 80 S02 LINE TO EX S02 LINE TO EX S02 BUILDING

5 HP 230V FLOATING AERATOR W/ANTI EROSION ASSEMBLY

EFFLUENT PUMPING STATION #7 TO PUMP TO RIVER EX GURLEY PUMPS: 35 hp - 350 TO 450 gpm 8' Ø x 10' DEEP WET WELL INLET ELEV 637.79' BOTTOM ELEV 631.29' PUMP ON ELEV 638.79' PUMP OFF ELEV 632.29' TOP ELEV 641.29' 8" F.M. TO THE EX 6" PVC F.M. AT THE METER

- COVER ROAD PUMP STATION NO. 3
- TRANSITION FROM 10" PVC CL 2007 TO 10" D1 CL 350 5' OUTSIDE WWTP GATE
- EX EFFLUENT METER
- 6" VALVE FROM PUMP STATION NO. 8 TO EFFLUENT FORCE MAIN
- 6" VALVE & 6" D1 & CONNECT TO WWTP INFLUENT FORCE MAIN
- 10" VALVE 6" VALVE AND 6" D1 TO DIRECT FLOW FROM PUMP STATION NO. 4 TO THE WWTP OR LAAGOON
- 7" COMBINATION AIR RELEASE/VACUUM VALVE @ HIGH POINT
- (2) 6" VALVES AND 6" D1 TO NEW 10" F.M. TO DIRECT FLOW FROM PUMP STATION NO. 6 TO EITHER THE WWTP OR TO THE LAAGOON INCREASE LINE SIZE TO 12" D1 AFTER CONNECTING 6" D1 F.M. FROM P.S. NO. 6 TO 10" D1 F.M. FROM P.S. NO. 4
- EX 2" SLUDGE DRAIN



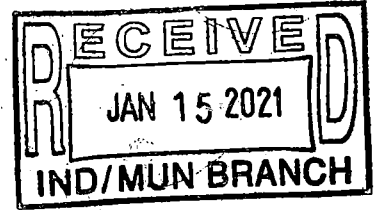
NO.	DATE	REVISIONS

ALABAMA ENVIRONMENTAL CONSULTANTS, INC.  
 P.O. BOX 680868 FORT PAYNE, ALABAMA 35968  
 1207 CHITWOOD AVENUE S.E. FORT PAYNE, AL 35967  
 PHONE (256) 845-5315 FAX (256) 845-5383  
 ladd@laddenv.com www.laddenv.com

ALABAMA ENVIRONMENTAL CONSULTANTS, INC.  
 ENVIRONMENTAL CONSULTANTS, INC.  
 ENVIRONMENTAL CONSULTANTS, INC.

FILE NO.	2018-45	DATE	JUNE 2019
SP	2018-45-SP-01	CHECKED BY:	T.S. SB
DRAWN BY:	T.S. SB	SCALE	1"=30'
SHEET		DATE	JUNE 2019

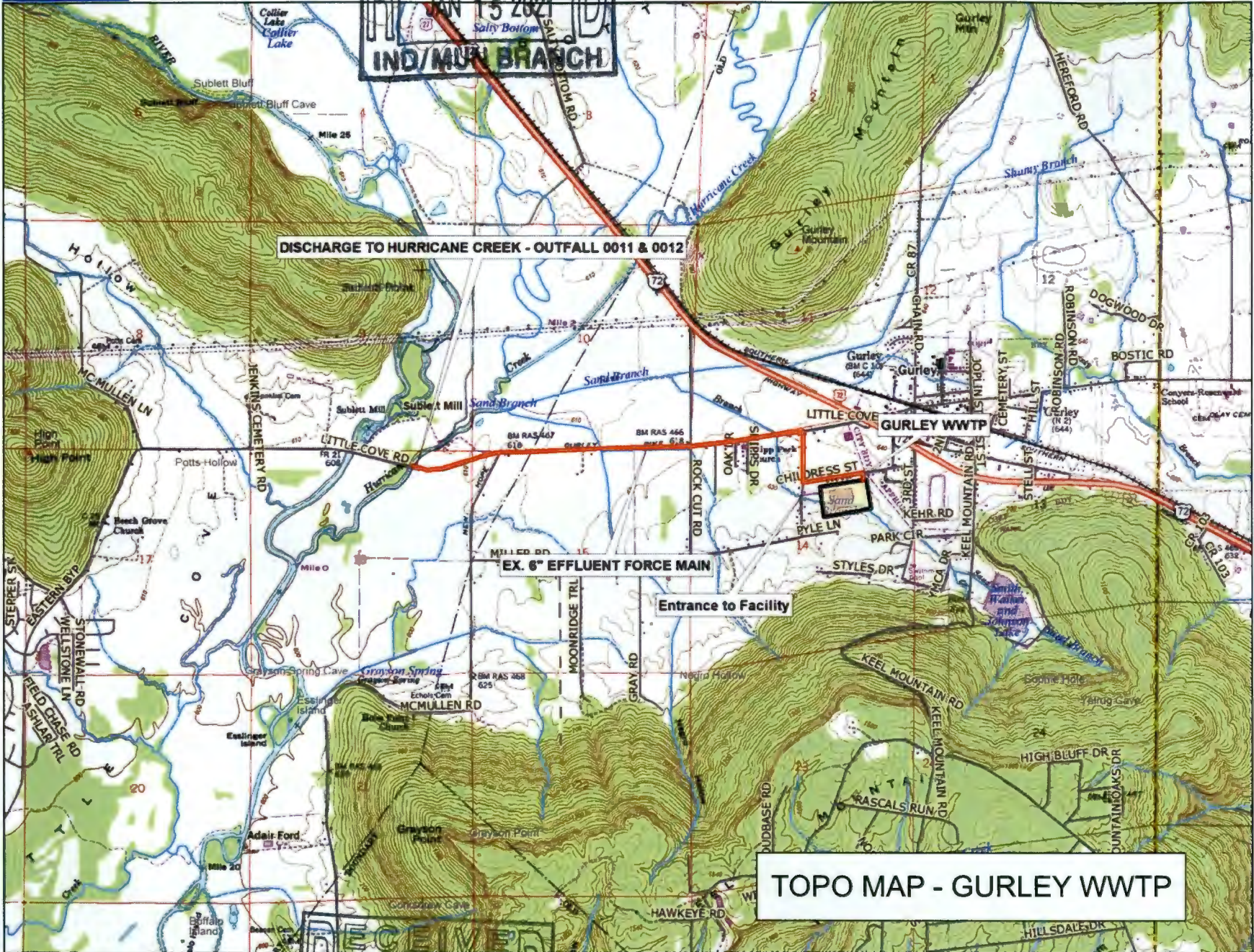
GURLEY WWTP SITE PLAN



## GURLEY WWTP EXPANSION NARRATIVE

1. The existing Gurley Wastewater Treatment Plant includes two 100,000 GPD extended aeration package plants, including aerobic digester of waste activated sludge with discharge to sand drying beds. The effluent is chlorinated and dechlorinated and discharged to Hurricane Creek. The design flow is 200,000 GPD. An existing 3-cell lagoon is being utilized as an equalization basin.
2. The existing flow to the Gurley Wastewater Treatment Plant now averages more than 200,000 GPD. The Wastewater Treatment Plant has no capacity for any future growth. The Town has repeatedly attempted to remove excessive I/I from the sewer system with limited success, but will continue to address I/I in a phased approach.
3. It is proposed by Gurley to upgrade the existing Wastewater Treatment Plant by upgrading the existing lagoon and polishing the lagoon and plant effluent with tertiary treatment and discharge the treated effluent to Hurricane Creek at the location of the existing discharge point.
4. The two existing package plants (Tier 1) will continue to treat the design flow of 200,000 GPD.
5. Tier 2 upgrade of the lagoon will include turning Cell No. 1 into an aerated lagoon with two baffle curtains and 6 – 10 HP aerators. Cell No. 2 will include 3 – 5 HP aerators and will flow to Cell No. 3 for settling prior to discharge.
6. The combined flow of 0.400 MGD from the aerated lagoon and 0.200 MGD from the package plants will be routed through tertiary treatment (0.600 MGD), disinfected and discharged to Hurricane Creek.
7. The effluent pump station and force main are proposed to be upgraded to complete the WWTP improvements.
8. The waste sludge from the polishing facilities will be minimal and will be returned to the existing Lagoon Cell No. 1.
9. An alternative option is to construct a 0.600 MGD oxidation ditch or SBR to upgrade the WWTP.
10. Enclosed is the USGS Topographical Map showing the location of the Wastewater Treatment Plant and the discharge point at Hurricane Creek.

RECEIVED  
JAN 15 2021  
IND/MUN BRANCH



TOPO MAP - GURLEY WWTP

RECEIVED  
JAN 15 2021  
IND/MUN BRANCH

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NPDES INDIVIDUAL PERMIT APPLICATION  
SUPPLEMENTARY INFORMATION FOR PUBLICLY-OWNED TREATMENT WORKS (POTW), OTHER TREATMENT  
WORKS TREATING DOMESTIC SEWAGE (TWTDS), AND PUBLIC WATER SUPPLY TREATMENT PLANTS**

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

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

**PURPOSE OF THIS APPLICATION**

- |  |  |
|--|--|
| <input type="checkbox"/> Initial Permit Application for New Facility*          | <input type="checkbox"/> Initial Permit Application for Existing Facility* |
| <input type="checkbox"/> Modification of Existing Permit                       | <input type="checkbox"/> Reissuance of Existing Permit                     |
| <input checked="" type="checkbox"/> Revocation & 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**

- Facility Name: Gurley Wastewater Treatment Plant  
 a. Operator Name: Town of Gurley  
 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
- NPDES Permit Number: AL 0070661 (Not applicable if initial permit application)
- Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)  
 Street: 204 Childress Street  
 City: Gurley County: Madison State: AL Zip: 35748  
 Facility Location (Front Gate): Latitude: 34d 41' 38.22" N Longitude: 86d 23' 3.91" W
- Facility Mailing Address: P. O. Box 128  
 City: Gurley County: Madison State: AL Zip: 35748
- Responsible Official (as described on last page of this application):  
 Name and Title: Robert Sentell, Mayor  
 Address: P. O. Box 128  
 City: Gurley State: AL Zip: 35748  
 Phone Number: (256) 776-3313 Email Address: rsentell123@gmail.com

6. Designated Facility/DMR Contact:

Name and Title: Jimmy Jones  
Phone Number: (256) 776-3313 Email Address: townofgurley@gmail.com

7. Designated Emergency Contact:

Name and Title: Graylon Bozarth  
Phone Number: (256) 970-5852 Email Address: townofgurley@gmail.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:

<u>Permit Type</u>	<u>Permit Number</u>	<u>Held By</u>
NPDES	AL 0070661	Town of Gurley
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
Gurley WWTP	AL 0070661	Litigation Settlement	8/7/2017
Gurley WWTP	AL 0070661	NOV	11/12/2015
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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	0.632	0.668	0.251
0012	0	0	0

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:

See attached Schematic Diagram. Final discharged flow from existing Wastewater Treatment Plant already monitored. Will be upgraded as required.

