LANCE R. LEFLEUR
DIRECTOR

KAY IVEY
GOVERNOR

Alabama Department of Environmental Management
adem.alabama.gov
1400 Coliseum Blvd. 36110-2400 ▪ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ▪ FAX (334) 271-7950

JAN 15 2021

MR. GARY HYCHE MANAGER/SUPERINTENDENT
CITY OF UNION SPRINGS UTILITIES BOARD
POST OFFICE BOX 229
UNION SPRINGS AL 36089

RE: Draft Permit
NPDES Permit No. AL0060445
Union Springs WWTPs and Land Application
Bullock County, Alabama

Dear Mr. Hyche:

Transmitted herein is a draft of the referenced permit.

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

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

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

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

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

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

Sincerely,

Shanda Torbert
Municipal Section
Water Division

Enclosure

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

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

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

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

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

Alabama Department of Environmental Management

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: CITY OF UNION SPRINGS UTILITIES BOARD
POST OFFICE BOX 229
UNION SPRINGS, ALABAMA 36089

FACILITY LOCATION: UNION SPRINGS WWTPS AND LAND APPLICATION (2.25) MGD
27790 US HIGHWAY 82
UNION SPRINGS, ALABAMA
BULLOCK COUNTY

PERMIT NUMBER: AL0060445

RECEIVING WATERS: LAND APPLICATION (0011)
BLUFF CREEK (002S, 021S -024S, 003U, AND 004D)

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

PART I

PART II

TABLE OF CONTENTS

PART III DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. Outfall 0011 Discharge Limits - Land Application

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

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	E	*****
Solids, Total Suspended 00530 1 0 0	REPORT lbs/day	REPORT lbs/day	90.0 mg/l	135 mg/l	*****	*****	*****	E	COMP24	E	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	E	*****
Nitrogen, Total (As N) 00600 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Nitrogen, Nitrate Total (As N) 00620 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	E	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A See Note 5	*****
Flow, In Conduit or Thru Treatment Plant 50050 G 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	I	CONTIN	A See Note 6	*****

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

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

(6) Flow to the holding pond

Limits for Outfall 0011 continued on the next page

2. Outfall 0011 Discharge Limits - Land Application (continued)

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

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Coliform, Fecal General 74055 1 0 0	*****	*****	2000 col/100mL	*****	*****	4000 col/100mL	*****	E	GRAB	E	
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	REPORT lbs/day	REPORT lbs/day	45.0 mg/l	67.5 mg/l	*****	*****	*****	E	COMP24	E	*****
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	E	*****

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

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

3. Outfall 001A Discharge Limits - Wastewater Treatment Plant #1 - Trickling Filter

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001A, which is the discharge from the Union Springs wastewater treatment plant #1, to the land application site and holding pond. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	E	*****
Solids, Total Suspended 00530 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****

* 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 001B Discharge Limits - Wastewater Treatment Plant #2 - Activated Sludge

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001B, which is the discharge from the Union Springs wastewater treatment plant #2, to the land application site and holding pond. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	E	*****
Solids, Total Suspended 00530 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	E	*****

* 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. Outfall 002S, 021S – 024S Discharge Limits - Storm Water Monitoring

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfalls 002S and 021S – 024S, which are described more fully in the Permittee's application. Such outfalls shall be monitored by the Permittee as specified below[5 and 6]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH 00400 SW 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	SW	GRAB	H	*****
Solids, Total Suspended 00530 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	H	*****
Nitrogen, Ammonia Total (As N) 00610 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	H	*****
Nitrogen, Kjeldahl Total (As N) 00625 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	H	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	H	*****
Phosphorus, Total (As P) 00665 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	H	*****
Flow, In Conduit or Thru Treatment Plant 50050 SW 0 0	*****	*****	*****	*****	*****	REPORT MGD	*****	SW	CALCTD	H	*****
E. Coli 51040 SW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	SW	GRAB	H	*****
BOD, Carbonaceous 05 Day, 20C 80082 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	H	*****
Sprayfield ID Number 87002 SW 0 0 See Note 7	*****	*****	*****	*****	*****	REPORT Number	*****	SW	GRAB See Note 7	H	*****

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

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

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

(3) Measurement Frequency: See also Part I.B.2.
A - 7 days per week
B - 5 days per week
C - 3 days per week
D - 2 days per week
E - 1 day per week
F - 2 days per month
G - 1 day per month
H - 1 day per quarter
J - Annual
Q - 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) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during monitoring period but there was insufficient flow to collect a sample during the measurable storm event.
(6) No Discharge should only be used if the stormwater outfall did not discharge any water during the monitoring period.
(7) The Permittee shall utilize the sprayfield ID numbers included in Part IV.D.

***Note: The Permittee is required to sample and report analytical data for only one of the 16 internal Storm Water (SW) monitoring points per quarterly monitoring period, and to alternate the spray field and monitoring points from each sprayfield each quarterly period. The Permittee shall indicate the spray field and internal SW monitoring point sampled on the DMR using the name convention included in Part IV.D. Test results for the single internal SW monitoring point sampled shall be representative of all 16 internal SW monitoring points. Storm water monitoring data will be submitted on the DMRs for Outfall 002S as the representative storm water outfall.**

6. Outfall 003U Discharge Limits - Surface Stream Monitoring Upstream

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 003U, which is a designated outfall for upstream monitoring. Such outfall shall be monitored by the Permittee as specified below[5]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 5 0 0	*****	*****	*****	*****	REPORT mg/l	*****	*****	US	GRAB	G	*****
pH 00400 5 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	US	GRAB	G	*****
Solids, Total Suspended 00530 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Nitrogen, Ammonia Total (As N) 00610 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Nitrogen, Kjeldahl Total (As N) 00625 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
Phosphorus, Total (As P) 00665 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****
E. Coli 51040 5 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	US	GRAB	G	*****
BOD, Carbonaceous 05 Day, 20C 80082 5 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	G	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
US – Upstream
DS – Downstream
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) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during monitoring period but there was insufficient water instream to collect a sample during the monitoring period.

7. Outfall 004D Discharge Limits - Surface Stream Monitoring Downstream

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 004D, which is a designated outfall for downstream monitoring. Such outfall shall be monitored by the Permittee as specified below[5]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 6 0 0	*****	*****	*****	*****	REPORT mg/l	*****	*****	DS	GRAB	G	*****
pH 00400 6 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	DS	GRAB	G	*****
Solids, Total Suspended 00530 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Nitrogen, Ammonia Total (As N) 00610 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Nitrogen, Kjeldahl Total (As N) 00625 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
Phosphorus, Total (As P) 00665 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****
E. Coli 51040 6 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	DS	GRAB	G	*****
BOD, Carbonaceous 05 Day, 20C 80082 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	G	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
US – Upstream
DS – Downstream
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) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during monitoring period but there was insufficient water instream to collect a sample during the monitoring period.

8. Outfall MW51 Discharge Limits - Monitoring Well #5

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall MW51, which represents a monitoring well described in the Permittee's Well Installation Plan as RMW-1. Such outfall shall be monitored by the Permittee as specified below[6]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Nitrogen, Total (As N) 00600 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Ammonia Total (As N) 00610 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrite Total (As N) 00615 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrate Total (As N) 00620 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Phosphorus, Total (As P) 00665 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Carbon, Tot Organic (TOC) 00680 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Methylene Blue Active Substances 47021 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
E. Coli 51040 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Coliform, Fecal General 74055 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Water Level At Samp. Collection Time 85327 GW 0 0	*****	*****	*****	*****	*****	REPORT feet	*****	MW	GRAB	See Note 5	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
US – Upstream
DS – Downstream
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) Semiannual Groundwater monitoring is required in accordance with Part IV.C. of the Permit during the months of March and September.
(6) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water in the monitoring well to collect a sample during the monitoring period.

9. Outfall MW61 Discharge Limits - Monitoring Well #6

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall MW61, which represents a monitoring well described in the Permittee's Well Installation Plan as RMW-2. Such outfall shall be monitored by the Permittee as specified below[6]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Nitrogen, Total (As N) 00600 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Ammonia Total (As N) 00610 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrite Total (As N) 00615 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrate Total (As N) 00620 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Phosphorus, Total (As P) 00665 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Carbon, Tot Organic (TOC) 00680 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Methylene Blue Active Substances 47021 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
E. Coli 51040 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Coliform, Fecal General 74055 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Water Level At Samp. Collection Time 85327 GW 0 0	*****	*****	*****	*****	*****	REPORT feet	*****	MW	GRAB	See Note 5	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
US – Upstream
DS – Downstream
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) Semiannual Groundwater monitoring is required in accordance with Part IV.C. of the Permit during the months of March and September.
(6) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water in the monitoring well to collect a sample during the monitoring period.

10. Outfall MW71 Discharge Limits - Monitoring Well #7

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall MW71, which represents a monitoring well described in the Permittee's Well Installation Plan as RMW-3. Such outfall shall be monitored by the Permittee as specified below[6]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Nitrogen, Total (As N) 00600 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Ammonia Total (As N) 00610 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrite Total (As N) 00615 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrate Total (As N) 00620 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Phosphorus, Total (As P) 00665 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Carbon, Tot Organic (TOC) 00680 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Methylene Blue Active Substances 47021 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
E. Coli 51040 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Coliform, Fecal General 74055 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Water Level At Samp. Collection Time 85327 GW 0 0	*****	*****	*****	*****	*****	REPORT feet	*****	MW	GRAB	See Note 5	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
US – Upstream
DS – Downstream
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) Semiannual Groundwater monitoring is required in accordance with Part IV.C. of the Permit during the months of March and September.
(6) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water in the monitoring well to collect a sample during the monitoring period.

11. Outfall MW81 Discharge Limits - Monitoring Well #8

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall MW81, which represents a monitoring well described in the Permittee's Well Installation Plan as RMW-4. Such outfall shall be monitored by the Permittee as specified below[6]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Nitrogen, Total (As N) 00600 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Ammonia Total (As N) 00610 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrite Total (As N) 00615 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrate Total (As N) 00620 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Phosphorus, Total (As P) 00665 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Carbon, Tot Organic (TOC) 00680 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Methylene Blue Active Substances 47021 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
E. Coli 51040 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Coliform, Fecal General 74055 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Water Level At Samp. Collection Time 85327 GW 0 0	*****	*****	*****	*****	*****	REPORT feet	*****	MW	GRAB	See Note 5	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
US – Upstream
DS – Downstream
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) Semiannual Groundwater monitoring is required in accordance with Part IV.C. of the Permit during the months of March and September.
(6) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water in the monitoring well to collect a sample during the monitoring period.

12. Outfall MW91 Discharge Limits - Monitoring Well #9

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall MW91, which represents a monitoring well described in the Permittee's Well Installation Plan as MW-5. Such outfall shall be monitored by the Permittee as specified below[6]:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Nitrogen, Total (As N) 00600 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Ammonia Total (As N) 00610 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrite Total (As N) 00615 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Nitrogen, Nitrate Total (As N) 00620 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Phosphorus, Total (As P) 00665 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Carbon, Tot Organic (TOC) 00680 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
Methylene Blue Active Substances 47021 GW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	MW	GRAB	See Note 5	*****
E. Coli 51040 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Coliform, Fecal General 74055 GW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	MW	GRAB	See Note 5	*****
Water Level At Samp. Collection Time 85327 GW 0 0	*****	*****	*****	*****	*****	REPORT feet	*****	MW	GRAB	See Note 5	*****

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

(1) Sample Location
I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
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) Semiannual Groundwater monitoring is required in accordance with Part IV.C. of the Permit during the months of March and September.
(6) *F (Insufficient Flow for Sampling) should be utilized on the eDMR if the sprayfield was utilized during the monitoring period but there was insufficient water in the monitoring well to collect a sample during the monitoring period.