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.)

See attached Narrative

**SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION**

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

Description of Waste	Description of Storage Location
N/A	

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*
Dried Sludge (Sand Drying Beds) (Phase I)	71	Taken to Approved Land Field
Waste Sludge from MBBR/RBC to Existing Lagoon Cell No. 1		

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

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

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

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit?	
				Yes	No
Kennametal (TARHA)	Manufacturing - Tooling	Existing	0.015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**SECTION E – COASTAL ZONE INFORMATION**

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

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

---

**SECTION F – ANTI-DEGRADATION EVALUATION**

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

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

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

If yes, do not complete this section.

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

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

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

---

- 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	Hurricane Creek	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
0012	Hurricane Creek	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

**SECTION J - APPLICATION CERTIFICATION**

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (see below).

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

Signature of Responsible Official: RS Date Signed: 7/1/19

Name and Title: Robert Sentell, Mayor

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

Mailing Address: P. O. Box 128

City: Gurley State: AL Zip: 35748

Phone Number: (256) 776-3313 Email Address: rsentell123@gmail.com

**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.

January 30, 2019

## Town of Gurley Wastewater System

Sample Delivery Group: L1063212  
Samples Received: 01/22/2019  
Project Number: PERMIT RENEWAL  
Description:

Report To: Jimmy Jones  
P.O. Box 128  
Gurley, AL 35748

Entire Report Reviewed By:



Kelly Mercer  
Project Manager

Results relate only to the items tested or calibrated and are reported as rounded values. This test report shall not be reproduced, except in full, without written approval of the laboratory. Where applicable, sampling conducted by Pace National is performed per guidance provided in laboratory standard operating procedures: 060302, 060303, and 060304.



# TABLE OF CONTENTS

ONE LAB. NATIONWIDE.



Cp: Cover Page	1	
Tc: Table of Contents	2	
Ss: Sample Summary	3	
Cn: Case Narrative	4	
Sr: Sample Results	5	
EFF COMP P RENEWAL L1063212-01	5	
EFF GRAB P RENEWAL L1063212-02	7	
Gl: Glossary of Terms	8	
Al: Accreditations & Locations	9	
Sc: Sample Chain of Custody	10	

# SAMPLE SUMMARY

ONE LAB. NATIONWIDE.

## EFF COMP P RENEWAL L1063212-01 WW

Collected by  
Collected date/time  
Received date/time

01/22/19 07:00  
01/22/19 14:20

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst
Calculated Results	WG1228445	1	01/28/19 10:42	01/28/19 10:42	CCE
Gravimetric Analysis by Method 2540 C-2011	WG1227989	1	01/26/19 17:26	01/26/19 18:51	AJS
Metals (ICP) by Method 200.7	WG1228445	1	01/26/19 08:49	01/28/19 10:42	CCE
Metals (ICPMS) by Method 200.8	WG1228558	1	01/26/19 09:59	01/28/19 22:14	LAT
Metals (ICPMS) by Method 200.8	WG1229968	1	01/29/19 18:06	01/30/19 01:40	JPD
Semi Volatile Organic Compounds (GC/MS) by Method 625.1	WG1227518	1	01/25/19 08:03	01/25/19 22:12	AO

1  
Cp

2  
Tc

Ss

4  
Cn

5  
Sr

## EFF GRAB P RENEWAL L1063212-02 WW

Collected by  
Collected date/time  
Received date/time

01/22/19 11:51  
01/22/19 14:20

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst
Wet Chemistry by Method 1664A	WG1229153	1	01/28/19 08:23	01/28/19 12:14	DAD
Wet Chemistry by Method 420.4	WG1228265	1	01/25/19 08:31	01/29/19 10:13	JER
Wet Chemistry by Method 4500CN E-2011	WG1229513	1	01/29/19 09:08	01/29/19 12:36	JER
Volatile Organic Compounds (GC/MS) by Method 624.1	WG1227309	1	01/23/19 19:05	01/23/19 19:05	TJJ

6  
Gl

7  
Al

8  
Sc



All sample aliquots were received at the correct temperature, in the proper containers, with the appropriate preservatives, and within method specified holding times, unless qualified or notated within the report. Where applicable, all MDL (LOD) and RDL (LOQ) values reported for environmental samples have been corrected for the dilution factor used in the analysis. All Method and Batch Quality Control are within established criteria except where addressed in this case narrative, a non-conformance form or properly qualified within the sample results. By my digital signature below, I affirm to the best of my knowledge, all problems/anomalies observed by the laboratory as having the potential to affect the quality of the data have been identified by the laboratory, and no information or data have been knowingly withheld that would affect the quality of the data.

<sup>1</sup> Cp

<sup>2</sup> Tc

<sup>3</sup> Ss

<sup>4</sup> Gp

<sup>5</sup> Sr

<sup>6</sup> Gl

<sup>7</sup> Al

<sup>8</sup> Sc

Kelly Mercer  
Project Manager

Sample Handling and Receiving

The following analysis were performed from an unpreserved, insufficiently or inadequately preserved sample.

<u>Lab Sample ID</u>	<u>Project Sample ID</u>	<u>Method</u>
L1063212-02	EFF GRAB P RENEWAL	1664A



Collected date/time: 01/22/19 07:00

L1063212

Calculated Results

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Hardness,calcium	89.9		2.50	1	01/28/2019 10:42	WG1228445

1 Cp

2 Tc

Gravimetric Analysis by Method 2540 C-2011

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Dissolved Solids	141		10.0	1	01/26/2019 18:51	WG1227989

3 Ss

4 Cn

Metals (ICP) by Method 200.7

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Calcium	36.0		1.00	1	01/28/2019 10:42	WG1228445

5 Sr

6 Gl

7 Al

Metals (ICPMS) by Method 200.8

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Antimony	ND	J4	0.00200	1	01/28/2019 22:14	WG1228558
Arsenic	ND		0.00100	1	01/28/2019 22:14	WG1228558
Beryllium	ND		0.00100	1	01/28/2019 22:14	WG1228558
Cadmium	ND		0.00100	1	01/28/2019 22:14	WG1228558
Calcium	34.6		1.00	1	01/28/2019 22:14	WG1228558
Chromium	ND		0.00100	1	01/28/2019 22:14	WG1228558
Copper	0.00369		0.00100	1	01/28/2019 22:14	WG1228558
Lead	ND		0.00100	1	01/28/2019 22:14	WG1228558
Nickel	ND		0.00100	1	01/28/2019 22:14	WG1228558
Selenium	ND		0.00200	1	01/30/2019 01:40	WG1229968
Thallium	ND		0.00100	1	01/28/2019 22:14	WG1228558
Zinc	0.0153		0.0100	1	01/30/2019 01:40	WG1229968

8 Sc

Semi Volatile Organic Compounds (GC/MS) by Method 625.1

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Acenaphthene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Acenaphthylene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Anthracene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Benzidine	ND		0.0100	1	01/25/2019 22:12	WG1227518
Benzo(a)anthracene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Benzo(b)fluoranthene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Benzo(k)fluoranthene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Benzo(g,h,i)perylene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Benzo(a)pyrene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Bis(2-chlorethoxy)methane	ND		0.0100	1	01/25/2019 22:12	WG1227518
Bis(2-chloroethyl)ether	ND		0.0100	1	01/25/2019 22:12	WG1227518
Bis(2-chloroisopropyl)ether	ND		0.0100	1	01/25/2019 22:12	WG1227518
4-Bromophenyl-phenylether	ND		0.0100	1	01/25/2019 22:12	WG1227518
2-Chloronaphthalene	ND		0.00100	1	01/25/2019 22:12	WG1227518
4-Chlorophenyl-phenylether	ND		0.0100	1	01/25/2019 22:12	WG1227518
Chrysene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Dibenz(a,h)anthracene	ND		0.00100	1	01/25/2019 22:12	WG1227518
3,3-Dichlorobenzidine	ND		0.0100	1	01/25/2019 22:12	WG1227518
2,4-Dinitrotoluene	ND		0.0100	1	01/25/2019 22:12	WG1227518
2,6-Dinitrotoluene	ND		0.0100	1	01/25/2019 22:12	WG1227518
1,2-Diphenylhydrazine	ND		0.0100	1	01/25/2019 22:12	WG1227518
Fluoranthene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Fluorene	ND		0.00100	1	01/25/2019 22:12	WG1227518

EFF COMP P RENEWAL

SAMPLE RESULTS - 01

ONE LAB. NATIONWIDE.



Collected date/time: 01/22/19 07:00

L1063212

Semi Volatile Organic Compounds (GC/MS) by Method 625.1

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Hexachlorobenzene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Hexachloro-1,3-butadiene	ND		0.0100	1	01/25/2019 22:12	WG1227518
Hexachlorocyclopentadiene	ND		0.0100	1	01/25/2019 22:12	WG1227518
Hexachloroethane	ND		0.0100	1	01/25/2019 22:12	WG1227518
Indeno(1,2,3-cd)pyrene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Isophorone	ND		0.0100	1	01/25/2019 22:12	WG1227518
Naphthalene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Nitrobenzene	ND		0.0100	1	01/25/2019 22:12	WG1227518
n-Nitrosodimethylamine	ND		0.0100	1	01/25/2019 22:12	WG1227518
n-Nitrosodiphenylamine	ND		0.0100	1	01/25/2019 22:12	WG1227518
n-Nitrosodi-n-propylamine	ND		0.0100	1	01/25/2019 22:12	WG1227518
Phenanthrene	ND		0.00100	1	01/25/2019 22:12	WG1227518
Benzylbutyl phthalate	ND		0.00300	1	01/25/2019 22:12	WG1227518
Bis(2-ethylhexyl)phthalate	ND		0.00300	1	01/25/2019 22:12	WG1227518
Di-n-butyl phthalate	ND		0.00300	1	01/25/2019 22:12	WG1227518
Diethyl phthalate	ND		0.00300	1	01/25/2019 22:12	WG1227518
Dimethyl phthalate	ND		0.00300	1	01/25/2019 22:12	WG1227518
Di-n-octyl phthalate	ND		0.00300	1	01/25/2019 22:12	WG1227518
Pyrene	ND		0.00100	1	01/25/2019 22:12	WG1227518
1,2,4-Trichlorobenzene	ND		0.0100	1	01/25/2019 22:12	WG1227518
4-Chloro-3-methylphenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
2-Chlorophenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
2,4-Dichlorophenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
2,4-Dimethylphenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
4,6-Dinitro-2-methylphenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
2,4-Dinitrophenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
2-Nitrophenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
4-Nitrophenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
Pentachlorophenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
Phenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
2,4,6-Trichlorophenol	ND		0.0100	1	01/25/2019 22:12	WG1227518
(S) 2-Fluorophenol	17.6		10.0-120		01/25/2019 22:12	WG1227518
(S) Phenol-d5	10.6		8.00-424		01/25/2019 22:12	WG1227518
(S) Nitrobenzene-d5	20.4		15.0-314		01/25/2019 22:12	WG1227518
(S) 2-Fluorobiphenyl	21.5	J2	22.0-127		01/25/2019 22:12	WG1227518
(S) 2,4,6-Tribromophenol	19.5		10.0-153		01/25/2019 22:12	WG1227518
(S) p-Terphenyl-d14	26.0	J2	29.0-141		01/25/2019 22:12	WG1227518

1 Cp

2 Tc

3 Ss

4 Cn

5 Sl

6 Gl

7 Al

8 Sc



Wet Chemistry by Method 1664A

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Oil & Grease (Hexane Extr)	ND		6.41	1	01/28/2019 12:14	WG1229153

1 Cp

2 Tc

Wet Chemistry by Method 420.4

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Total Phenol by 4AAP	ND		0.0400	1	01/29/2019 10:13	WG1228265

3 Ss

4 Cn

Wet Chemistry by Method 4500CN E-2011

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Cyanide	ND		0.00500	1	01/29/2019 12:36	WG1229513

5 S

6 Gl

Volatile Organic Compounds (GC/MS) by Method 624.1

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Acrolein	ND		0.0500	1	01/23/2019 19:05	WG1227309
Acrylonitrile	ND		0.0100	1	01/23/2019 19:05	WG1227309
Benzene	ND		0.00100	1	01/23/2019 19:05	WG1227309
Bromodichloromethane	ND		0.00100	1	01/23/2019 19:05	WG1227309
Bromoform	ND		0.00100	1	01/23/2019 19:05	WG1227309
Bromomethane	ND		0.00500	1	01/23/2019 19:05	WG1227309
Carbon tetrachloride	ND		0.00100	1	01/23/2019 19:05	WG1227309
Chlorobenzene	ND		0.00100	1	01/23/2019 19:05	WG1227309
Chlorodibromomethane	ND		0.00100	1	01/23/2019 19:05	WG1227309
Chloroethane	ND		0.00500	1	01/23/2019 19:05	WG1227309
2-Chloroethyl vinyl ether	ND		0.0500	1	01/23/2019 19:05	WG1227309
Chloroform	ND		0.00500	1	01/23/2019 19:05	WG1227309
Chloromethane	ND		0.00250	1	01/23/2019 19:05	WG1227309
1,2-Dichlorobenzene	ND		0.00100	1	01/23/2019 19:05	WG1227309
1,3-Dichlorobenzene	ND		0.00100	1	01/23/2019 19:05	WG1227309
1,4-Dichlorobenzene	ND		0.00100	1	01/23/2019 19:05	WG1227309
Dichlorodifluoromethane	ND		0.00500	1	01/23/2019 19:05	WG1227309
1,1-Dichloroethane	ND		0.00100	1	01/23/2019 19:05	WG1227309
1,2-Dichloroethane	ND		0.00100	1	01/23/2019 19:05	WG1227309
1,1-Dichloroethene	ND		0.00100	1	01/23/2019 19:05	WG1227309
trans-1,2-Dichloroethene	ND		0.00100	1	01/23/2019 19:05	WG1227309
1,2-Dichloropropane	ND		0.00100	1	01/23/2019 19:05	WG1227309
cis-1,3-Dichloropropene	ND		0.00100	1	01/23/2019 19:05	WG1227309
trans-1,3-Dichloropropene	ND		0.00100	1	01/23/2019 19:05	WG1227309
Ethylbenzene	ND		0.00100	1	01/23/2019 19:05	WG1227309
Methylene Chloride	ND		0.00500	1	01/23/2019 19:05	WG1227309
1,1,2,2-Tetrachloroethane	ND		0.00100	1	01/23/2019 19:05	WG1227309
Tetrachloroethene	ND		0.00100	1	01/23/2019 19:05	WG1227309
Toluene	ND		0.00100	1	01/23/2019 19:05	WG1227309
1,1,1-Trichloroethane	ND		0.00100	1	01/23/2019 19:05	WG1227309
1,1,2-Trichloroethane	ND		0.00100	1	01/23/2019 19:05	WG1227309
Trichloroethene	ND		0.00100	1	01/23/2019 19:05	WG1227309
Trichlorofluoromethane	ND		0.00500	1	01/23/2019 19:05	WG1227309
Vinyl chloride	ND		0.00100	1	01/23/2019 19:05	WG1227309
(S) Toluene-d8	109		80.0-120		01/23/2019 19:05	WG1227309
(S) Dibromofluoromethane	104		76.0-123		01/23/2019 19:05	WG1227309
(S) a,a,a-Trifluorotoluene	102		80.0-120		01/23/2019 19:05	WG1227309
(S) 4-Bromofluorobenzene	93.0		80.0-120		01/23/2019 19:05	WG1227309

7 Al

8 Sc





Guide to Reading and Understanding Your Laboratory Report

The information below is designed to better explain the various terms used in your report of analytical results from the Laboratory. This is not intended as a comprehensive explanation, and if you have additional questions please contact your project representative.

Abbreviations and Definitions

ND	Not detected at the Reporting Limit (or MDL where applicable).
RDL	Reported Detection Limit.
SDG	Sample Delivery Group.
(S)	Surrogate (Surrogate Standard) - Analytes added to every blank, sample, Laboratory Control Sample/Duplicate and Matrix Spike/Duplicate; used to evaluate analytical efficiency by measuring recovery. Surrogates are not expected to be detected in all environmental media.
Analyte	The name of the particular compound or analysis performed. Some Analyses and Methods will have multiple analytes reported.
Dilution	If the sample matrix contains an interfering material, the sample preparation volume or weight values differ from the standard, or if concentrations of analytes in the sample are higher than the highest limit of concentration that the laboratory can accurately report, the sample may be diluted for analysis. If a value different than 1 is used in this field, the result reported has already been corrected for this factor.
Qualifier	This column provides a letter and/or number designation that corresponds to additional information concerning the result reported. If a Qualifier is present, a definition per Qualifier is provided within the Glossary and Definitions page and potentially a discussion of possible implications of the Qualifier in the Case Narrative if applicable.
Result	The actual analytical final result (corrected for any sample specific characteristics) reported for your sample. If there was no measurable result returned for a specific analyte, the result in this column may state "ND" (Not Detected) or "BDL" (Below Detectable Levels). The information in the results column should always be accompanied by either an MDL (Method Detection Limit) or RDL (Reporting Detection Limit) that defines the lowest value that the laboratory could detect or report for this analyte.
Uncertainty (Radiochemistry)	Confidence level of 2 sigma.
Case Narrative (Cn)	A brief discussion about the included sample results, including a discussion of any non-conformances to protocol observed either at sample receipt by the laboratory from the field or during the analytical process. If present, there will be a section in the Case Narrative to discuss the meaning of any data qualifiers used in the report.
Sample Chain of Custody (Sc)	This is the document created in the field when your samples were initially collected. This is used to verify the time and date of collection, the person collecting the samples, and the analyses that the laboratory is requested to perform. This chain of custody also documents all persons (excluding commercial shippers) that have had control or possession of the samples from the time of collection until delivery to the laboratory for analysis.
Sample Results (Sr)	This section of your report will provide the results of all testing performed on your samples. These results are provided by sample ID and are separated by the analyses performed on each sample. The header line of each analysis section for each sample will provide the name and method number for the analysis reported.
Sample Summary (Ss)	This section of the Analytical Report defines the specific analyses performed for each sample ID, including the dates and times of preparation and/or analysis.

1 Cp

2 Tc

3 Ss

4 Cn

5 Sr

6 G

7 Al

8 Sc

Qualifier	Description
J2	Surrogate recovery limits have been exceeded; values are outside lower control limits.
J4	The associated batch QC was outside the established quality control range for accuracy.

# ACCREDITATIONS & LOCATIONS

ONE LAB. NATIONWIDE.



Pace National is the only environmental laboratory accredited/certified to support your work nationwide from one location. One phone call, one point of contact, one laboratory. No other lab is as accessible or prepared to handle your needs throughout the country. Our capacity and capability from our single location laboratory is comparable to the collective totals of the network laboratories in our industry. The most significant benefit to our one location design is the design of our laboratory campus. The model is conducive to accelerated productivity, decreasing turn-around time, and preventing cross contamination, thus protecting sample integrity. Our focus on premium quality and prompt service allows us to be YOUR LAB OF CHOICE.

\* Not all certifications held by the laboratory are applicable to the results reported in the attached report.  
 \* Accreditation is only applicable to the test methods specified on each scope of accreditation held by Pace National.

<sup>1</sup> Cp

<sup>2</sup> Tc

<sup>3</sup> Ss

<sup>4</sup> Cn

<sup>5</sup> Sr

<sup>6</sup> Gl



<sup>8</sup> Sc

## State Accreditations

Alabama	40660	Nebraska	NE-05-15-05
Alaska	17-026	Nevada	TN-03-2002-34
Arizona	AZ0612	New Hampshire	2975
Arkansas	88-0469	New Jersey--NELAP	TN002
California	2932	New Mexico <sup>1</sup>	n/a
Colorado	TN00003	New York	11742
Connecticut	PH-0197	North Carolina	Env375
Florida	E87487	North Carolina <sup>1</sup>	DW21704
Georgia	NELAP	North Carolina <sup>3</sup>	41
Georgia <sup>1</sup>	923	North Dakota	R-140
Idaho	TN00003	Ohio--VAP	CL0069
Illinois	200008	Oklahoma	9915
Indiana	C-TN-01	Oregon	TN200002
Iowa	364	Pennsylvania	68-02979
Kansas	E-10277	Rhode Island	LA000356
Kentucky <sup>1 6</sup>	90010	South Carolina	84004
Kentucky <sup>2</sup>	16	South Dakota	n/a
Louisiana	AI30792	Tennessee <sup>1 4</sup>	2006
Louisiana <sup>1</sup>	LA180010	Texas	T 104704245-17-14
Maine	TN0002	Texas <sup>5</sup>	LAB0152
Maryland	324	Utah	TN00003
Massachusetts	M-TN003	Vermont	VT2006
Michigan	9958	Virginia	460132
Minnesota	047-999-395	Washington	C847
Mississippi	TN00003	West Virginia	233
Missouri	340	Wisconsin	9980939910
Montana	CERT0086	Wyoming	AZLA