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

1. Representative Sampling

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

2. Measurement Frequency

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

   a. Seven days per week shall mean daily.

   b. Five days per week shall mean any five days of discharge during a calendar weekly period of Sunday through Saturday.

   c. Three days per week shall mean any three days of discharge during a calendar week.

   d. Two days per week shall mean any two days of discharge during a calendar week.

   e. One day per week shall mean any day of discharge during a calendar week.

   f. Two days per month shall mean any two days of discharge during the month that are no less than seven days apart. However, if discharges occur only during one seven-day period in a month, then two days per month shall mean any two days of discharge during that seven day period.

   g. One day per month shall mean any day of discharge during the calendar month.

   h. Quarterly shall mean any day of discharge during each calendar quarter.

   i. The Permittee may increase the frequency of sampling, listed in Provisions I.B.2.a through I.B.2.h; however, all sampling results are to be reported to the Department.

3. Test Procedures

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

   a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the Permittee shall use the newly approved method.

   b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

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

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

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

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

4. Recording of Results

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

   a. The facility name and location, point source number, date, time and exact place of sampling;

b. The name(s) of person(s) who obtained the samples or measurements;

c. The dates and times the analyses were performed;

d. The name(s) of the person(s) who performed the analyses;

e. The analytical techniques or methods used, including source of method and method number; and

f. The results of all required analyses.

5. Records Retention and Production

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

b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

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

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

b. It remains the responsibility of the Permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the Permittee from the Director.

7. Monitoring Equipment and Instrumentation

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

C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements

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

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

(2) **QUARTERLY MONITORING** shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The Permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e., March, June, September and December DMRs).

(3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The Permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).

(4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The Permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter.

Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.

b. The Permittee shall submit discharge monitoring reports (DMRs) on the forms approved by the Department and in accordance with the following schedule:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

2. Noncompliance Notifications and Reports

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

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

(2) Potentially threatens human health or welfare;

(3) Threatens fish or aquatic life;

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

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

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

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

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

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

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

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

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

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

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

d. Immediate notification

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

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

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

(1) The cause of the discharge;

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

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

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

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

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

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

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

2. Termination of Discharge

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

3. Updating Information

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

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

4. Duty to Provide Information

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

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

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

   COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

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

PART IV OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. Facilities Operation and Maintenance

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

2. Best Management Practices (BMP)

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

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

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

3. Certified Operator

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

B. OTHER RESPONSIBILITIES

1. Duty to Mitigate Adverse Impacts

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

2. Right of Entry and Inspection

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

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

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

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

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

C. BYPASS AND UPSET

1. Bypass

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

   b. A bypass is not prohibited if:

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

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

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

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

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

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

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

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

2. Upset

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

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

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

(i) An upset occurred;

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

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

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

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

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

1. Duty to Comply

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

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

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

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

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

2. Removed Substances

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

3. Loss or Failure of Treatment Facilities

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

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

4. Compliance With Statutes and Rules

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

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

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

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

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

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

2. Change in Discharge

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

3. Transfer of Permit

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

4. Permit Modification and Revocation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Termination

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

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

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

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

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

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

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

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

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

6. Suspension

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

7. Stay

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

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

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

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

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

H. PROHIBITIONS

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

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

PART V ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

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

2. False Statements

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

3. Permit Enforcement

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

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

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

      (2) An action for damages;

      (3) An action for injunctive relief; or

      (4) An action for penalties.

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

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

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

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

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

4. Relief from Liability

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

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

C. PROPERTY AND OTHER RIGHTS

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

D. AVAILABILITY OF REPORTS

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

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

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

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

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

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

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

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

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

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

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

F. COMPLIANCE WITH WATER QUALITY STANDARDS

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

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

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

G. GROUNDWATER

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

H. DEFINITIONS

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

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

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

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

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

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

    a. Reaches a surface water of the State; or

    b. May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.

31. Permit application – means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.

32. Point source – means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).

33. Pollutant – includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.

34. Privately Owned Treatment Works – means any devices or system which is used to treat wastes from any faeility whose operator is not the operator of the treatment works, and which is not a "POTW".

35. Publiely 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 VI 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. 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.

C. OTHER REQUIREMENTS FOR LAND APPLICATION

1. Flow Monitoring

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

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

2. Groundwater Monitoring

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

MEASUREMENT PARAMETER	SAMPLE FREQUENCY	SAMPLING TYPE	POINT
Total Organic Carbon (TOC)	Semiannual	Grab	Monitoring Wells (#5 through #9)
Ammonia (N)	"	"	"
Nitrite (N)	"	"	"
Nitrate (N)	"	"	"
Nitrogen, Total	"	"	"
Phosphorus, Total	"	"	"
Coliform, Fecal	"	"	"
E. coli	"	"	"
Methylene-Blue Active Substances	"	"	"
Static Water Level	"	"	"

b. All groundwater monitoring wells should be sampled prior to initiating any application of treated wastewater to the land application site. Groundwater sampling after commencement of land application shall be conducted during the months of **March and September**.

c. The Permittee must determine if there is a statistically significant increase in contaminant levels in comparison to background water quality at each well. Should groundwater monitoring reveal that the concentration of parameters listed in Part IV. C. 2. statistically exceed background (upgradient) concentrations; or that the concentration exceeds primary or secondary drinking water standards promulgated under ADEM Administrative Code Division 335-7; or that the concentrations exceed EPA Region 9 preliminary remediation goals, the Department may require the Permittee to revise the groundwater monitoring program to conduct a groundwater assessement and/or to implement a groundwater corrective action program.

d. Groundwater samples must be analyzed using EPA approved analytical methods.

e. The Permittee must submit an annual report in the month of **January** summarizing the collective semi-annual groundwater sampling results. The annual report should include the following:

(a) The nature and the extent of groundwater contamination (if any). Include contour maps showing the groundwater flow direction;
(b) Discussion of all analytical results;
(c) Discussion of concentration trends in each monitoring well;
(d) All potentiometric data collected during each monitoring event including top casing elevations, measured water level, total well depths, and calculated groundwater elevations;
(e) A potentiometric map illustrating the groundwater flow direction for each monitoring event;
(f) All field parameter data collected during the well purging activities;
(g) The specific dates that the groundwater sampling activities were conducted; and
(h) The report shall be prepared by and bear the signature and the license number of a licensed professional geologist or professional engineer registered in the State of Alabama.

f. The Permittee shall submit and adhere to the schedule of compliance in accordance with Part I. E.

3. Stream Monitoring Requirements

The Permittee shall sample all surface streams immediately upstream and downstream of the land application site in accordance with Parts I.A.6 and 7 of this permit. Samples shall be collected at mid-channel and at a depth of 5 ft. or mid-depth, whichever is less. The sampling locations shall be approved by the Department. Results shall be reported on DMR forms provided by the Department.

4. Sprayfield Operation Requirements

a. A healthy cover crop shall be maintained at all times during land application of wastewater. If necessary, the cover crop shall be maintained by fertilization, reseeding, re-planting, etc.

b. Best management practices erosion control measures shall be implemented to minimize soil loss.

c. Wastewater shall not be applied to the sprayfield during periods of rain and/or high winds that may cause release of wastewater flow or any wastewater mist or residual to any off site location. Wastewater shall not be applied to the sprayfield when the ground is saturated, prior to periods of rain, when the ground is frozen or at any similar time when percolation will not readily occur.

d. Wastewater shall not be applied to fields with a slope greater than 30% and shall not be applied within 100 feet of any creeks, drainage ways, sinkholes, and springs.

e. All spray equipment and monitoring provisions shall be properly operated and maintained at all times to prevent leaks and spills. The equipment shall be installed so that there is no overlap of spray patterns from individual sprinklers.

f. As a minimum, the following records shall be maintained by the permittee and will be subject to inspection by the Department:

(1) All information required by land application monitoring reports;
(2) Field, date, and time span of application and volume applied;
(3) Field, date, quantity, and type of fertilizer applied;
(4) Date and amount of rainfall; and
(5) Daily nitrogen loading (ppd) for each field or zone/pivot

g. The Permittee shall not apply wastewater to areas where depth to groundwater is less than 5 feet or where land application sites are located within the 100 year floodplain.

h. Excessive rainwater run-on must be diverted from the land application area.

i. The following buffer zones shall be maintained along ditches, gulleys, swales, and other features that have any potential to convey storm water to an adjacent stream or sink hole:

(1) 100 feet from all property lines
(2) 100 feet from all sinkholes
(3) 100 feet from any perennial stream or lake
(4) 300 feet from public or private wells
(5) 300 feet from existing habitable residences

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

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

D. STORMWATER MONITORING REQUIREMENTS

1. The Permittee shall sample all storm water outfalls in accordance with Part I.A.5 of this permit. The location of the stormwater outfall must be approved by the Department. A grab sample shall be collected during the first thirty minutes of the discharge (or as soon thereafter as practicable).

2. The total volume of stormwater discharged for the event must monitored, including the date and duration (in hours) and rainfall (in inches) for storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded and is subject to the records retention requirements of this permit.

3. The stormwater volume may be measured using flow measuring devices and/or estimations using a modification of the Rational Method and appropriate considerations of total depth of rainfall, size of the drainage area serving each storm water outfall, and the estimated runoff coefficient for the drainage area. This information must be recorded as part of the sampling procedure and is also subject to the records retention requirement of this permit.

4. The appropriate Sprayfield ID number below shall be utilized on the Outfall 002S DMR to indicate which internal stormwater monitoring point was sampled during the monitoring period.

Storm Water Monitoring Point with Lat. and Long.	Sprayfield	Sprayfield ID# for DMR
005S (32.116444, -85.590278)	1	1.1
006S (32.116389, -85.590444)	1	1.2
007S (32.116972, -85.595167)	2	2.1
008S (32.118111,-85.595333)	2	2.2
009S (32.116667, -85.596361)	3	3.1
010S (32.117528, -85.599333)	3	3.2
011S (32.118778,-85.600500)	4	4.1
012S (32.121167, -85.597778)	4	4.2
013S (32.118778, -85.600500)	5	5.1
014S (32.124639, -85.603361	5	5.2

015S (32.121361, -85.595944)	6	6.1
016S (32.124861, -85.593917)	6	6.2
017S (32.124861, -85.593917)	7	7.1
018S (32.121472, -85.594389)	7	7.2
019S (32.122278, -85.594250)	8	8.1
020S (32.120417, -85.595861)	8	8.2

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/Division6Vol1.pdf and http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html

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

d. Public Reporting of SSOs

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

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

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

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

f. Public Notification Methods for SSOs

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

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

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

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

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

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

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

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

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

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

2. SSO Response Plan Implementation

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

3. Department Review of the SSO Response Plan

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

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

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

4. SSO Response Plan Administrative Procedures

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

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

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

d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0060445** Date: October 2, 2020

Permit Applicant: City of Union Springs Utilities Board
Post Office Box 229
Union Springs, Alabama 36089

Location: Union Springs WWTPs and Land Application
27790 US Highway 82
Union Springs, Alabama 36089
Bullock County

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

Basis for Limitations: Water Quality Model: N/A
Reissuance with no modification: N/A
Instream calculation at 7Q10: N/A
Toxicity based: N/A
Secondary Treatment Levels: N/A
Other (described below): All parameters

Design Flow in Million Gallons per Day: 2.25 MGD

Major: Yes

Description of Discharge: Outfall Number 0011; Effluent Land Application to sprayfield

Outfall Number 002S and 021S -024S; monitoring of storm water runoff from spray field into Bluff Creek, which is classified as Fish and Wildlife (F&W).

Outfall Number 003U; Stream Monitoring (upstream of the sprayfield) in Bluff Creek, which is classified as Fish and Wildlife (F&W).

Outfall Number 004D; Stream monitoring (downstream of the sprayfield) in Bluff Creek, which is classified as Fish and Wildlife (F&W).

Outfall Number MW51, MW61, MW71, MW 81, and MW91; Groundwater monitoring.