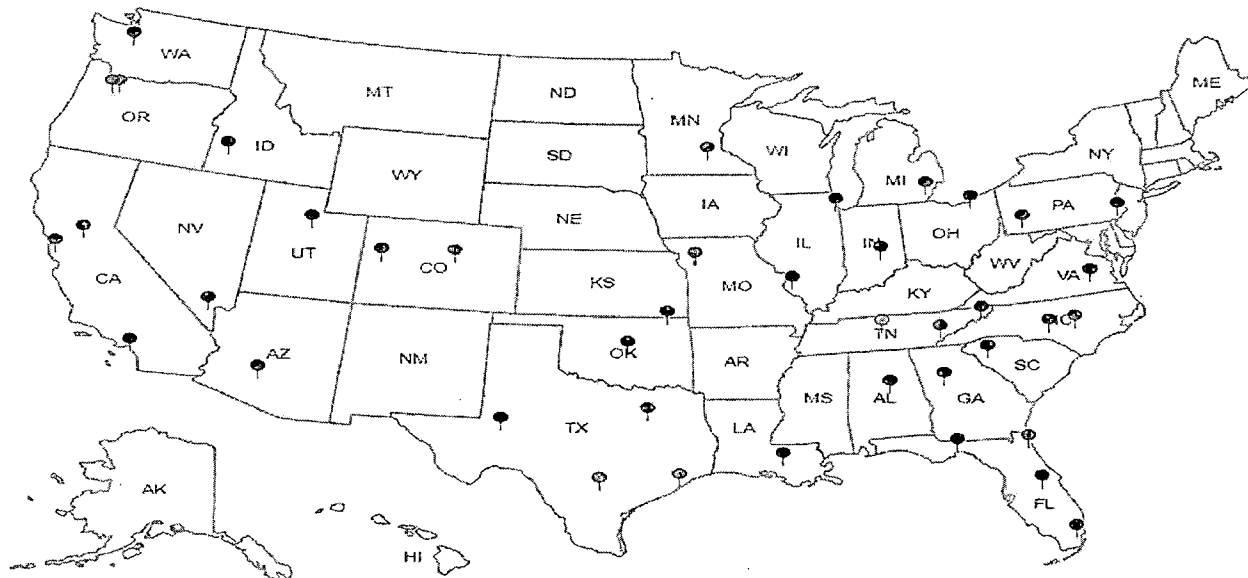
## Third Party Federal Accreditations

AZLA - ISO 17025	1461.01	AIHA-LAP,LLC EMLAP	100789
AZLA - ISO 17025 <sup>5</sup>	1461.02	DOD	1461.01
Canada	1461.01	USDA	P330-15-00234
EPA-Crypto	TN00003		

<sup>1</sup> Drinking Water <sup>2</sup> Underground Storage Tanks <sup>3</sup> Aquatic Toxicity <sup>4</sup> Chemical/Microbiological <sup>5</sup> Mold <sup>6</sup> Wastewater n/a Accreditation not applicable

## Our Locations

Pace National has sixty-four client support centers that provide sample pickup and/or the delivery of sampling supplies. If you would like assistance from one of our support offices, please contact our main office. Pace National performs all testing at our central laboratory.



**Town of Gurley Wastewater System**  
P.O. Box 128  
Gurley, AL 35748

Billing Information:  
**Accounts Payable**  
P.O. Box 128  
Gurley, AL 35748  
Email To: townofgurley@gmail.com

Report to:  
**Jimmy Jones**

Project Description:

Phone: 256-520-0384  
Fax:

Client Project #  
**PERMIT RENEWAL**

City/State:  
Collected:

Lab Project #

Site/Facility ID #  
**AL0070661**

P.O.#

Rush? (Lab MUST Be Notified)  
Same Day \_\_\_\_\_ Five Day \_\_\_\_\_  
Next Day \_\_\_\_\_ 5 Day (Rad Only) \_\_\_\_\_  
Two Day \_\_\_\_\_ 10 Day (Rad Only) \_\_\_\_\_  
Three Day \_\_\_\_\_

Quote #

Date Results Needed:

Collected by (Print):  
**Brenda Hamm**  
Collected by (Signature):  
*Brenda Hamm*  
Immediately, Parked on Ice: N Y X

Pres Chk	Analysis / Container / Preservation
	625.1 TFO 100ml Amb-Na Ito
	CN 250ml HDPE Amb-NaOH
	Metals/Residues 250ml HDPE-HNO3
	OGHEX 1L-Cl-Add HCl
	BHT 250ml Amb-H2SO4
	TDS 250ml HDPE-No Pres.
	VE24 1 L TO 40ml Amb-No Pres
	<b>Collect</b>

Chain of Custody Page \_\_\_\_\_ of \_\_\_\_\_

**Face Analytical**  
National Director of Testing & Preservation

17065 E. Skansen Rd  
Mount Juliet, TN 37122  
Phone: 615-268-8988  
Phone: 877-767-8899  
Fax: 615-736-8833

Lab # **1063212**

Table #

Account: **GURWWGAL**  
Template: **T143707**  
Protocol: **P685081**  
TSR: **092 - Margaret Aiken**  
PB: **121518 MC**  
Shipped Via: **FedEX Ground**

Results Sample # (lab only)

Sample ID	Comp/Grab	Matrix #	Depth	Date	Time	No. of Cntrs	625.1 TFO 100ml Amb-Na Ito	CN 250ml HDPE Amb-NaOH	Metals/Residues 250ml HDPE-HNO3	OGHEX 1L-Cl-Add HCl	BHT 250ml Amb-H2SO4	TDS 250ml HDPE-No Pres.	VE24 1 L TO 40ml Amb-No Pres
<b>EFFLUENT COMP</b>	<b>Comp</b>	<b>WW</b>		<b>1-22-19</b>	<b>0700</b>	<b>4</b>	X		X			X	
<b>EFFLUENT GRAB</b>	<b>grab</b>	<b>WW</b>		<b>1-22-19</b>	<b>1151</b>	<b>6</b>		X	X	X		X	X

\* Matrix: SS - Soil AIR - Air F - Filter  
GW - Groundwater B - Bioassay  
WW - Wastewater  
DW - Drinking Water  
OT - Other

Remarks:

pH \_\_\_\_\_ Temp \_\_\_\_\_  
Flow \_\_\_\_\_ Other \_\_\_\_\_

Samples returned via: UPS FedEX Courier Tracking # \_\_\_\_\_

Relinquished by: (Signature) *Brenda Hamm* Date: **1/22/19** Time: **1420**

Received by: (Signature) \_\_\_\_\_ Trip Blank Received: Yes/No  
HCL/MoOH  
TBR

Temp: **0.8** °C Bottles Received: \_\_\_\_\_ If preservation required by Log: Date/Time

Relinquished by: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received for Lab by: (Signature) \_\_\_\_\_ Date: **1-22-19** Time: **1420** Hold: \_\_\_\_\_ Condition: NCF / OK

1/23/19 8:40 ACST

# ANALYTICAL REPORT

March 06, 2019

## Town of Gurley Wastewater System

Sample Delivery Group: L1073492  
Samples Received: 02/26/2019  
Project Number: PERMIT RENEWAL  
Description: wastewater  
Site: AL0070661  
Report To: Jimmy Jones  
P.O. Box 128  
Gurley, AL 35748

Entire Report Reviewed By:



Kelly Mercer  
Project Manager









Results relate only to the items tested or calibrated and are reported as rounded values. This test report shall not be reproduced, except in full, without written approval of the laboratory. Where applicable, sampling conducted by Pace National is performed per guidance provided in laboratory standard operating procedures: 060302, 060303, and 060304.



# TABLE OF CONTENTS

ONE LAB. NATIONWIDE.



Cp: Cover Page	1	
Tc: Table of Contents	2	
Ss: Sample Summary	3	
Cn: Case Narrative	4	
Sr: Sample Results	5	
EFFLUENT COMP L1073492-01	5	
EFFLUENT GRAB L1073492-02	7	
Gl: Glossary of Terms	8	
Al: Accreditations & Locations	9	
Sc: Sample Chain of Custody	10	

# SAMPLE SUMMARY

ONE LAB. NATIONWIDE.

Collected by  
w. mcwhorter
Collected date/time  
02/26/19 12:05
Received date/time  
02/26/19 14:30

## EFFLUENT COMP L1073492-01 WW

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Calculated Results	WG1242766	1	03/01/19 13:48	03/01/19 13:48	CCE	Mt. Juliet, TN
Gravimetric Analysis by Method 2540 C-2011	WG1242862	1	02/27/19 16:07	02/27/19 16:49	AEC	Mt. Juliet, TN
Metals (ICP) by Method 200.7	WG1242766	1	02/27/19 13:17	03/01/19 13:48	CCE	Mt. Juliet, TN
Metals (ICPMS) by Method 200.8	WG1242577	1	02/28/19 08:33	03/04/19 00:35	LAT	Mt. Juliet, TN
Metals (ICPMS) by Method 200.8	WG1242577	1	02/28/19 08:33	03/04/19 13:47	LAT	Mt. Juliet, TN
Metals (ICPMS) by Method 200.8	WG1244870	1	03/04/19 11:29	03/05/19 13:27	JPD	Mt. Juliet, TN
Semi Volatile Organic Compounds (GC/MS) by Method 625.1	WG1243161	1.05	02/28/19 21:23	03/01/19 14:18	JNJ	Mt. Juliet, TN

1  
Cp

2  
Tc

3  
Ss

4  
Cn

5  
Sr

6  
Gl

7  
Al

8  
Sc

Collected by  
w. mcwhorter
Collected date/time  
02/26/19 12:10
Received date/time  
02/26/19 14:30

## EFFLUENT GRAB L1073492-02 WW

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Wet Chemistry by Method 1664A	WG1243586	1	02/28/19 17:21	02/28/19 22:18	JDD	Mt. Juliet, TN
Wet Chemistry by Method 420.4	WG1243237	1	02/28/19 11:00	03/05/19 10:07	SDL	Mt. Juliet, TN
Wet Chemistry by Method 4500CN E-2011	WG1243466	1	03/02/19 09:10	03/04/19 13:06	JER	Mt. Juliet, TN
Volatile Organic Compounds (GC/MS) by Method 624.1	WG1243407	1	02/28/19 16:25	02/28/19 16:25	ADM	Mt. Juliet, TN



All sample aliquots were received at the correct temperature, in the proper containers, with the appropriate preservatives, and within method specified holding times, unless qualified or notated within the report. Where applicable, all MDL (LOD) and RDL (LOQ) values reported for environmental samples have been corrected for the dilution factor used in the analysis. All Method and Batch Quality Control are within established criteria except where addressed in this case narrative, a non-conformance form or properly qualified within the sample results. By my digital signature below, I affirm to the best of my knowledge, all problems/anomalies observed by the laboratory as having the potential to affect the quality of the data have been identified by the laboratory, and no information or data have been knowingly withheld that would affect the quality of the data.

Kelly Mercer  
Project Manager

1 Cp

2 Tc

3 Ss

4 Ch

5 Sr

6 Gl

7 Al

8 Sc

EFFLUENT COMP

SAMPLE RESULTS - 01

ONE LAB. NATIONWIDE.



Collected date/time: 02/26/19 12:05

L1073492

Calculated Results

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Hardness,calcium	94.7		2.50	1	03/01/2019 13:48	WG1242766

1 Cp

2 Tc

Gravimetric Analysis by Method 2540 C-2011

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Dissolved Solids	133	J3	10.0	1	02/27/2019 16:49	WG1242862

3 Ss

4 Cn

Metals (ICP) by Method 200.7

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Calcium	37.9		1.00	1	03/01/2019 13:48	WG1242766

5 Sr

6 Gl

Metals (ICPMS) by Method 200.8

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Antimony	ND	J4	0.00200	1	03/04/2019 00:35	WG1242577
Arsenic	0.00101		0.00100	1	03/04/2019 13:47	WG1242577
Beryllium	ND		0.00100	1	03/04/2019 00:35	WG1242577
Cadmium	ND		0.00100	1	03/04/2019 00:35	WG1242577
Calcium	32.6		1.00	1	03/04/2019 00:35	WG1242577
Chromium	ND		0.00100	1	03/04/2019 00:35	WG1242577
Copper	0.00165		0.00100	1	03/05/2019 13:27	WG1244870
Lead	ND		0.00100	1	03/04/2019 00:35	WG1242577
Nickel	ND		0.00100	1	03/04/2019 00:35	WG1242577
Selenium	ND		0.00200	1	03/04/2019 00:35	WG1242577
Thallium	ND		0.00100	1	03/04/2019 00:35	WG1242577
Zinc	ND		0.0100	1	03/04/2019 00:35	WG1242577

7 Al

8 Sc

Semi Volatile Organic Compounds (GC/MS) by Method 625.1

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Acenaphthene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Acenaphthylene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Anthracene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Benzidine	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Benzo(a)anthracene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Benzo(b)fluoranthene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Benzo(k)fluoranthene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Benzo(g,h,i)perylene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Benzo(a)pyrene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Bis(2-chloroethoxy)methane	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Bis(2-chloroethyl)ether	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Bis(2-chloroisopropyl)ether	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
4-Bromophenyl-phenylether	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2-Chloronaphthalene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
4-Chlorophenyl-phenylether	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Chrysene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Dibenz(a,h)anthracene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
3,3-Dichlorobenzidine	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2,4-Dinitrotoluene	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2,6-Dinitrotoluene	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
1,2-Diphenylhydrazine	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Fluoranthene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Fluorene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161



EFFLUENT COMP

SAMPLE RESULTS - 01

ONE LAB. NATIONWIDE.



Collected date/time: 02/26/19 12:05

L1073492

Semi Volatile Organic Compounds (GC/MS) by Method 625.1

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Hexachlorobenzene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Hexachloro-1,3-butadiene	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Hexachlorocyclopentadiene	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Hexachloroethane	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Indeno(1,2,3-cd)pyrene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Isophorone	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Naphthalene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Nitrobenzene	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
n-Nitrosodimethylamine	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
n-Nitrosodiphenylamine	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
n-Nitrosodi-n-propylamine	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Phenanthrene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
Benzylbutyl phthalate	ND		0.00315	1.05	03/01/2019 14:18	WG1243161
Bis(2-ethylhexyl)phthalate	ND		0.00315	1.05	03/01/2019 14:18	WG1243161
Di-n-butyl phthalate	ND		0.00315	1.05	03/01/2019 14:18	WG1243161
Diethyl phthalate	ND		0.00315	1.05	03/01/2019 14:18	WG1243161
Dimethyl phthalate	ND		0.00315	1.05	03/01/2019 14:18	WG1243161
Di-n-octyl phthalate	ND		0.00315	1.05	03/01/2019 14:18	WG1243161
Pyrene	ND		0.00105	1.05	03/01/2019 14:18	WG1243161
1,2,4-Trichlorobenzene	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
4-Chloro-3-methylphenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2-Chlorophenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2,4-Dichlorophenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2,4-Dimethylphenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
4,6-Dinitro-2-methylphenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2,4-Dinitrophenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2-Nitrophenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
4-Nitrophenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Pentachlorophenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
Phenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
2,4,6-Trichlorophenol	ND		0.0105	1.05	03/01/2019 14:18	WG1243161
(S) 2-Fluorophenol	28.9		10.0-120		03/01/2019 14:18	WG1243161
(S) Phenol-d5	18.9		8.00-424		03/01/2019 14:18	WG1243161
(S) Nitrobenzene-d5	44.6		15.0-314		03/01/2019 14:18	WG1243161
(S) 2-Fluorobiphenyl	48.7		22.0-127		03/01/2019 14:18	WG1243161
(S) 2,4,6-Tribromophenol	63.3		10.0-153		03/01/2019 14:18	WG1243161
(S) p-Terphenyl-d14	69.5		29.0-141		03/01/2019 14:18	WG1243161

1 Cp

2 Tc

3 Ss

4 Cn

5 Si

6 GI

7 AI

8 Sc

Sample Narrative:

L1073492-01 WG1243161: Dilution due to sample volume.

EFFLUENT GRAB

SAMPLE RESULTS - 02

ONE LAB. NATIONWIDE.



Collected date/time: 02/26/19 12:10

L1073492

Wet Chemistry by Method 1664A

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Oil & Grease (Hexane Extr)	ND		6.25	1	02/28/2019 22:18	WG1243586

1 Cp

2 Tc

Wet Chemistry by Method 420.4

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Total Phenol by 4AAP	ND		0.0400	1	03/05/2019 10:07	WG1243237

3 Ss

4 Cn

Wet Chemistry by Method 4500CN E-2011

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Cyanide	ND		0.00500	1	03/04/2019 13:06	WG1243466

5 Sr

6 Gl

Volatile Organic Compounds (GC/MS) by Method 624.1

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Acrolein	ND		0.0500	1	02/28/2019 16:25	WG1243407
Acrylonitrile	ND		0.0100	1	02/28/2019 16:25	WG1243407
Benzene	ND		0.00100	1	02/28/2019 16:25	WG1243407
Bromodichloromethane	ND		0.00100	1	02/28/2019 16:25	WG1243407
Bromoform	ND		0.00100	1	02/28/2019 16:25	WG1243407
Bromomethane	ND		0.00500	1	02/28/2019 16:25	WG1243407
Carbon tetrachloride	ND		0.00100	1	02/28/2019 16:25	WG1243407
Chlorobenzene	ND		0.00100	1	02/28/2019 16:25	WG1243407
Chlorodibromomethane	ND		0.00100	1	02/28/2019 16:25	WG1243407
Chloroethane	ND		0.00500	1	02/28/2019 16:25	WG1243407
2-Chloroethyl vinyl ether	ND		0.0500	1	02/28/2019 16:25	WG1243407
Chloroform	ND		0.00500	1	02/28/2019 16:25	WG1243407
Chloromethane	ND		0.00250	1	02/28/2019 16:25	WG1243407
1,2-Dichlorobenzene	ND		0.00100	1	02/28/2019 16:25	WG1243407
1,3-Dichlorobenzene	ND		0.00100	1	02/28/2019 16:25	WG1243407
1,4-Dichlorobenzene	ND		0.00100	1	02/28/2019 16:25	WG1243407
Dichlorodifluoromethane	ND		0.00500	1	02/28/2019 16:25	WG1243407
1,1-Dichloroethane	ND		0.00100	1	02/28/2019 16:25	WG1243407
1,2-Dichloroethane	ND		0.00100	1	02/28/2019 16:25	WG1243407
1,1-Dichloroethene	ND		0.00100	1	02/28/2019 16:25	WG1243407
trans-1,2-Dichloroethene	ND		0.00100	1	02/28/2019 16:25	WG1243407
1,2-Dichloropropane	ND		0.00100	1	02/28/2019 16:25	WG1243407
cis-1,3-Dichloropropene	ND		0.00100	1	02/28/2019 16:25	WG1243407
trans-1,3-Dichloropropene	ND		0.00100	1	02/28/2019 16:25	WG1243407
Ethylbenzene	ND		0.00100	1	02/28/2019 16:25	WG1243407
Methylene Chloride	ND		0.00500	1	02/28/2019 16:25	WG1243407
1,1,2,2-Tetrachloroethane	ND		0.00100	1	02/28/2019 16:25	WG1243407
Tetrachloroethene	ND		0.00100	1	02/28/2019 16:25	WG1243407
Toluene	ND		0.00100	1	02/28/2019 16:25	WG1243407
1,1,1-Trichloroethane	ND		0.00100	1	02/28/2019 16:25	WG1243407
1,1,2-Trichloroethane	ND		0.00100	1	02/28/2019 16:25	WG1243407
Trichloroethene	ND		0.00100	1	02/28/2019 16:25	WG1243407
Trichlorofluoromethane	ND		0.00500	1	02/28/2019 16:25	WG1243407
Vinyl chloride	ND		0.00100	1	02/28/2019 16:25	WG1243407
(S) Toluene-d8	101		80.0-120		02/28/2019 16:25	WG1243407
(S) α,α,α-Trifluorotoluene	106		80.0-120		02/28/2019 16:25	WG1243407
(S) 4-Bromofluorobenzene	94.9		80.0-120		02/28/2019 16:25	WG1243407
(S) 1,2-Dichloroethane-d4	110		70.0-130		02/28/2019 16:25	WG1243407

7 Al

8 Sc



Guide to Reading and Understanding Your Laboratory Report

The information below is designed to better explain the various terms used in your report of analytical results from the Laboratory. This is not intended as a comprehensive explanation, and if you have additional questions please contact your project representative.

Abbreviations and Definitions

ND	Not detected at the Reporting Limit (or MDL where applicable).
RDL	Reported Detection Limit.
SDG	Sample Delivery Group.
(S)	Surrogate (Surrogate Standard) - Analytes added to every blank, sample, Laboratory Control Sample/Duplicate and Matrix Spike/Duplicate; used to evaluate analytical efficiency by measuring recovery. Surrogates are not expected to be detected in all environmental media.
Analyte	The name of the particular compound or analysis performed. Some Analyses and Methods will have multiple analytes reported.
Dilution	If the sample matrix contains an interfering material, the sample preparation volume or weight values differ from the standard, or if concentrations of analytes in the sample are higher than the highest limit of concentration that the laboratory can accurately report, the sample may be diluted for analysis. If a value different than 1 is used in this field, the result reported has already been corrected for this factor.
Qualifier	This column provides a letter and/or number designation that corresponds to additional information concerning the result reported. If a Qualifier is present, a definition per Qualifier is provided within the Glossary and Definitions page and potentially a discussion of possible implications of the Qualifier in the Case Narrative if applicable.
Result	The actual analytical final result (corrected for any sample specific characteristics) reported for your sample. If there was no measurable result returned for a specific analyte, the result in this column may state "ND" (Not Detected) or "BDL" (Below Detectable Levels). The information in the results column should always be accompanied by either an MDL (Method Detection Limit) or RDL (Reporting Detection Limit) that defines the lowest value that the laboratory could detect or report for this analyte.
Uncertainty (Radiochemistry)	Confidence level of 2 sigma.
Case Narrative (Cn)	A brief discussion about the included sample results, including a discussion of any non-conformances to protocol observed either at sample receipt by the laboratory from the field or during the analytical process. If present, there will be a section in the Case Narrative to discuss the meaning of any data qualifiers used in the report.
Sample Chain of Custody (Sc)	This is the document created in the field when your samples were initially collected. This is used to verify the time and date of collection, the person collecting the samples, and the analyses that the laboratory is requested to perform. This chain of custody also documents all persons (excluding commercial shippers) that have had control or possession of the samples from the time of collection until delivery to the laboratory for analysis.
Sample Results (Sr)	This section of your report will provide the results of all testing performed on your samples. These results are provided by sample ID and are separated by the analyses performed on each sample. The header line of each analysis section for each sample will provide the name and method number for the analysis reported.
Sample Summary (Ss)	This section of the Analytical Report defines the specific analyses performed for each sample ID, including the dates and times of preparation and/or analysis.