Discussion: This is a permit reissuance due to expiration. Union Springs has two wastewater treatment plants. Plant #1 is a trickling filter plant (Outfall 001A), while Plant #2 is an activated

sludge plant (Outfall 001B). Both treatment plants discharges to a holding pond that eventually is land applied on a spray field. The limits for Carbonaceous Biochemical Oxygen Demand ($CBOD_5$), Total Suspended Solids (TSS), and pH are established based upon best professional judgment (BPJ) to be consistent with 40 CFR part 133.105. The monthly average $CBOD_5$ and TSS limits are 45.0 mg/L and 90.0mg/L, respectively. The pH limits are 6.0 s.u. (daily minimum) and 9.0 s.u. (daily maximum).

Monitoring and reporting requirements for Total Phosphorus (TP), Total Nitrogen (TN), Total Nitrate-Nitrogen (NO_3N), and Total Ammonia-Nitrogen (NH_3N) have been imposed in this permit. A monthly average Total Kjeldahl Nitrogen (TKN) limit of 20 mg/L is being imposed to maintain consistency with other land application permits in the state. These results will provide an overall indication of the total nutrient loading to the spray field.

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

No toxicity testing is required because the facility is a land application system. This land application site treats both domestic and industrial wastewater.

The monitoring frequency for most parameters is one day per week. Flow to the treatment facilities or to the holding pond is to be monitored daily. Flow to the sprayfield is also to be monitored daily.

In order to monitor the potential for the land application system to impact nearby waterways, the Department is requiring that the Permittee monitor the quality of the stream adjacent to the land application site. Upstream and downstream water quality shall be monitored monthly at designated Outfalls 003U and 004D. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams.

The facility has eight (8) sprayfields. Each sprayfield has 2 internal stormwater monitoring points. All 16 internal stormwater monitoring points discharge to Outfalls 002S, 0021S, 022S, 023S, and 024S. Stormwater monitoring is required on a quarterly basis. The Permittee is required to sample and report analytical data for only one of the 16 internal stormwater monitoring points per quarterly monitoring period. The Permittee shall alternate the sprayfield and monitoring points from each sprayfield each quarterly period. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams during storm events. In order to report which of the 16 internal stormwater monitoring points was sampled, the Permittee must utilize the naming convention in Part IV.D of the Permit as the Sprayfield ID# required on the 002S DMR.

The Permittee has indicated that there are five groundwater monitoring wells at the facility. In order to monitor potential impacts of the sprayfield on the groundwater, monitoring at these wells will be required twice per year, during the months of March and September at designated

outfalls MW51, MW61, MW71, MW81, and MW91, which represents monitoring wells RMW-1, RMW-2, RMW-3, RMW-4, and MW-5, respectively, from the Permittee's Well Installation Plan.

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

Prepared by: Torbert

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: S F AL0060445 T/A D

LABEL ITEMS

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

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

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

III. NAME OF FACILITY

1 SKIP: Union Springs Land Application Site

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 REED ERNEST Chief Operator	3347882212

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 PO box 229

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Union Springs	AL	36089

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 27790 Highway 82

B. COUNTY NAME: BULLOCK

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Union Springs	AL	36089	

RECEIVED FEB 09 2017 IND / MUN BRANCH

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

VIII. OPERATOR INFORMATION

A. NAME: ERNEST J. REED

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

S *(specify)*

D. PHONE *(area code & no.)*: A 3347382712

E. STREET OR P.O. BOX: PO Box 229

F. CITY OR TOWN: Union Springs

G. STATE: AL

H. ZIP CODE: 36089

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

RECEIVED
FEB 22 2017
IND / MUN BRANCH

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER *(specify)***
9 U	9 AL0060445 *(specify)* Groundwater
C. RCRA *(Hazardous Wastes)*	**E. OTHER *(specify)***
9 R	9 *(specify)*

XI. MAP

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

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

Treated EFF from Plants #1 and #2 is applied to 8 individual application fields, on a 220 acre site located approximately 7.5 miles east of Union Springs

XIII. CERTIFICATION *(see instructions)*

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

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
RONALD W. MILLS MANAGER	Ronald W Mills	2-21-17

COMMENTS FOR OFFICIAL USE ONLY

C

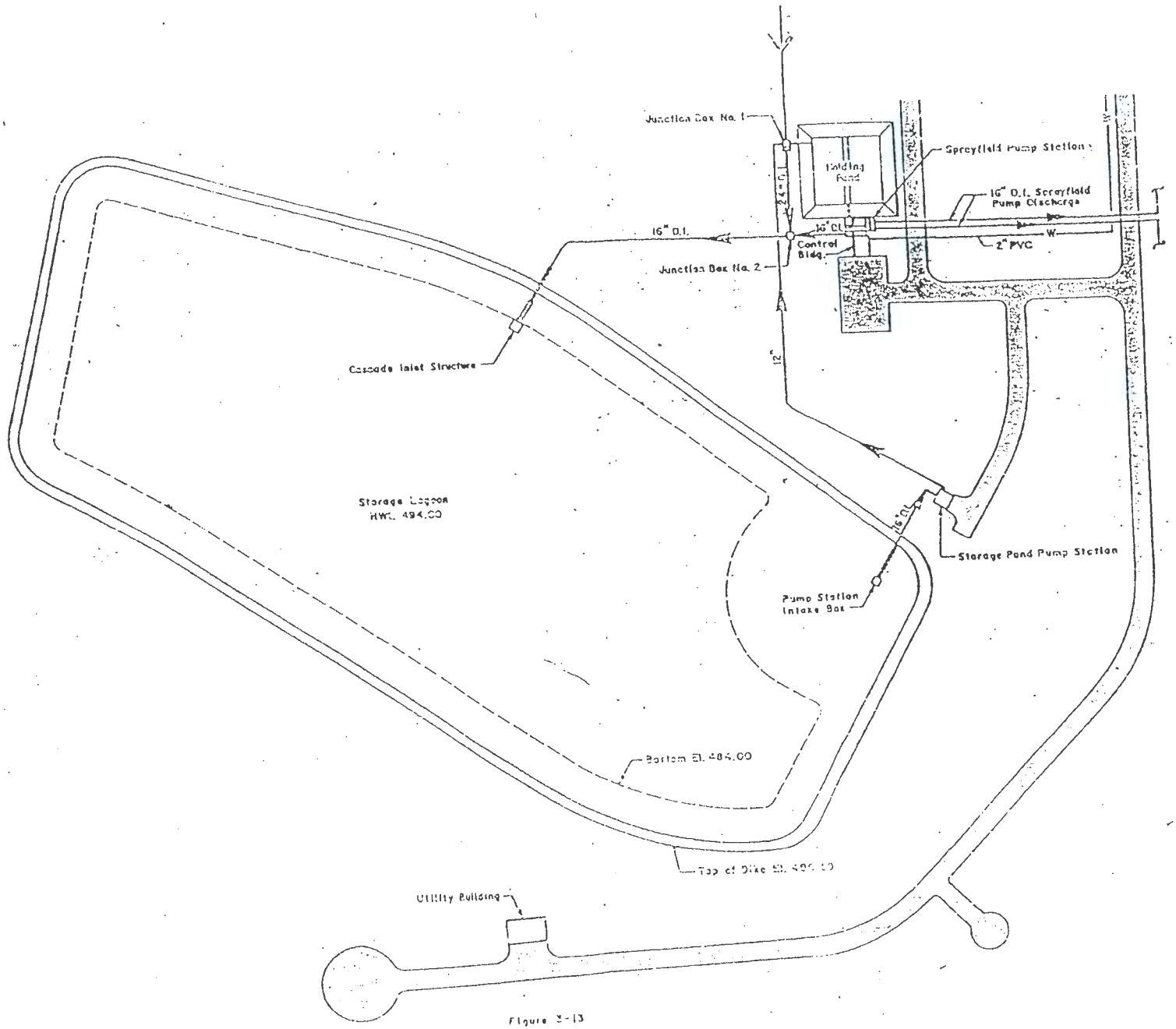
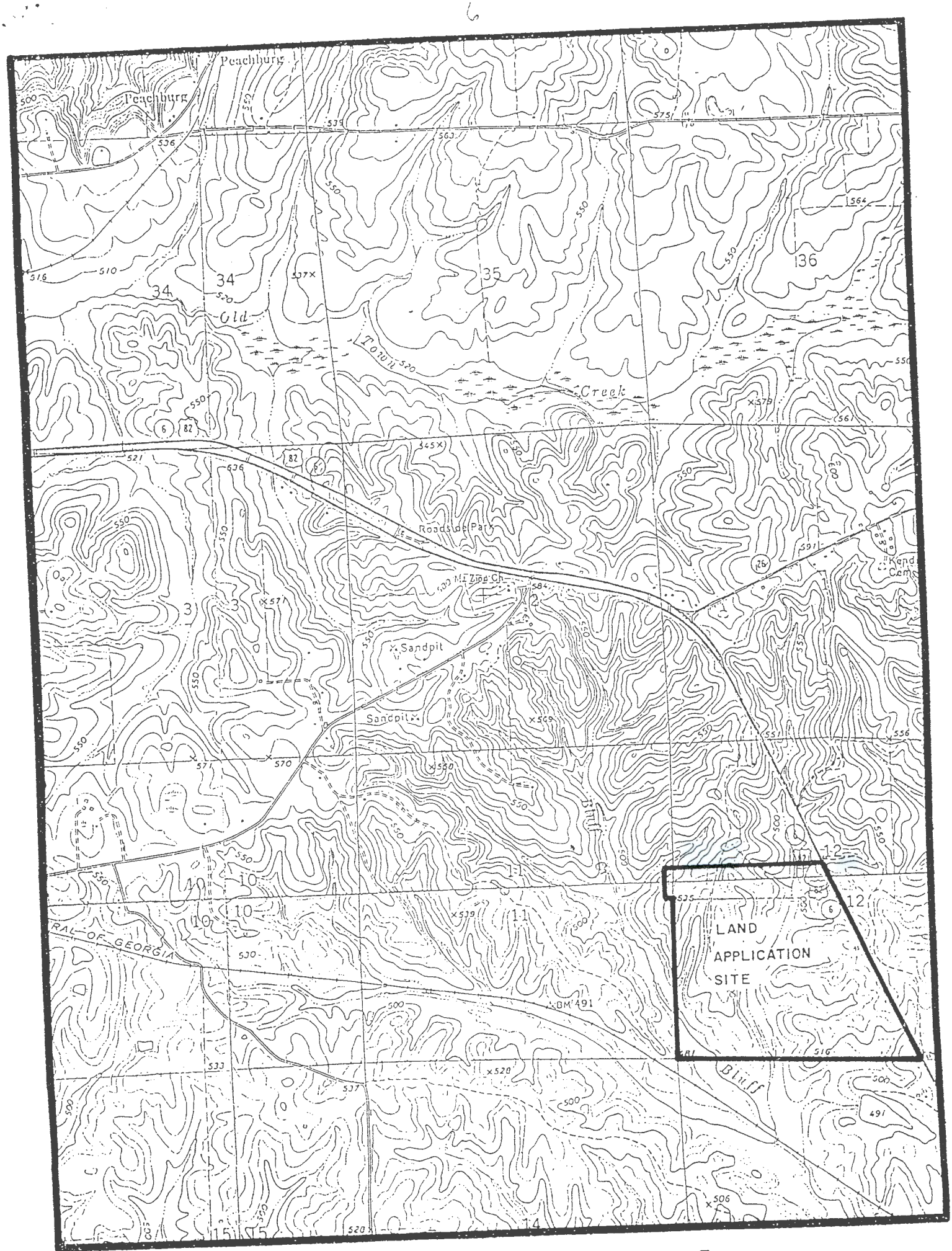

Junction Box No. 1
Holding Pond
Sprayfield Pump Station
16" D.I. Sprayfield Pump Discharge
16" D.I.
Control Bldg.
2" PVC
Junction Box No. 2
12"
Cascade Inlet Structure
Storage Lagoon
HWL 494.00
Storage Pond Pump Station
Pump Station Intake Box
Bottom El. 484.00
Top of Dike El. 500.00
Utility Building

Figure 3-13

SPRAYFIELD

001



FROM ROBA USGS QUADRANGLE

FACILITY NAME AND PERMIT NUMBER:
LAS AL0060445

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

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

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

A.1. Facility Information.