<sup>1</sup> Cp

<sup>2</sup> Tc

<sup>3</sup> Ss

<sup>4</sup> Cn

<sup>5</sup> Sr

<sup>6</sup> Gl

<sup>7</sup> Al

<sup>8</sup> Sc

Qualifier	Description
J3	The associated batch QC was outside the established quality control range for precision.
J4	The associated batch QC was outside the established quality control range for accuracy.

# ACCREDITATIONS & LOCATIONS

ONE LAB. NATIONWIDE.



Pace National is the only environmental laboratory accredited/certified to support your work nationwide from one location. One phone call, one point of contact, one laboratory. No other lab is as accessible or prepared to handle your needs throughout the country. Our capacity and capability from our single location laboratory is comparable to the collective totals of the network laboratories in our industry. The most significant benefit to our one location design is the design of our laboratory campus. The model is conducive to accelerated productivity, decreasing turn-around time, and preventing cross contamination, thus protecting sample integrity. Our focus on premium quality and prompt service allows us to be YOUR LAB OF CHOICE.

\* Not all certifications held by the laboratory are applicable to the results reported in the attached report.

\* Accreditation is only applicable to the test methods specified on each scope of accreditation held by Pace National.

<sup>1</sup> Cp

<sup>2</sup> Tc

<sup>3</sup> Ss

<sup>4</sup> Cn

<sup>5</sup> Sr

<sup>6</sup> Gl



<sup>8</sup> Sc

## State Accreditations

Alabama	40660	Nebraska	NE-05-15-05
Alaska	17-026	Nevada	TN-03-2002-34
Arizona	AZ0612	New Hampshire	2975
Arkansas	88-0469	New Jersey-NELAP	TN002
California	2932	New Mexico <sup>1</sup>	n/a
Colorado	TN00003	New York	11742
Connecticut	PH-0197	North Carolina	Env375
Florida	E87487	North Carolina <sup>1</sup>	DW21704
Georgia	NELAP	North Carolina <sup>3</sup>	41
Georgia <sup>1</sup>	923	North Dakota	R-140
Idaho	TN00003	Ohio-VAP	CL0069
Illinois	200008	Oklahoma	9915
Indiana	C-TN-01	Oregon	TN200002
Iowa	364	Pennsylvania	68-02979
Kansas	E-10277	Rhode Island	LA000356
Kentucky <sup>1 6</sup>	90010	South Carolina	84004
Kentucky <sup>2</sup>	16	South Dakota	n/a
Louisiana	AI30792	Tennessee <sup>1 4</sup>	2006
Louisiana <sup>1</sup>	LA180010	Texas	T104704245-18-15
Maine	TN0002	Texas <sup>5</sup>	LAB0152
Maryland	324	Utah	TN00003
Massachusetts	M-TN003	Vermont	VT2006
Michigan	9958	Virginia	460132
Minnesota	047-999-395	Washington	C847
Mississippi	TN00003	West Virginia	233
Missouri	340	Wisconsin	9980939910
Montana	CERT0086	Wyoming	A2LA

## Third Party Federal Accreditations

AZLA - ISO 17025	1461.01	AIHA-LAP,LLC EMLAP	100789
AZLA - ISO 17025 <sup>5</sup>	1461.02	DOD	1461.01
Canada	1461.01	USDA	P330-15-00234
EPA-Crypto	TN00003		

<sup>1</sup> Drinking Water <sup>2</sup> Underground Storage Tanks <sup>3</sup> Aquatic Toxicity <sup>4</sup> Chemical/Microbiological <sup>5</sup> Mold <sup>6</sup> Wastewater n/a Accreditation not applicable

## Our Locations

Pace National has sixty-four client support centers that provide sample pickup and/or the delivery of sampling supplies. If you would like assistance from one of our support offices, please contact our main office. Pace National performs all testing at our central laboratory.



**Town of Gurley Wastewater System**

P.O. Box 128  
Gurley, AL 35748

Report to:  
**Jimmy Jones**

Project Description:

Phone: 256-520-0384  
Fax:

Collected by (print):  
**William Meinharter**

Collected by (signature):  
*William Meinharter*

Immediately Packed on Ice:  N  Y

**Billing Information:**

Accounts Payable  
P.O. Box 128  
Gurley, AL 35748

Email To: townofgurley@gmail.com

City/State Collected:

Lab Project #

Client Project #  
**PERMIT RENEWAL**

Site/Facility ID #  
**AL0070661**

P.O. #

Quote #

**Rush?** (Lab MUST Be Notified)  
 Same Day  Five Day  
 Next Day  5 Day (Rad Only)  
 Two Day  10 Day (Rad Only)  
 Three Day

Date Results Needed:

**Analysis / Container / Preservative**

Pres Chk	Analysis	Container	Preservative
	BES-ITTO 100ml/Amb-NaTIO		
	CN 250mlHDPEAmb-NaOH		
	Metals/Hardness 250mlHDPE-HNO3		
	OGHEX 1L-Clr-Add HCl		
	PHT 250mlIAmb-H2SO4		
	TDS 250mlHDPE-NoPres		
	V624-ITTO 40ml/Amb-NoPres		

collector

Chain of Custody Page \_\_\_ of \_\_\_



11065 Lebanon Rd  
Mount Juliet, TN 37122  
Phone: 615-758-5858  
Phone: 800-767-5859  
Fax: 615-758-5859



# **1073492**  
 Table #  
 Accnum: **GURWWGAL**  
 Template: **T143707**  
 Prelogin: **P694894**  
 TSR: **B41 - Kelly Marcer**  
 PB: *2/19/19*  
 Shipped Via: **FedEX Ground**  
 Remarks: Sample # (lab only)

Sample ID	Comp/Grab	Matrix *	Depth	Date	Time	No. of Ctrls	BES-ITTO 100ml/Amb-NaTIO	CN 250mlHDPEAmb-NaOH	Metals/Hardness 250mlHDPE-HNO3	OGHEX 1L-Clr-Add HCl	PHT 250mlIAmb-H2SO4	TDS 250mlHDPE-NoPres	V624-ITTO 40ml/Amb-NoPres
<b>EFFLUENT COMP</b>		WW		2-26-19	1205	4	X		X			X	
<b>EFFLUENT GRAB</b>		WW		2-26-19	1210	6		X		X	X		X

\* Matrix:  
 SS - Soil    AIR - Air    F- Filter  
 GW - Groundwater    B - Blossay  
 WW - WasteWater  
 DW - Drinking Water  
 OT - Other

Remarks:  
 pH \_\_\_\_\_ Temp \_\_\_\_\_  
 Flow \_\_\_\_\_ Other \_\_\_\_\_  
 Sampler returned via:  
 UPS     FedEx     Courier

**Sample Receipt Checklist**  
 Coc Seal Present/Intact:  Y  N  
 Coc Signed/Accurate:  Y  N  
 Bottles arrive intact:  Y  N  
 Correct bottles used:  Y  N  
 Sufficient volume sent:  Y  N  
 In Application:  Y  N  
 VQS Zero Readings:  Y  N  
 Preservation Correct/Checked:  Y  N

Relinquished by: (Signature) <i>William Meinharter</i>	Date: 2-26-19	Time: 1430	Received by: (Signature) <i>Kimberly Olsen</i>	Trip Blank Received: Yes / No	HCl / MeOH
Relinquished by: (Signature) <i>Kimberly Olsen</i>	Date: 2-26-19	Time: 1700	Received by: (Signature) <i>Paul Wilson</i>	Temp: 10 °C	Batteries Recharged
Relinquished by: (Signature)	Date:	Time:	Received for lab by: (Signature) <i>Kimberly Olsen</i>	Date: 2-26-19	Time: 1430

If preservation required by Login: Date/Time  
 Hold: \_\_\_\_\_  
 Condition: NCF / OK



# ANALYTICAL REPORT

March 28, 2019

## Town of Gurley Wastewater System

Sample Delivery Group: L1080190  
Samples Received: 03/19/2019  
Project Number: PERMIT RENEWAL  
Description: wastewater  
Site: AL0070661  
Report To: Jimmy Jones  
P.O. Box 128  
Gurley, AL 35748

Entire Report Reviewed By:









Kelly Mercer  
Project Manager

Results relate only to the items tested or calibrated and are reported as rounded values. This test report shall not be reproduced, except in full, without written approval of the laboratory. Where applicable, sampling conducted by Pace National is performed per guidance provided in laboratory standard operating procedures: 060302, 060303, and 060304.



# TABLE OF CONTENTS



Cp: Cover Page	1	
Tc: Table of Contents	2	
Ss: Sample Summary	3	
Cn: Case Narrative	4	
Sr: Sample Results	5	
EFFLUENT COMP L1080190-01	5	
EFFLUENT GRAB L1080190-02	7	
Gl: Glossary of Terms	8	
Al: Accreditations & Locations	9	
Sc: Sample Chain of Custody	10	

# SAMPLE SUMMARY

ONE LAB. NATIONWIDE.

Collected by  
W. MCWHORTER
Collected date/time  
03/19/19 12:15
Received date/time  
03/19/19 14:45

## EFFLUENT COMP L1080190-01 WW

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Calculated Results	WG1253520	1	03/24/19 19:45	03/24/19 19:45	LAT	Mt. Juliet, TN
Gravimetric Analysis by Method 2540 C-2011	WG1254505	1	03/26/19 11:56	03/26/19 12:20	AEC	Mt. Juliet, TN
Metals (ICPMS) by Method 200.8	WG1253761	1	03/22/19 09:13	03/24/19 19:45	LAT	Mt. Juliet, TN
Metals (ICPMS) by Method 200.8	WG1253761	1	03/22/19 09:13	03/25/19 14:00	LAT	Mt. Juliet, TN
Semi Volatile Organic Compounds (GC/MS) by Method 625.1	WG1252644	1	03/20/19 16:28	03/21/19 16:51	AO	Mt. Juliet, TN

1  
Cp

2  
Tc

3  
Ss

4  
Cn

Collected by  
W. MCWHORTER
Collected date/time  
03/19/19 12:15
Received date/time  
03/19/19 14:45

## EFFLUENT GRAB L1080190-02 WW

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Wet Chemistry by Method 1664A	WG1254862	1	03/25/19 09:23	03/25/19 12:15	DAD	Mt. Juliet, TN
Wet Chemistry by Method 420.4	WG1253988	1	03/24/19 13:47	03/25/19 09:34	SDL	Mt. Juliet, TN
Wet Chemistry by Method ASTM D7511-09	WG1252635	1	03/20/19 12:00	03/20/19 12:00	SDH	Decatur, AL
Volatile Organic Compounds (GC/MS) by Method 624.1	WG1253398	1	03/21/19 16:52	03/21/19 16:52	BMB	Mt. Juliet, TN

5  
Sr

6  
Gl

7  
Al

8  
Sc





All sample aliquots were received at the correct temperature, in the proper containers, with the appropriate preservatives, and within method specified holding times, unless qualified or notated within the report. Where applicable, all MDL (LOD) and RDL (LOQ) values reported for environmental samples have been corrected for the dilution factor used in the analysis. All Method and Batch Quality Control are within established criteria except where addressed in this case narrative, a non-conformance form or properly qualified within the sample results. By my digital signature below, I affirm to the best of my knowledge, all problems/anomalies observed by the laboratory as having the potential to affect the quality of the data have been identified by the laboratory, and no information or data have been knowingly withheld that would affect the quality of the data.

Kelly Mercer  
Project Manager

<sup>1</sup> Cp

<sup>2</sup> Tc

<sup>3</sup> Ss

<sup>4</sup> Cr<sup>6+</sup>

<sup>5</sup> Sr

<sup>6</sup> Gl

<sup>7</sup> Al

<sup>8</sup> Sc

EFFLUENT COMP

SAMPLE RESULTS - 01

ONE LAB. NATIONWIDE.



Collected date/time: 03/19/19 12:15

L1080190

Calculated Results

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Hardness,calcium	87.0		2.50	1	03/24/2019 19:45	WG1253520

1 Cp

2 Tc

Gravimetric Analysis by Method 2540 C-2011

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Dissolved Solids	182		10.0	1	03/26/2019 12:20	WG1254505

3 Ss

4 Cn

Metals (ICPMS) by Method 200.8

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Antimony	ND		0.00200	1	03/25/2019 14:00	WG1253761
Arsenic	ND		0.00100	1	03/24/2019 19:45	WG1253761
Beryllium	ND		0.00100	1	03/24/2019 19:45	WG1253761
Cadmium	ND		0.00100	1	03/24/2019 19:45	WG1253761
Calcium	34.8		1.00	1	03/24/2019 19:45	WG1253761
Chromium	ND		0.00100	1	03/24/2019 19:45	WG1253761
Copper	0.00307	B	0.00100	1	03/24/2019 19:45	WG1253761
Lead	ND		0.00100	1	03/24/2019 19:45	WG1253761
Nickel	ND		0.00100	1	03/24/2019 19:45	WG1253761
Selenium	ND		0.00200	1	03/24/2019 19:45	WG1253761
Thallium	ND		0.00100	1	03/24/2019 19:45	WG1253761
Zinc	0.0113		0.0100	1	03/24/2019 19:45	WG1253761

5 S

6 Gl

7 Al

8 Sc

Semi Volatile Organic Compounds (GC/MS) by Method 625.1

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Acenaphthene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Acenaphthylene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Anthracene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Benzidine	ND	J3	0.0100	1	03/21/2019 16:51	WG1252644
Benzo(a)anthracene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Benzo(b)fluoranthene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Benzo(k)fluoranthene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Benzo(g,h,i)perylene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Benzo(a)pyrene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Bis(2-chlorethoxy)methane	ND		0.0100	1	03/21/2019 16:51	WG1252644
Bis(2-chloroethyl)ether	ND		0.0100	1	03/21/2019 16:51	WG1252644
Bis(2-chloroisopropyl)ether	ND		0.0100	1	03/21/2019 16:51	WG1252644
4-Bromophenyl-phenylether	ND		0.0100	1	03/21/2019 16:51	WG1252644
2-Chloronaphthalene	ND		0.00100	1	03/21/2019 16:51	WG1252644
4-Chlorophenyl-phenylether	ND		0.0100	1	03/21/2019 16:51	WG1252644
Chrysene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Dibenz(a,h)anthracene	ND		0.00100	1	03/21/2019 16:51	WG1252644
3,3-Dichlorobenzidine	ND		0.0100	1	03/21/2019 16:51	WG1252644
2,4-Dinitrotoluene	ND		0.0100	1	03/21/2019 16:51	WG1252644
2,6-Dinitrotoluene	ND		0.0100	1	03/21/2019 16:51	WG1252644
1,2-Diphenylhydrazine	ND		0.0100	1	03/21/2019 16:51	WG1252644
Fluoranthene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Fluorene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Hexachlorobenzene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Hexachloro-1,3-butadiene	ND		0.0100	1	03/21/2019 16:51	WG1252644
Hexachlorocyclopentadiene	ND		0.0100	1	03/21/2019 16:51	WG1252644
Hexachloroethane	ND		0.0100	1	03/21/2019 16:51	WG1252644
Indeno(1,2,3-cd)pyrene	ND		0.00100	1	03/21/2019 16:51	WG1252644

EFFLUENT COMP

SAMPLE RESULTS - 01

ONE LAB. NATIONWIDE.



Collected date/time: 03/19/19 12:15

L1080190

Semi Volatile Organic Compounds (GC/MS) by Method 625.1

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Isophorone	ND		0.0100	1	03/21/2019 16:51	WG1252644
Naphthalene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Nitrobenzene	ND		0.0100	1	03/21/2019 16:51	WG1252644
n-Nitrosodimethylamine	ND		0.0100	1	03/21/2019 16:51	WG1252644
n-Nitrosodiphenylamine	ND		0.0100	1	03/21/2019 16:51	WG1252644
n-Nitrosodi-n-propylamine	ND		0.0100	1	03/21/2019 16:51	WG1252644
Phenanthrene	ND		0.00100	1	03/21/2019 16:51	WG1252644
Benzylbutyl phthalate	ND		0.00300	1	03/21/2019 16:51	WG1252644
Bis(2-ethylhexyl)phthalate	ND		0.00300	1	03/21/2019 16:51	WG1252644
Di-n-butyl phthalate	ND		0.00300	1	03/21/2019 16:51	WG1252644
Diethyl phthalate	ND		0.00300	1	03/21/2019 16:51	WG1252644
Dimethyl phthalate	ND		0.00300	1	03/21/2019 16:51	WG1252644
Di-n-octyl phthalate	ND		0.00300	1	03/21/2019 16:51	WG1252644
Pyrene	ND		0.00100	1	03/21/2019 16:51	WG1252644
1,2,4-Trichlorobenzene	ND		0.0100	1	03/21/2019 16:51	WG1252644
4-Chloro-3-methylphenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
2-Chlorophenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
2,4-Dichlorophenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
2,4-Dimethylphenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
4,6-Dinitro-2-methylphenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
2,4-Dinitrophenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
2-Nitrophenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
4-Nitrophenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
Pentachlorophenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
Phenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
2,4,6-Trichlorophenol	ND		0.0100	1	03/21/2019 16:51	WG1252644
(S) 2-Fluorophenol	43.6		10.0-120		03/21/2019 16:51	WG1252644
(S) Phenol-d5	26.3		8.00-424		03/21/2019 16:51	WG1252644
(S) Nitrobenzene-d5	58.5		15.0-314		03/21/2019 16:51	WG1252644
(S) 2-Fluorobiphenyl	56.0		22.0-127		03/21/2019 16:51	WG1252644
(S) 2,4,6-Tribromophenol	78.0		10.0-153		03/21/2019 16:51	WG1252644
(S) p-Terphenyl-d14	84.4		29.0-141		03/21/2019 16:51	WG1252644

- 1 Cp
- 2 Tc
- 3 Ss
- 4 Cn
- 5 Sr
- 6 Gl
- 7 Al
- 8 Sc

EFFLUENT GRAB

Collected date/time: 03/19/19 12:15

SAMPLE RESULTS - 02

L1080190

ONE LAB. NATIONWIDE.



Wet Chemistry by Method 1664A

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Oil & Grease (Hexane Extr)	ND		6.67	1	03/25/2019 12:15	WG1254862

1 Cp

2 Tc

Wet Chemistry by Method 420.4

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Total Phenol by 4AAP	ND		0.0400	1	03/25/2019 09:34	WG1253988

3 Ss

4 Cn

Wet Chemistry by Method ASTM D7511-09

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Cyanide	ND		0.00500	1	03/20/2019 12:00	WG1252635



6 GI

Volatile Organic Compounds (GC/MS) by Method 624.1

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Acrolein	ND		0.0500	1	03/21/2019 16:52	WG1253398
Acrylonitrile	ND		0.0100	1	03/21/2019 16:52	WG1253398
Benzene	ND		0.00100	1	03/21/2019 16:52	WG1253398
Bromodichloromethane	ND		0.00100	1	03/21/2019 16:52	WG1253398
Bromoform	ND		0.00100	1	03/21/2019 16:52	WG1253398
Bromomethane	ND		0.00500	1	03/21/2019 16:52	WG1253398
Carbon tetrachloride	ND		0.00100	1	03/21/2019 16:52	WG1253398
Chlorobenzene	ND		0.00100	1	03/21/2019 16:52	WG1253398
Chlorodibromomethane	ND		0.00100	1	03/21/2019 16:52	WG1253398
Chloroethane	ND		0.00500	1	03/21/2019 16:52	WG1253398
2-Chloroethyl vinyl ether	ND		0.0500	1	03/21/2019 16:52	WG1253398
Chloroform	ND		0.00500	1	03/21/2019 16:52	WG1253398
Chloromethane	ND		0.00250	1	03/21/2019 16:52	WG1253398
1,2-Dichlorobenzene	ND		0.00100	1	03/21/2019 16:52	WG1253398
1,3-Dichlorobenzene	ND		0.00100	1	03/21/2019 16:52	WG1253398
1,4-Dichlorobenzene	ND		0.00100	1	03/21/2019 16:52	WG1253398
Dichlorodifluoromethane	ND		0.00500	1	03/21/2019 16:52	WG1253398
1,1-Dichloroethane	ND		0.00100	1	03/21/2019 16:52	WG1253398
1,2-Dichloroethane	ND		0.00100	1	03/21/2019 16:52	WG1253398
1,1-Dichloroethene	ND		0.00100	1	03/21/2019 16:52	WG1253398
trans-1,2-Dichloroethene	ND		0.00100	1	03/21/2019 16:52	WG1253398
1,2-Dichloropropane	ND		0.00100	1	03/21/2019 16:52	WG1253398
cis-1,3-Dichloropropene	ND		0.00100	1	03/21/2019 16:52	WG1253398
trans-1,3-Dichloropropene	ND		0.00100	1	03/21/2019 16:52	WG1253398
Ethylbenzene	ND		0.00100	1	03/21/2019 16:52	WG1253398
Methylene Chloride	ND		0.00500	1	03/21/2019 16:52	WG1253398
1,1,2,2-Tetrachloroethane	ND		0.00100	1	03/21/2019 16:52	WG1253398
Tetrachloroethene	ND		0.00100	1	03/21/2019 16:52	WG1253398
Toluene	ND		0.00100	1	03/21/2019 16:52	WG1253398
1,1,1-Trichloroethane	ND		0.00100	1	03/21/2019 16:52	WG1253398
1,1,2-Trichloroethane	ND		0.00100	1	03/21/2019 16:52	WG1253398
Trichloroethene	ND		0.00100	1	03/21/2019 16:52	WG1253398
Trichlorofluoromethane	ND		0.00500	1	03/21/2019 16:52	WG1253398
Vinyl chloride	ND		0.00100	1	03/21/2019 16:52	WG1253398
(S) Toluene-d8	98.5		80.0-120		03/21/2019 16:52	WG1253398
(S) a,a,a-Trifluorotoluene	103		80.0-120		03/21/2019 16:52	WG1253398
(S) 4-Bromofluorobenzene	105		80.0-120		03/21/2019 16:52	WG1253398
(S) 1,2-Dichloroethane-d4	91.3		70.0-130		03/21/2019 16:52	WG1253398

7 AI

8 Sc



Guide to Reading and Understanding Your Laboratory Report

The information below is designed to better explain the various terms used in your report of analytical results from the Laboratory. This is not intended as a comprehensive explanation, and if you have additional questions please contact your project representative.