Facility name: Land Application Site Sprayfield
Mailing Address: PO box 229
Union Springs AL. 36089
Contact person: ERNEST J. ROSS
Title: Plant operator
Telephone number: 1-334-738-2212
Facility Address (not P.O. Box): 27790 Hwy 82

RECEIVED
FEB 09 2017
IND / MUN BRANCH

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

Applicant name: Union Springs Utilities Board
Mailing Address: P.O. box 229
Union Springs AL. 36089
Contact person: Ronald W. Mills
Title: Manager
Telephone number: 1-334 738-3115

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

X owner _____ operator

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

_____ facility X applicant

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

NPDES: AL0060445
PSD: _____
UIC: _____
Other: _____
RCRA: _____
Other: _____

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

Name	Population Served	Type of Collection System	Ownership
Union Springs	4800	Gravity flow	Union Springs Utilities Board

Total population served: 4800

FACILITY NAME AND PERMIT NUMBER:
LAS AL0060445

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

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

____ Yes X No

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

____ Yes X No

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

a. Design flow rate 2.25 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	1.4	1.3		mgd
c. Maximum daily flow rate	2.1	2.4		mgd

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

X Separate sanitary sewer	100 %
____ Combined storm and sanitary sewer	____ %

A.8. Discharges and Other Disposal Methods.

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

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

i. Discharges of treated effluent ____

ii. Discharges of untreated or partially treated effluent ____

iii. Combined sewer overflow points ____

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

v. Other ____ ____

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

If yes, provide the following for each surface impoundment:

Location: Union Springs Spray-field Highway 82 EAST

Annual average daily volume discharged to surface impoundment(s) ____ mgd

Is discharge ____ continuous or X intermittent?

c. Does the treatment works land-apply treated wastewater? ____ Yes ____ No

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

Location: Highway 82 EAST

Number of acres: 220

Annual average daily volume applied to site: 1.5 Mgd

Is land application ____ continuous or X intermittent?

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

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

_____

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

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

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

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

If yes, provide the following for each disposal method:

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

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
LAS AL0060445

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

WASTEWATER DISCHARGES:

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

A.9. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

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

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

e. Average daily flow rate _____ mgd

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

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

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

A.10. Description of Receiving Waters.

a. Name of receiving water _____

b. Name of watershed (if known) _____

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

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

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

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

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

FACILITY NAME AND PERMIT NUMBER:
LAS AL0060445

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

A.11. Description of Treatment.

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

_____ Primary _____ Secondary

_____ Advanced X Other. Describe: Chlorination

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

Design BOD_5 removal or Design $CBOD_5$ removal _____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

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

_____

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

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

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

Outfall number: 0011

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	9.0	s.u.			
Flow Rate	2.25	MGD	1.4	MGD	365
Temperature (Winter)		NA			
Temperature (Summer)		NA			

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

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5							
DEMAND (Report one)	CBOD-5	13.7	MG/L	8.8	MG/L	52	SM5210B	2
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		22.3	MG/L	10.2	MG/L	52	SM2540D	1

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

FACILITY NAME AND PERMIT NUMBER:
LAS AL0060445

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

BASIC APPLICATION INFORMATION

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

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

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

_____gpd

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

_____

_____

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

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

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

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

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

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

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

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

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

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ___Yes _X_No

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

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

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

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

_____

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

___Yes _X_No

FACILITY NAME AND PERMIT NUMBER:
LAS AL0060445

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

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

_____

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

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

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

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

Outfall Number: 0011

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	18.4	mg/L	10.5	mg/L	52	EPA 350.1	0.1
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)	21.6	mg/L	12.6	mg/L	52	EPA 351.2	0.5
NITRATE PLUS NITRITE NITROGEN	14.5	mg/L	11.1	mg/L	52	EPA 353.2	0.04
OIL and GREASE							
PHOSPHORUS (Total)	10.8	mg/L	7.6	mg/L	52	EPA 365.4	0.05
TOTAL DISSOLVED SOLIDS (TDS)	272.3	mg/L	10.2	mg/L	52	SM 2540D	1
OTHER Total Nitrogen	31.7	mg/L	24.3	mg/L	52	Calculation	

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

FACILITY NAME AND PERMIT NUMBER:

AL0060445 LAS

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

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

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

_____ Basic Application Information packet

Supplemental Application Information packet:

_X_ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

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

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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

Name and official title: RONALD W MILLS MANAGER

Signature: Ronald W Mills

Telephone number: 1-334-738-3115

Date signed: 2-21-17

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

SEND COMPLETED FORMS TO:

RECEIVED
FEB 22 2017
IND / MUN BRANCH

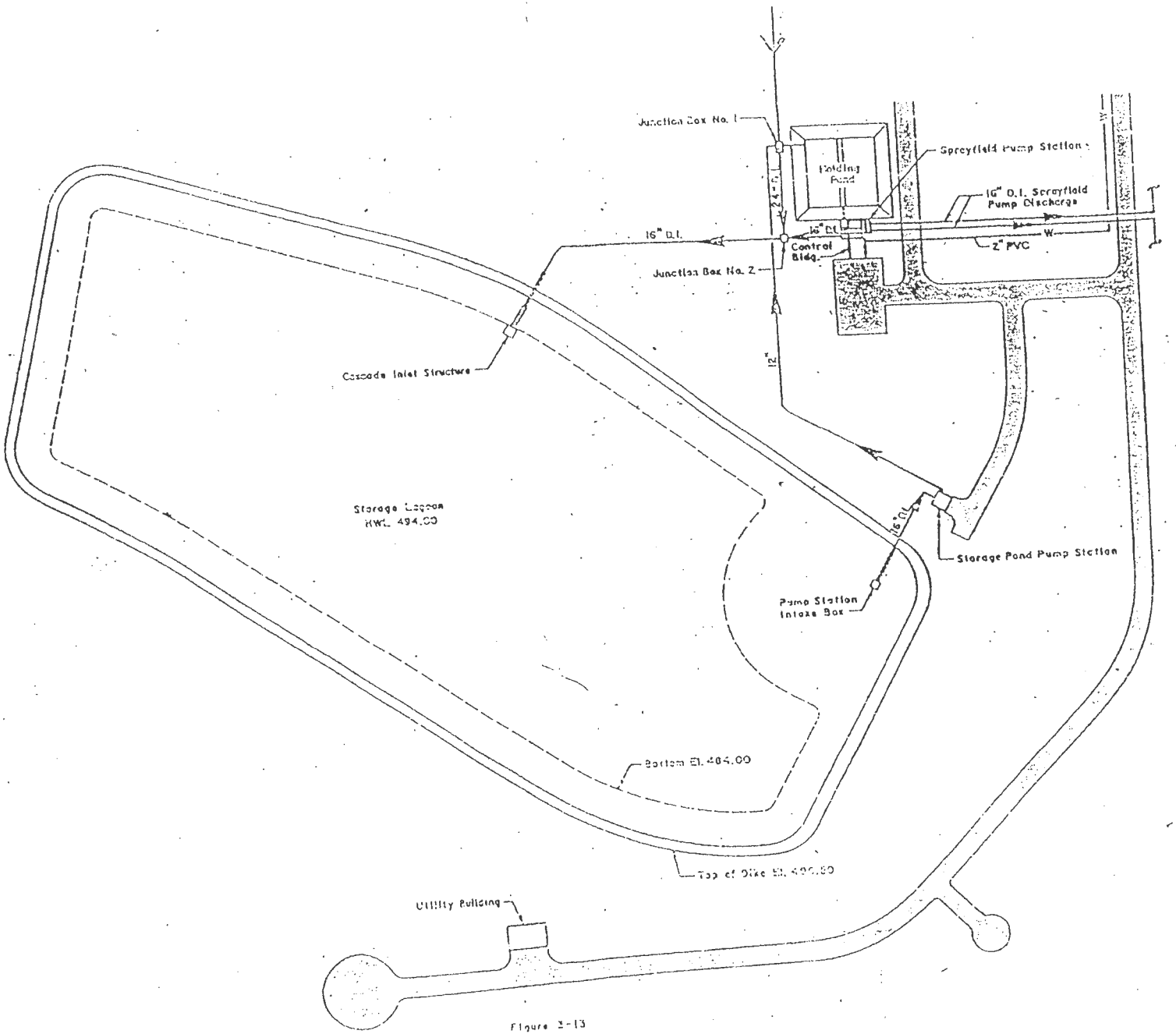

Junction Box No. 1
Holding Pond
Sprayfield Pump Station
16" D.I. Sprayfield Pump Discharge
16" D.I.
16" D.I.
Control Bldg.
2" PVC
Junction Box No. 2
Cascade Inlet Structure
12"
Storage Lagoon
RWL 494.00
Storage Pond Pump Station
Pump Station Intake Box
Bottom El. 484.00
Top of Dike El. 499.00
Utility Building

Figure 3-13

SPRAYFIELD

001

utilities board

From: Wheeler Crook [wheeler.crook@gmcnetwork.com]
Sent: Tuesday, May 25, 2010 8:29 AM
To: ronw@ustconline.net
Subject: Sprayfield Stormwater Sample locations

ATT00000.htm

Union Springs WWTP - Storm Water sampling locations

FIELD

LATITUDE

LONGITUDE

FREQUENCY

1

NORTH 320 6' 59.2"

WEST 850 35' 25"

ONCE/QUARTER

NORTH 320 6' 59.0"

WEST 850 35' 25.6"

ONCE/QUARTER

2

NORTH 320 7' 1.1"

WEST 850 35' 42.6"

ONCE/QUARTER

NORTH 320 7' 5.2"

WEST 850 35' 43.2"

ONCE/QUARTER

3

NORTH 320 7' 0.0"

WEST 850 35' 46.9"

ONCE/QUARTER

NORTH 320 7' 3.1"

WEST 850 35' 57.6"

ONCE/QUARTER

4

NORTH 320 7' 7.6"

WEST 850 36' 1.8"

ONCE/QUARTER

NORTH 320 7' 16.2"

WEST 850 35' 52"

ONCE/QUARTER

5

NORTH 320 7' 7.6"

WEST 850 36' 1.8"

ONCE/QUARTER

NORTH 320 7' 28.7"

WEST 850 36' 12.1"

ONCE/QUARTER

6

NORTH 320 7' 16.9"

WEST 850 35' 45.4"

ONCE/QUARTER

NORTH 320 7' 29.5"

WEST 850 35' 38.1"

ONCE/QUARTER

7

NORTH 320 7' 29.5"

WEST 850 35' 38.1"

ONCE/QUARTER

NORTH 320 7' 17.3"

WEST 850 35' 39.8"

ONCE/QUARTER

8

NORTH 320 7' 20.2"

WEST 850 35' 39.3"

ONCE/QUARTER

NORTH 320 7' 13.5"

WEST 850 35' 45.1"

ONCE/QUARTER

J. Wheeler Crook PE
Municipal Engineering

Tel

334.271.3200

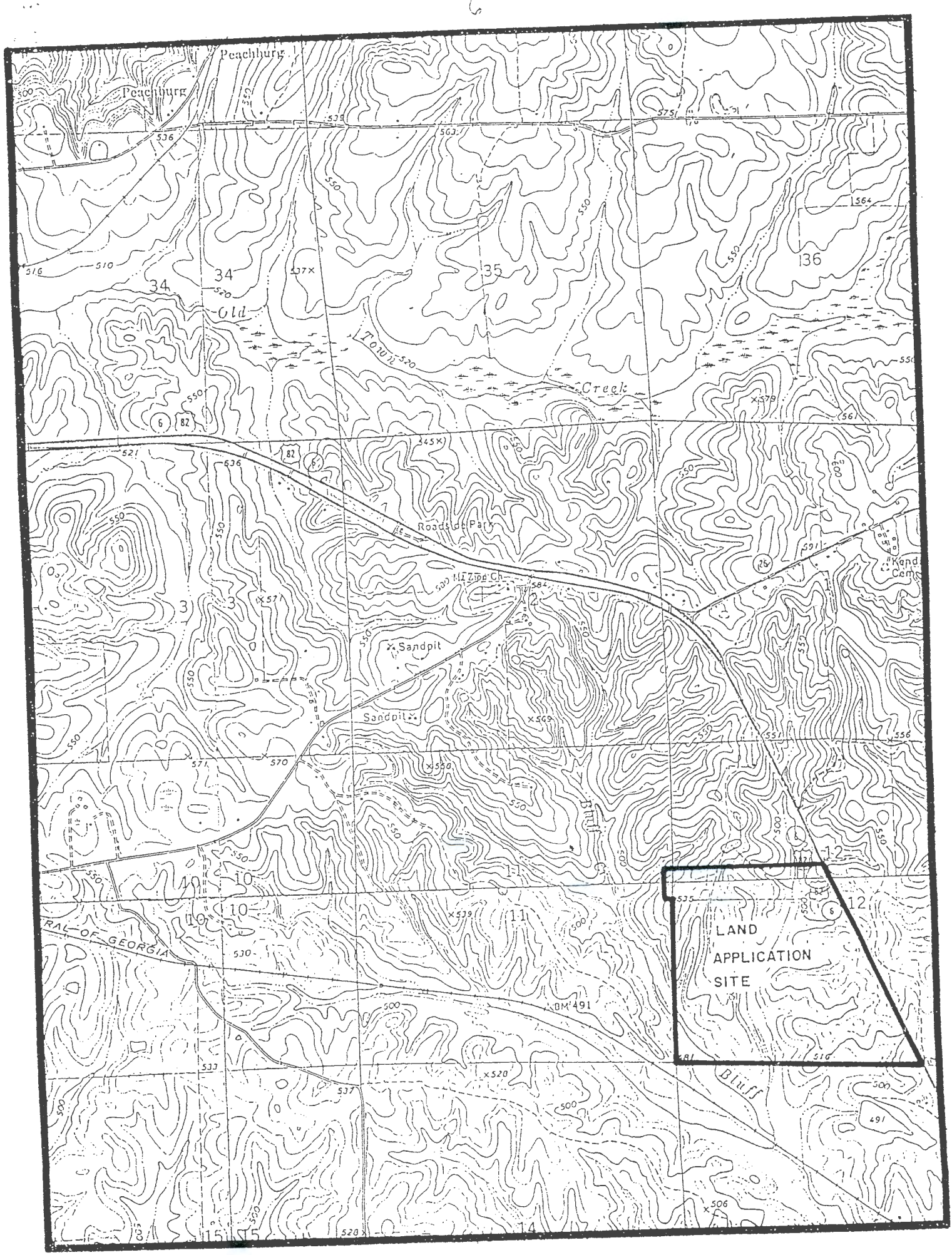
Fax

334.272.1566

wheeler.crook@gmcnetwork.com
2660 EastChase Lane
Suite 200
Montgomery, AL 36117

P.O. Box 242128
Montgomery, AL 36124

G O O D W Y N | M I L L S | C A W O O D
GMCNETWORK.COM <http://www.gmcnetwork.com/>

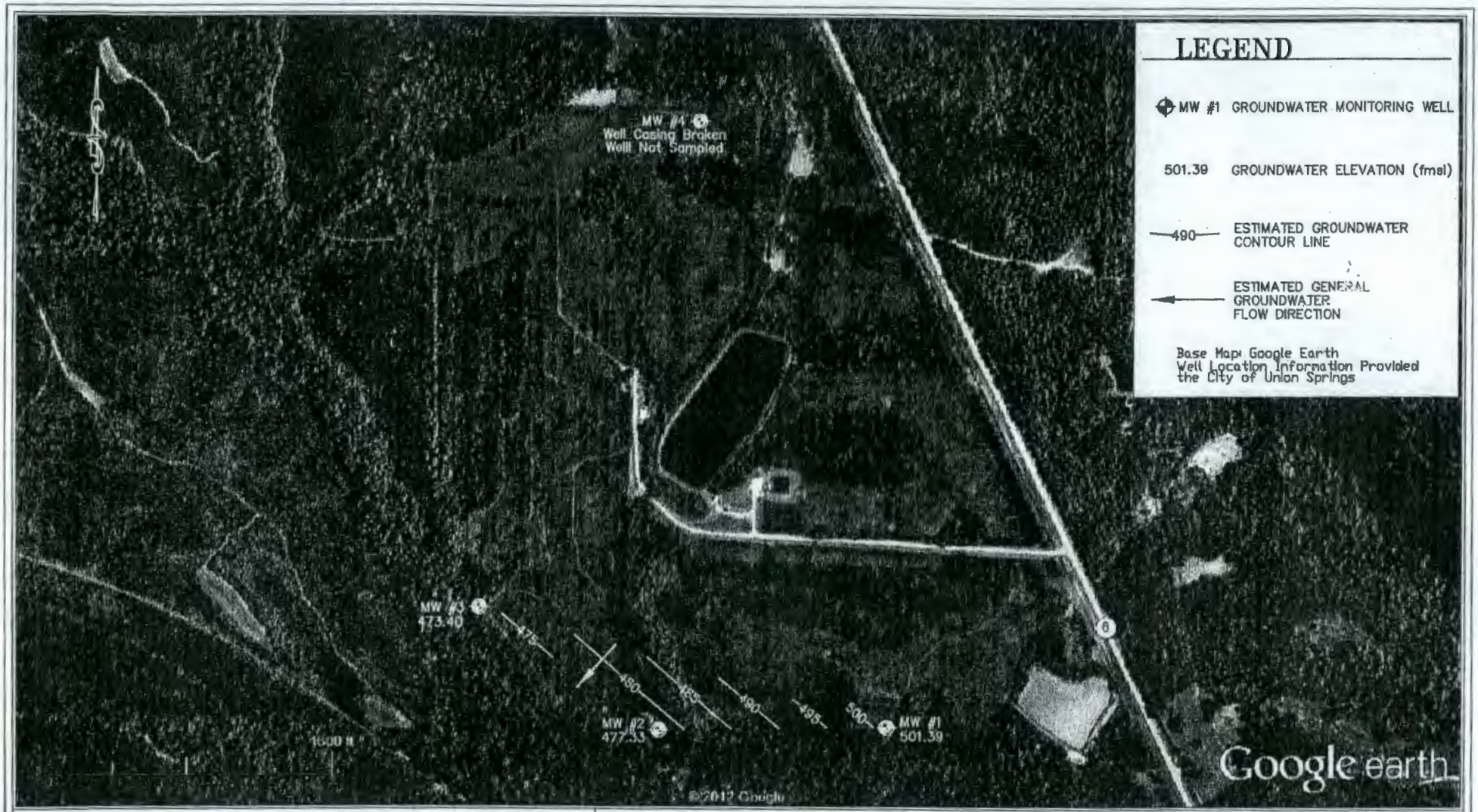


FROM ROBA USGS QUADRANGLE

UNION SPRINGS SPRAYFIELD
SAMPLE TESTING POINTS

GOODWYN | MILLS | CAWOOD
2660 EastChase Lane, Suite 200 | Montgomery, AL 36117
Tel 334.271.3200 | GMCNETWORK.COM


5 B
5 B
8 A
6 A
4 B
8 B
4 A
5 A
2 B
3 B
3 A
2 A
1 B
1 A
6



GROUNDWATER CONTOUR MAP SEPTEMBER 29, 2016 GROUNDWATER MONITORING EVENT UNION SPRINGS SPRAYFIELD		Environmental Resource Analysts, Inc. 2975 Brown Court Auburn Technology Park Auburn, Alabama 36830	
FIGURE NO. 1	PROJECT NO. 611-11	0 400 800 1600 GRAPHIC SCALE IN FEET	DATE: SEPTEMBER 29, 2016

FACILITY NAME AND PERMIT NUMBER: WWTP #1 AL0060445

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

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

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

A.1. Facility Information.

Facility name: WWTP #1

Mailing Address: P.O. box 729 Union Springs AL. 36089

Contact person: ERNEST J. REED

Title: Chief operator

Telephone number: (334) 738-2212

Facility Address (not P.O. Box): 344 Radford lane

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

Applicant name: Union Springs Utilities Board

Mailing Address: P.O. box 729 Union Springs AL. 36089

Contact person: Mr. Ronald W. Mills

Title: Manager

Telephone number: (334) 738-3115

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

X owner _____ operator

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

_____ facility X applicant

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

NPDES AL0060445

UIC _____

RCRA _____

PSD _____

Other _____

Other _____

RECEIVED
FEB 09 2017
IND / MUN BRANCH

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

Name	Population Served	Type of Collection System	Ownership
Union Springs	4800	Gravity flow	Union Spring Utilities Bd

Total population served 4800

FACILITY NAME AND PERMIT NUMBER:
WW TP #1 AL0060445

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

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes X No

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

_____ Yes X No

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

a. Design flow rate .750 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.591	.546		mgd
c. Maximum daily flow rate	.960	1.06		mgd

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

X Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

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

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

i. Discharges of treated effluent _____

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

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

v. Other _____ _____

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

If yes, provide the following for each surface impoundment:

Location: Union Springs Spray field 7.5 miles east of town

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

Is discharge X continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes _____ No

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

Location: 27790 Hwy 82 east

Number of acres: 220

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or X intermittent?

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

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

_____

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

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

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

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

If yes, provide the following for each disposal method:

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

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

WWTP#1 AL0060445

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

WASTEWATER DISCHARGES:

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

A.9. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

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

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

e. Average daily flow rate _____ mgd

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

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs. _____

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

A.10. Description of Receiving Waters.

a. Name of receiving water _____

b. Name of watersned (if known) _____

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

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

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

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

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

FACILITY NAME AND PERMIT NUMBER:
WW TP#1 AL0060445

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

A.11. Description of Treatment.

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

X Primary X Secondary

____ Advanced ____ Other. Describe ____

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

Design BOD_5 removal or Design $CBOD_5$ removal	85 %
Design SS removal	85 %
Design P removal	NA %
Design N removal	NA %
Other ____	%

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

None

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ____ No

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

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

Outfall number: 001A

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	9.0	s.u.			
Flow Rate	.750	MGD	.546	MGD	365
Temperature (Winter)	NA				
Temperature (Summer)	NA				

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

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5	87.3	MG/L	51.8	MG/L	52	SM5210 B	2
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		122.0	MG/L	42.5	MG/L	52	SM2540D	1

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

FACILITY NAME AND PERMIT NUMBER:

WWTP #1 AL0060445

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

BASIC APPLICATION INFORMATION

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

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

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

150,000 gpd

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

Above Figure occurs only during heavy rain events
Plans to improve Collection Systems

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

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

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

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

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

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

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

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

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

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes __X__No

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

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

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

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

_____

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

____Yes ____No

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

_____

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

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/____	___/___/____
– End construction	___/___/____	___/___/____
– Begin discharge	___/___/____	___/___/____
– Attain operational level	___/___/____	___/___/____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

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

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

Outfall Number: 001 A

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	18.2	mg/L	11.7	mg/L	52	EPA 350.1	0.1
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

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

FACILITY NAME AND PERMIT NUMBER:

WWTP #1

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

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

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

X Basic Application Information packet

Supplemental Application Information packet.