Abbreviations and Definitions

ND	Not detected at the Reporting Limit (or MDL where applicable).
RDL	Reported Detection Limit.
SDG	Sample Delivery Group.
(S)	Surrogate (Surrogate Standard) - Analytes added to every blank, sample, Laboratory Control Sample/Duplicate and Matrix Spike/Duplicate; used to evaluate analytical efficiency by measuring recovery. Surrogates are not expected to be detected in all environmental media.
Analyte	The name of the particular compound or analysis performed. Some Analyses and Methods will have multiple analytes reported.
Dilution	If the sample matrix contains an interfering material, the sample preparation volume or weight values differ from the standard, or if concentrations of analytes in the sample are higher than the highest limit of concentration that the laboratory can accurately report, the sample may be diluted for analysis. If a value different than 1 is used in this field, the result reported has already been corrected for this factor.
Qualifier	This column provides a letter and/or number designation that corresponds to additional information concerning the result reported. If a Qualifier is present, a definition per Qualifier is provided within the Glossary and Definitions page and potentially a discussion of possible implications of the Qualifier in the Case Narrative if applicable.
Result	The actual analytical final result (corrected for any sample specific characteristics) reported for your sample. If there was no measurable result returned for a specific analyte, the result in this column may state "ND" (Not Detected) or "BDL" (Below Detectable Levels). The information in the results column should always be accompanied by either an MDL (Method Detection Limit) or RDL (Reporting Detection Limit) that defines the lowest value that the laboratory could detect or report for this analyte.
Uncertainty (Radiochemistry)	Confidence level of 2 sigma.
Case Narrative (Cn)	A brief discussion about the included sample results, including a discussion of any non-conformances to protocol observed either at sample receipt by the laboratory from the field or during the analytical process. If present, there will be a section in the Case Narrative to discuss the meaning of any data qualifiers used in the report.
Sample Chain of Custody (Sc)	This is the document created in the field when your samples were initially collected. This is used to verify the time and date of collection, the person collecting the samples, and the analyses that the laboratory is requested to perform. This chain of custody also documents all persons (excluding commercial shippers) that have had control or possession of the samples from the time of collection until delivery to the laboratory for analysis.
Sample Results (Sr)	This section of your report will provide the results of all testing performed on your samples. These results are provided by sample ID and are separated by the analyses performed on each sample. The header line of each analysis section for each sample will provide the name and method number for the analysis reported.
Sample Summary (Ss)	This section of the Analytical Report defines the specific analyses performed for each sample ID, including the dates and times of preparation and/or analysis.

1 Cp

2 Tc

3 Ss

4 Cn

5 Sr

6 G

7 Al

8 Sc

Qualifier Description

B	The same analyte is found in the associated blank.
J3	The associated batch QC was outside the established quality control range for precision.

# ACCREDITATIONS & LOCATIONS

ONE LAB. NATIONWIDE.



Pace National is the only environmental laboratory accredited/certified to support your work nationwide from one location. One phone call, one point of contact, one laboratory. No other lab is as accessible or prepared to handle your needs throughout the country. Our capacity and capability from our single location laboratory is comparable to the collective totals of the network laboratories in our industry. The most significant benefit to our one location design is the design of our laboratory campus. The model is conducive to accelerated productivity, decreasing turn-around time, and preventing cross contamination, thus protecting sample integrity. Our focus on premium quality and prompt service allows us to be YOUR LAB OF CHOICE.

\* Not all certifications held by the laboratory are applicable to the results reported in the attached report.  
 \* Accreditation is only applicable to the test methods specified on each scope of accreditation held by Pace National.

1 Cp

2 Tc

3 Ss

4 Cn

5 Sr

6 GI



8 Sc

## State Accreditations

Alabama	40660	Nebraska	NE-05-15-05
Alaska	17-026	Nevada	TN-03-2002-34
Arizona	AZ0612	New Hampshire	2975
Arkansas	88-0469	New Jersey--NELAP	TN002
California	2932	New Mexico <sup>1</sup>	n/a
Colorado	TN00003	New York	11742
Connecticut	PH-0197	North Carolina	Env375
Florida	E87487	North Carolina <sup>1</sup>	DW21704
Georgia	NELAP	North Carolina <sup>3</sup>	41
Georgia <sup>1</sup>	923	North Dakota	R-140
Idaho	TN00003	Ohio--VAP	CL0069
Illinois	200008	Oklahoma	9915
Indiana	C-TN-01	Oregon	TN200002
Iowa	364	Pennsylvania	68-02979
Kansas	E-10277	Rhode Island	LA000356
Kentucky <sup>1 6</sup>	90010	South Carolina	84004
Kentucky <sup>2</sup>	16	South Dakota	n/a
Louisiana	AI30792	Tennessee <sup>1 4</sup>	2006
Louisiana <sup>1</sup>	LA180010	Texas	TI04704245-18-15
Maine	TN0002	Texas <sup>5</sup>	LAB0152
Maryland	324	Utah	TN00003
Massachusetts	M-TN003	Vermont	VT2006
Michigan	9958	Virginia	460132
Minnesota	047-999-395	Washington	C847
Mississippi	TN00003	West Virginia	233
Missouri	340	Wisconsin	9980939910
Montana	CERT0086	Wyoming	A2LA

## Third Party Federal Accreditations


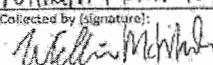
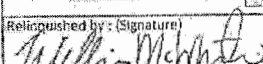
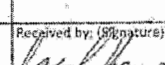
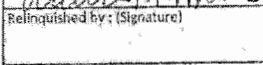
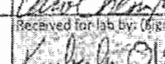
AZLA - ISO 17025	1461.01	AIHA-LAP,LLC EMLAP	100789
AZLA - ISO 17025 <sup>5</sup>	1461.02	DOD	1461.01
Canada	1461.01	USDA	P330-15-00234
EPA-Crypto	TN00003		

<sup>1</sup> Drinking Water <sup>2</sup> Underground Storage Tanks <sup>3</sup> Aquatic Toxicity <sup>4</sup> Chemical/Microbiological <sup>5</sup> Mold <sup>6</sup> Wastewater n/a Accreditation not applicable

## Our Locations

Pace National has sixty-four client support centers that provide sample pickup and/or the delivery of sampling supplies. If you would like assistance from one of our support offices, please contact our main office. Pace National performs all testing at our central laboratory.



<b>Town of Gurley Wastewater System</b> P.O. Box 128 Gurley, AL 35748		Billing Information: <b>Accounts Payable</b> P.O. Box 128 Gurley, AL 35748		Report to: <b>Jimmy Jones</b>		Email To: townofgurley@gmail.com		Analysis / Container / Preservative						Chain of Custody Page ___ of ___			
Project Description: <b>PERMIT RENEWAL</b>		City/State Collected: _____		Lab Project #		P.D. #		B25-ETC-100ml-Amb-NoBio CN 250mlHDPEAmb-NoOH Metals/Hardness 250mlHDPE-HMO3 OGHX 1L-Clr-Add HCl PRT 250mlAmb-H2SO4 TDS 250mlHDPE-NoPres V624-1 LITC-40mlAmb-NoPres		No. of Cntrs		Collect		 12005 LeBaron Rd Mount Juliet, TN 37122 Phone: 615-758-5858 Phone: 803-767-5858 Fax: 615-758-5858			
Phone: <b>256-520-0384</b> Fax: _____		Client Project # <b>PERMIT RENEWAL</b>		Lab Project #		P.D. #		Quote #		Date Results Needed		L# <b>1060190</b>		Accrual: <b>GURWWGAL</b>			
Collected by (print): <b>William McWhorter</b>		Site/Facility ID # <b>AL0070661</b>		P.D. #		Quote #		Rush? (Lab MUST Be Notified) <input type="checkbox"/> Same Day <input type="checkbox"/> Five Day <input type="checkbox"/> Next Day <input type="checkbox"/> 5 Day (Rad Only) <input type="checkbox"/> Two Day <input type="checkbox"/> 10 Day (Rad Only) <input type="checkbox"/> Three Day _____		Date Results Needed		Template: <b>T143707</b>		Progn: <b>P699092</b>			
Collected by (signature): 		Matrix *		Depth		Date		Time		No. of Cntrs		TSP: <b>841 - Kelly Mercer</b>		PS: <b>TS 3-3-19</b>			
Immediately _____ Packed on ice N _____ Y <input checked="" type="checkbox"/> X		Matrix *		Depth		Date		Time		No. of Cntrs		Shipped Via: <b>FedEX Ground</b>		Remarks: Sample # (if only)			
Effluent Comp		WW		3-19-19		1215		4		X		X		-01			
Effluent Grab		WW		3-19-19		1220		6		X		X X X X		-02			
* Matrix: SS - Soil AIR - Air F - Filter GW - Groundwater B - Bioassay WW - Wastewater DW - Drinking Water OT - Other _____		Remarks: pH <b>7.0</b> Temp <b>16.6°C</b> Flow _____ Other _____		Samples returned via: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Courier		Tracking #		Relinquished by: (Signature) 		Date: <b>3-19-19</b>		Time: <b>1445</b>		Received by: (Signature) 		Temp: _____ °C Bottles Received: _____	
Relinquished by: (Signature) 		Date: _____		Time: _____		Received by: (Signature) 		Date: <b>3/19/19</b>		Time: <b>1445</b>		Hold: _____		Condition: <b>NCF / OK</b>			

1.7