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

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

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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

Name and official title: RONALD W. MILLS MANAGER

Signature: Ronald W. Mills

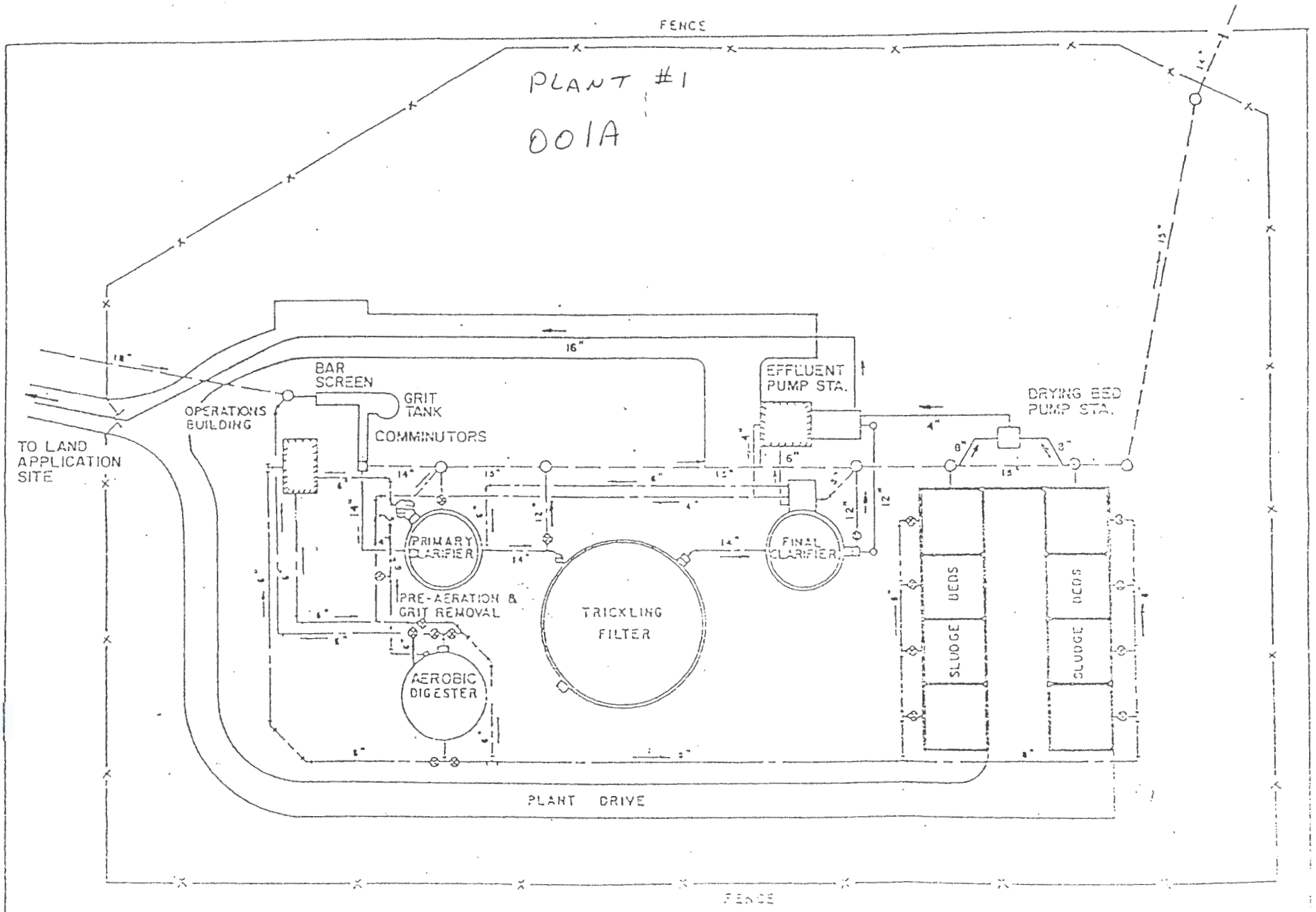
Telephone number: 1-334-738-3115

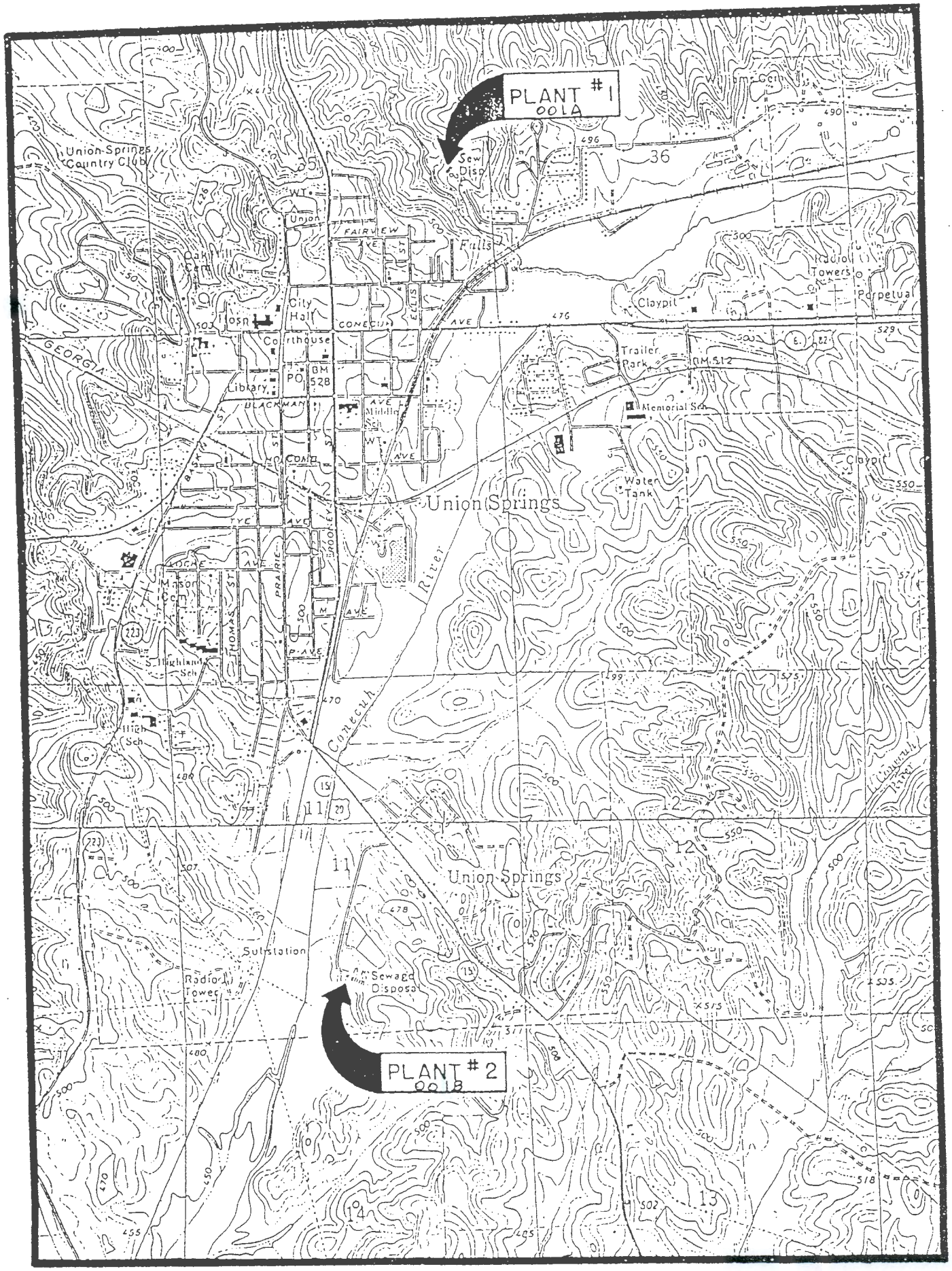
Date signed: 2-21-17

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

SEND COMPLETED FORMS TO:

RECEIVED
FEB 22 2017
IND / MUN BRANCH


FENCE
PLANT #1
001A
BAR SCREEN
GRIT TANK
COMMINUTORS
OPERATIONS BUILDING
TO LAND APPLICATION SITE
EFFLUENT PUMP STA.
DRYING BED PUMP STA.
PRIMARY CLARIFIER
PRE-AERATION & GRIT REMOVAL
AERATION
TRICKLING FILTER
FINAL CLARIFIER
AEROBIC DIGESTER
SLUDGE BEDS
SLUDGE BEDS
PLANT DRIVE
FENCE



FROM UNION SPRINGS QUADRANGLE

FACILITY NAME AND PERMIT NUMBER:
WW TP #2 AL0060445

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

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

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

A.1. Facility Information.

Facility name: WW TP #2

Mailing Address: PO box 279
Union Springs AL 36089

Contact person: ERNEST T. REED

Title: Chief Operator

Telephone number: (334)738-2212

Facility Address (not P.O. Box): 100 Plant Road

RECEIVED
FEB 09 2017
IND / MUN BRANCH

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

Applicant name: Union Springs Utilities Bd.

Mailing Address: PO box 279
Union Springs AL. 36089

Contact person: Mr. Ronald W. Mills

Title: Manager

Telephone number: (334) 738-3115

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

X owner _____ operator

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

_____ facility X applicant

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

NPDES: AL0060445
PSD: _____
UIC: _____
Other: _____
RCRA: _____
Other: _____

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

Name	Population Served	Type of Collection System	Ownership
Union Springs	4800	Gravity Flow	Union Springs Utilities Bd.

Total population served _____

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes X No

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

_____ Yes X No

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

a. Design flow rate 1.5 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.688	.775		mgd
c. Maximum daily flow rate	1.05	1.32		mgd

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

X Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

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

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

i. Discharges of treated effluent _____

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

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

v. Other _____ _____

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

If yes, provide the following for each surface impoundment:

Location: Union Springs Sprayfield 7.5 miles Hwy 82 EAST

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

Is discharge X continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes _____ No

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

Location: 27790 Highway 82

Number of acres: 220

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or X intermittent?

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

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

_____

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

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

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

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

If yes, provide the following for each disposal method:

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

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

WWTP#2 AI0060445

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

WASTEWATER DISCHARGES:

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

A.9. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

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

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

e. Average daily flow rate _____ mgd

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

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

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

A.10. Description of Receiving Waters.

a. Name of receiving water _____

b. Name of watershed (if known) _____

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

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

United States Geological Survey 8-digit hydrologic cataloging unit code (if known). _____

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

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

FACILITY NAME AND PERMIT NUMBER:
WWTP #2 AL0060445

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

A.11. Description of Treatment.

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

X Primary X Secondary

____ Advanced ____ Other. Describe: ____

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

Design BOD_5 removal or Design $CBOD_5$ removal	85 %
Design SS removal	85 %
Design P removal	NA %
Design N removal	NA %
Other ____	____ %

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

None

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ____ No

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

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

Outfall number: 001B

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	9.0	s.u.			
Flow Rate	1.13	MG/L	.775	MG/L	365
Temperature (Winter)					
Temperature (Summer)					

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

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5							
DEMAND (Report one)	CBOD-5	15.6	MG/L	8.3	MG/L	52	SM 5210 B	2
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		107.2	MG/L	29.5	MG/L	52	SM 2540 D	1

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

FACILITY NAME AND PERMIT NUMBER:

WWTP #2 AL0060445

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

BASIC APPLICATION INFORMATION

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

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

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

152,000 gpd

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

Above figure occurs during heavy Rain event
1.3 MGD EQ basin built at head of Plant

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

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

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

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

d. Wells, springs, other surface water bodies, and drinking water wells that are. 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

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

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

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

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

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

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

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

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

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

_____

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

____Yes ____No

FACILITY NAME AND PERMIT NUMBER:
WWTP #2 AL0060445

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

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

_____

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

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

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

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

Outfall Number: 001B

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	30.9	mg/L	6.8	mg/L	52	EPA 350.1	0.1
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

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

FACILITY NAME AND PERMIT NUMBER:
WWTP # 2

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

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

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

X Basic Application Information packet

Supplemental Application Information packet.

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

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

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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

Name and official title: RONALD W MILLS MANAGER

Signature: Ronald W Mills

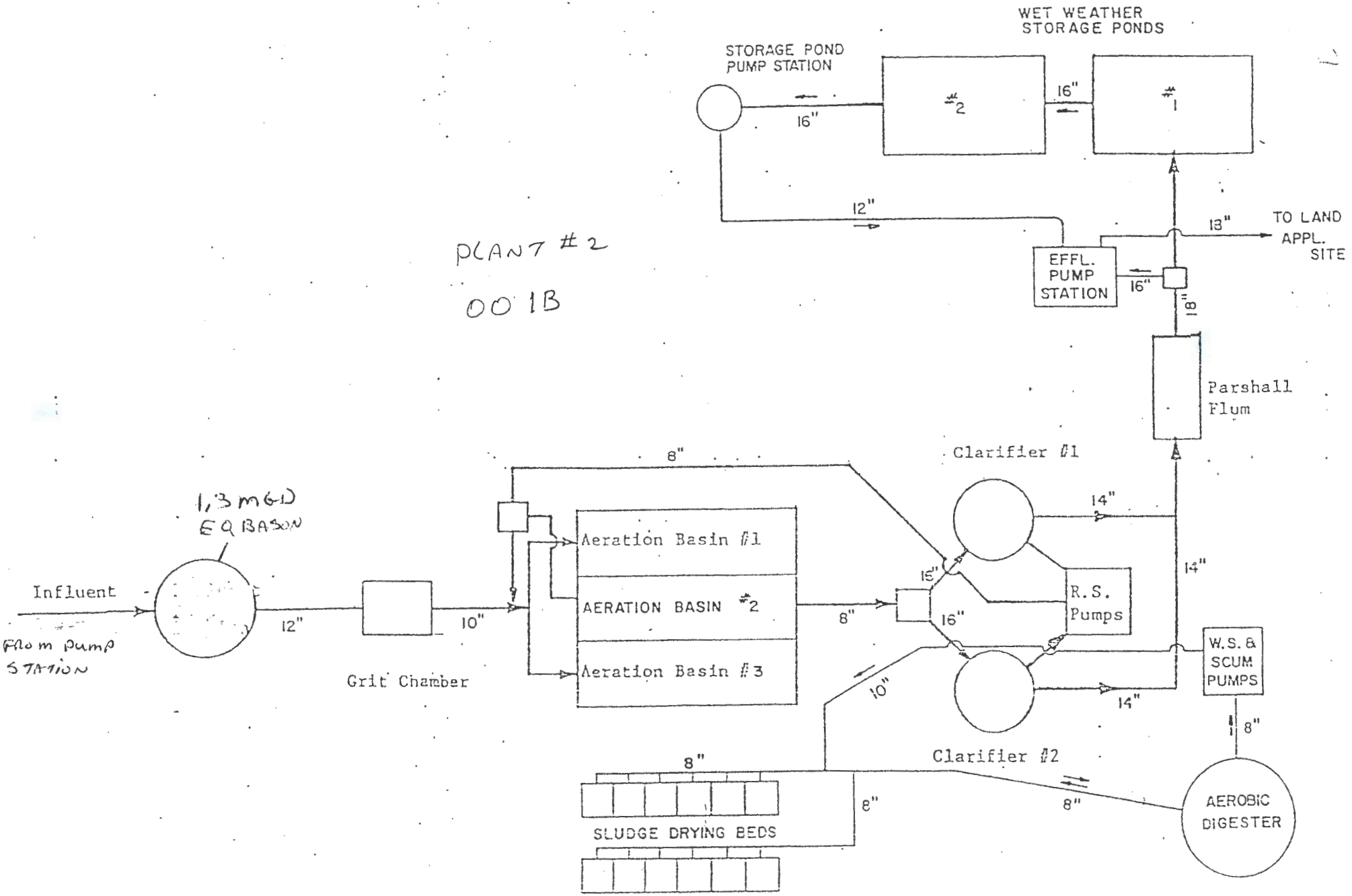
Telephone number: 1-334-738-3115

Date signed: 2-21-17

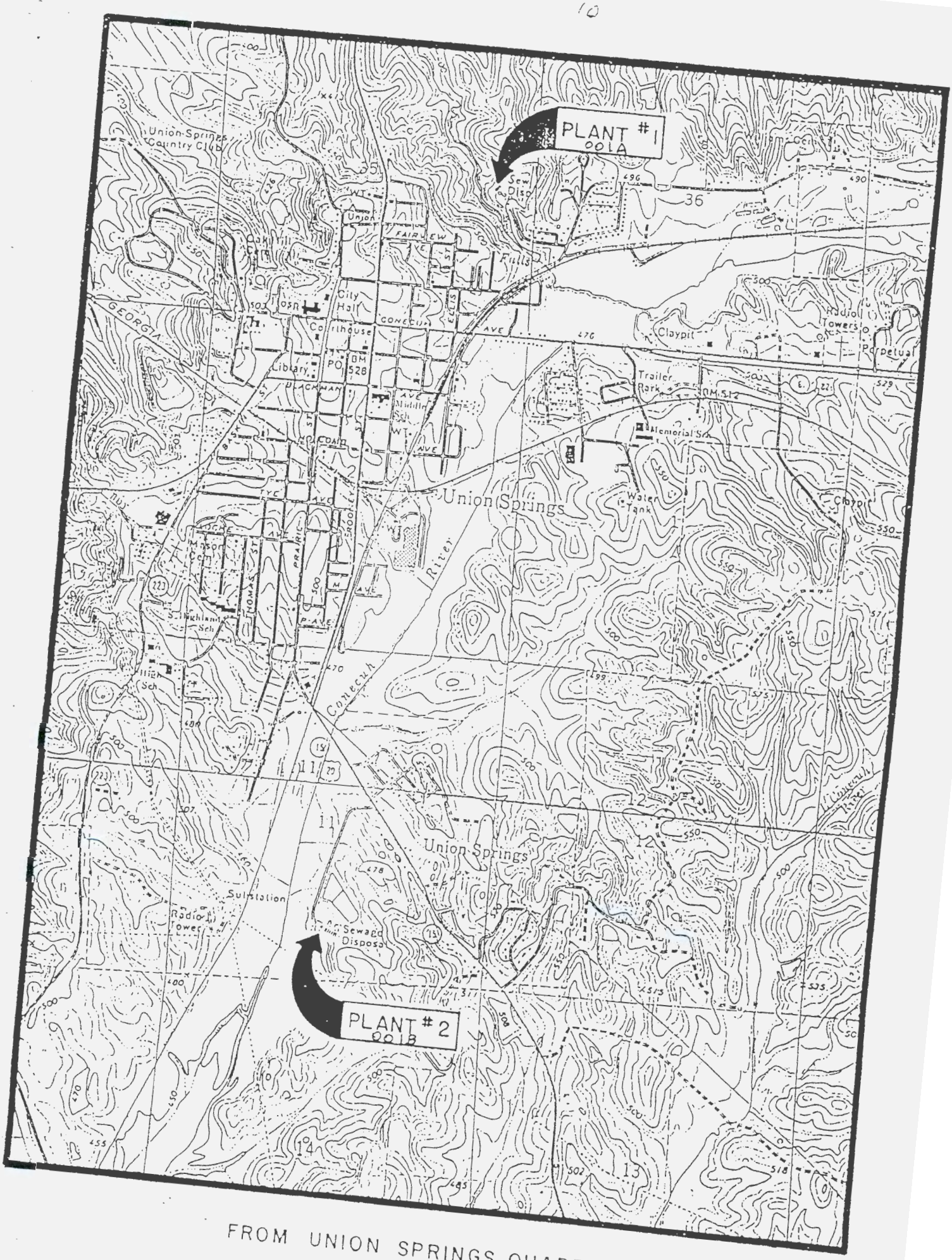
RECEIVED
FEB 22 2017
IND / MUN BRANCH

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

SEND COMPLETED FORMS TO:



Flow Schematic for Plant #2, Union Springs, Alabama



FROM UNION SPRINGS QUADRANGLE

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

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

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

RECEIVED
OCT 17 2019
WIND / MUN BRANCH

PURPOSE OF THIS APPLICATION

- ☐ Initial Permit Application for New Facility*
- ☐ Modification of Existing Permit
- ☐ Revocation & Reissuance of Existing Permit
- ☐ Initial Permit Application for Existing Facility*
- ☒ Reissuance of Existing Permit

** An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.*

SECTION A – GENERAL INFORMATION

1. Facility Name: Union Springs WWTPs and LAS

   a. Operator Name: Ernest Reed

   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.
   Union Springs Utilities 134 Prairie St Union Springs Al 36089

   c. Name of Permittee* if different than Operator:
   **Permittee will be responsible for compliance with the conditions of the permit*

2. NPDES Permit Number: AL 0060445 (Not applicable if initial permit application)

3. Facility Physical Location: **(Attach a map with location marked; street, route no. or other specific identifier)**
   Street: 27790 Hwy 82
   City: Union Springs County: Bullock State: Al Zip: 36089
   Facility Location (Front Gate): Latitude: 32.119816 Longitude: -85.589171

4. Facility Mailing Address: PO Box 229
   City: Union Springs County: Bullock State: Al Zip: 36089

5. Responsible Official (as described on last page of this application):
   Name and Title: Gary Hyche Project Manager
   Address: PO Box 229
   City: Union Springs State: Al Zip: 36089
   Phone Number: 256-274-3261 Email Address: gary.hyche@clearwatersol.com

6. Designated Facility/DMR Contact:

Name and Title: Ernest Reed Plant Operator

Phone Number: 334-738-2212 Email Address: ernestreed2012@gmail.com

7. Designated Emergency Contact:

Name and Title: Gary Hyche Project Manager

Phone Number: 256-274-3261 Email Address: gary.hyche@clearwatersol.com

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

Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

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

Permit Type	Permit Number	Held By
Union Springs WWTP &	AL0060445	Union Springs Utilities

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

Facility Name	Permit Number	Type of Action	Date of Action
N/A			

SECTION B – WASTEWATER DISCHARGE INFORMATION

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

Outfall No.	Highest Flow in Last 12 Months (MGD)	Highest Daily Flow (MGD)	Average Flow (MGD)
001A	.838	.838	.706
001B	1.14	1.14	.964
0011	3.5	3.5	1.2

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

3. Do you share an outfall with another facility? ☐ Yes ■ No (If no, continue to B.4)
   For each shared outfall, provide the following:

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

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

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

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

5. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)? ■ Yes ☐ No

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

   Still under construction at Plant #1 and LAS

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
Wastewater Plant Sludge	Not stored on site

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*
Wastewater Sludge	N/A	Waste Management picks up Bi-weekly

***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?	
Wayne Farms	Chicken Plant effluant			☒ Yes	☐ No
				☐ Yes	☐ No
				☐ Yes	☐ No
				☐ Yes	☐ No

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

SECTION E – COASTAL ZONE INFORMATION

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

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

SECTION F – ANTI-DEGRADATION EVALUATION

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

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

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

   If yes, do not complete this section.

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

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

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

   _____

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

   _____

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

   _____

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

   _____

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

   _____

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

   _____

SECTION G – EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at http://adem.alabama.gov/programs/water/waterforms.cnt. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A.
3. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and, if the land application site is not completely bermed to prevent runoff, applicants must also submit Form 2F.
4. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 2C.

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?*
N/A	Due to having a LAS	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

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

(1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);

(2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);

(3) Requested interim limitations, if applicable;

(4) Date of final compliance with the TMDL limitations; and,

(5) Any other additional information available to support requested compliance schedule.

SECTION J – APPLICATION CERTIFICATION

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

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

Signature of Responsible Official: _____ Date Signed: 08/02/19

Name and Title: Gary Hyche Project Manager

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

(1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;

(b) In the case of a partnership, by a general partner;

(c) In the case of a sole proprietorship, by the proprietor; or

(d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report No 102-1016 Date Received: 10/27/2016

Location eff PP

Analysis	Result	Units	Qual.	MDL	POL	Method	Collection Date/Time	Analysis Date/Time	Analyst
163035-01									
Cyanide	<0.004	mg/L		0.004	0.01	EPA 335.4(1993)	10/27/16 10:00	11/07/16 12:08	CR
Oil & Grease	3.21	mg/L	N10	1	5	EPA 1664A	10/27/16 10:00	10/28/16 14:20	HK
Phenol	0.020	mg/L	N10	0.015	0.05	EPA 420.1(1978)	10/27/16 10:00	11/04/16 09:00	BEH
163035-02									
Ammonia	13.0	mg N/L		0.1	0.2	EPA 350.1(1993)	10/27/16 10:05	11/01/16 12:26	CR
Antimony	<20.0	ug/L		20	50	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Arsenic	<22.0	ug/L		22	50	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Beryllium	<4.0	ug/L		4	5	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Cadmium	<4.0	ug/L		4	10	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Chromium	<7.0	ug/L		7	25	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Copper	6.0	ug/L	N10	6	10	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Hardness	32.6	mg/L CaCO3		4.5	4.5	SM 2340C-1997	10/27/16 10:05	11/01/16 14:00	AR
Lead	<26.0	ug/L		26	50	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Nickel	<8.0	ug/L		8	10	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
NO2-/NO3	12.6	mg N/L		0.022	0.1	EPA 353.2(1993)	10/27/16 10:05	11/03/16 12:26	CR
Selenium	<26.0	ug/L		26	50	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
Silver	<8.0	ug/L		8	10	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
TDS	442	mg/L(Dry)		2	2	SM 2540C-1997	10/27/16 10:05	10/31/16 17:30	BEH
Thallium	<34.0	ug/L		34	50	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR
TKN	15.2	mg N/L		0.25	1.25	EPA 351.2(1993)	10/27/16 10:05	11/04/16 12:48	CR
T-Phosphorous	10.4	mg P/L		0.05	0.5	EPA 365.4(1974)	10/27/16 10:05	11/04/16 12:48	CR
Zinc	53.8	ug/L		10	25	EPA 200.7(1994)	10/27/16 10:05	11/04/16 11:57	CR

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-01
Description: grab

Collection Date: 10/27/2016 10:00
Location: eff PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
TTO-624 and 625								
Acrolein	EPA 624	BMDL	ug/L	30.8	50	11/03/16 12:46	EC	O33,
Acrylonitrile	EPA 624	BMDL	ug/L	17	50	11/03/16 12:46	EC	
Benzene	EPA 624	BMDL	ug/L	1.69	5	11/03/16 12:46	EC	
bromoform	EPA 624	BMDL	ug/L	2.35	5	11/03/16 12:46	EC	
bromomethane	EPA 624	BMDL	ug/L	2.34	5	11/03/16 12:46	EC	
Carbon Tetrachloride	EPA 624	BMDL	ug/L	1.82	5	11/03/16 12:46	EC	
chlorobenzene	EPA 624	BMDL	ug/L	3.82	5	11/03/16 12:46	EC	
chlorodibromomethane	EPA 624	BMDL	ug/L	2	5	11/03/16 12:46	EC	
chloroethane	EPA 624	BMDL	ug/L	2.28	5	11/03/16 12:46	EC	
chloroform	EPA 624	2.01	ug/L	1.84	5	11/03/16 12:46	EC	O37
chloromethane	EPA 624	BMDL	ug/L	2.7	5	11/03/16 12:46	EC	O37
2-Chloroethyl vinyl ether	EPA 624	BMDL	ug/L	5.09	10	11/03/16 12:46	EC	O37
dichlorobromomethane	EPA 624	BMDL	ug/L	1.79	5	11/03/16 12:46	EC	
1,4-Dichlorobenzene	EPA 624	BMDL	ug/L	2.11	5	11/03/16 12:46	EC	
1,1-dichloroethene	EPA 624	BMDL	ug/L	1.98	5	11/03/16 12:46	EC	
1,1-dichloroethane	EPA 624	BMDL	ug/L	1.55	5	11/03/16 12:46	EC	
1,2-dichloroethane	EPA 624	BMDL	ug/L	1.84	5	11/03/16 12:46	EC	
trans-1,2 Dichloroethene	EPA 624	BMDL	ug/L	1.94	5	11/03/16 12:46	EC	
1,3-dichloropropene	EPA 624	BMDL	ug/L	1.4	5	11/03/16 12:46	EC	
1,2-dichlororpropane	EPA 624	BMDL	ug/L	1.53	5	11/03/16 12:46	EC	
Ethylbenzene	EPA 624	BMDL	ug/L	1.92	5	11/03/16 12:46	EC	
methylene chloride	EPA 624	BMDL	ug/L	2.21	5	11/03/16 12:46	EC	
tetrachloroethene	EPA 624	BMDL	ug/L	2	5	11/03/16 12:46	EC	
trichloroethene	EPA 624	BMDL	ug/L	1.81	5	11/03/16 12:46	EC	O37
Toluene	EPA 624	BMDL	ug/L	1.72	5	11/03/16 12:46	EC	
vinyl chloride	EPA 624	BMDL	ug/L	1.95	5	11/03/16 12:46	EC	O37
1,1,2,2-tetrachloroethane	EPA 624	BMDL	ug/L	1.76	5	11/03/16 12:46	EC	
1,1,2-trichloroethane	EPA 624	BMDL	ug/L	1.61	5	11/03/16 12:46	EC	
xylenes, total	EPA 624	BMDL	ug/L	3.83	5	11/03/16 12:46	EC	

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-01
Description: grab

Collection Date: 10/27/2016 10:00
Location: eff PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
TTO-624 and 625								
1,1,1-trichloroethane	EPA 624	BMDL	ug/L	1.94	5	11/03/16 12:46	EC	
1,4-Dichlorobenzene	EPA 624	BMDL	ug/L	2.11	5	11/03/16 12:46	EC	
1,2-Dichlorobenzene	EPA 625	BMDL	ug/L	9.87	10	11/04/16 7:48	EC	
1,3-Dichlorobenzene	EPA 625	BMDL	ug/L	9.66	10	11/04/16 7:48	EC	
para-chloro meta-cresol	EPA 625	BMDL	ug/L	6.39	10	11/04/16 7:48	EC	
2-chlorophenol	EPA 625	BMDL	ug/L	5.41	10	11/04/16 7:48	EC	
2,4-dichlorophenol	EPA 625	BMDL	ug/L	6.34	10	11/04/16 7:48	EC	
2,4-dimethylphenol	EPA 625	BMDL	ug/L	6.66	10	11/04/16 7:48	EC	
2-nitrophenol	EPA 625	BMDL	ug/L	6.22	10	11/04/16 7:48	EC	
4-nitrophenol	EPA 625	BMDL	ug/L	21.3	40	11/04/16 7:48	EC	
2,4-dinitrophenol	EPA 625	BMDL	ug/L	11	20	11/04/16 7:48	EC	
4,6-dinitro-o-cresol	EPA 625	BMDL	ug/L	8.12	10	11/04/16 7:48	EC	
Pentachlorophenol	EPA 625	BMDL	ug/L	8.19	10	11/04/16 7:48	EC	
Phenol	EPA 625	BMDL	ug/L	4.61	10	11/04/16 7:48	EC	
2,4,6-trichlorophenol	EPA 625	BMDL	ug/L	6.98	10	11/04/16 7:48	EC	
1,2-Diphenylhydrazine	EPA 625	BMDL	ug/L	8.34	10	11/04/16 7:48	EC	
Acenaphthene	EPA 625	BMDL	ug/L	5.7	10	11/04/16 7:48	EC	
Acenaphthylene	EPA 625	BMDL	ug/L	6.12	10	11/04/16 7:48	EC	
Anthracene	EPA 625	BMDL	ug/L	8.88	10	11/04/16 7:48	EC	
Benzidine	EPA 625	BMDL	ug/L	7.82	10	11/04/16 7:48	EC	
benzo (a) anthracene	EPA 625	BMDL	ug/L	7.79	10	11/04/16 7:48	EC	
benzo (ghi)perylene	EPA 625	BMDL	ug/L	5.64	10	11/04/16 7:48	EC	
Benzo(A)Pyrene	EPA 625	BMDL	ug/L	8.94	10	11/04/16 7:48	EC	
benzo(b)fluoranthene	EPA 625	BMDL	ug/L	9.16	10	11/04/16 7:48	EC	
benzo(k)fluoranthene	EPA 625	BMDL	ug/L	10.9	20	11/04/16 7:48	EC	
Bis (2-chloroethyl) Ether	EPA 625	BMDL	ug/L	5.59	10	11/04/16 7:48	EC	
bis(2-Chloroethoxy)methane	EPA 625	BMDL	ug/L	8.72	10	11/04/16 7:48	EC	
bis(2-chloroisopropyl)ethe	EPA 625	BMDL	ug/L	8.54	10	11/04/16 7:48	EC	
bis(2-Ethylhexyl)phthalate	EPA 625	BMDL	ug/L	9.26	10	11/04/16 7:48	EC	

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-01
Description: grab

Collection Date: 10/27/2016 10:00
Location: eff PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
TTO-624 and 625								
Butylbenzyl phthalate	EPA 625	BMDL	ug/L	7.84	10	11/04/16 7:48	EC	
4-Bromophenyl-phenyl ether	EPA 625	BMDL	ug/L	9.72	10	11/04/16 7:48	EC	
2-Chloronaphthalene	EPA 625	BMDL	ug/L	8.51	10	11/04/16 7:48	EC	
4-chlorophenyl-phenyl ether	EPA 625	BMDL	ug/L	8.74	10	11/04/16 7:48	EC	
Chrysene	EPA 625	BMDL	ug/L	6.18	10	11/04/16 7:48	EC	
Di-n-butyl phthalate	EPA 625	BMDL	ug/L	9.91	10	11/04/16 7:48	EC	
Di-n-octyl phthalate	EPA 625	BMDL	ug/L	9.91	10	11/04/16 7:48	EC	
Dibenzo [a,h] anthracene	EPA 625	BMDL	ug/L	5.36	10	11/04/16 7:48	EC	
1,2-Dichlorobenzene	EPA 625	BMDL	ug/L	9.87	10	11/04/16 7:48	EC	
1,3-Dichlorobenzene	EPA 625	BMDL	ug/L	9.66	10	11/04/16 7:48	EC	
3,3-Dichlorobenzidine	EPA 625	BMDL	ug/L	7.41	20	11/04/16 7:48	EC	
Diethyl phthalate	EPA 625	BMDL	ug/L	7.8	10	11/04/16 7:48	EC	
Dimethlyl phthalate	EPA 625	BMDL	ug/L	8.83	10	11/04/16 7:48	EC	
Fluoranthene	EPA 625	BMDL	ug/L	7.84	10	11/04/16 7:48	EC	
Fluorene	EPA 625	BMDL	ug/L	8.01	10	11/04/16 7:48	EC	
Hexachlorobenzene	EPA 625	BMDL	ug/L	7.27	10	11/04/16 7:48	EC	
Hexachlorobutadiene	EPA 625	BMDL	ug/L	9.18	10	11/04/16 7:48	EC	
Hexachlorocyclopentadiene	EPA 625	BMDL	ug/L	9.46	20	11/04/16 7:48	EC	
Hexachloroethane	EPA 625	BMDL	ug/L	9.62	10	11/04/16 7:48	EC	
Indeno [1,2,3-cd] pyrene	EPA 625	BMDL	ug/L	4.94	10	11/04/16 7:48	EC	
Isophorone	EPA 625	BMDL	ug/L	8.7	10	11/04/16 7:48	EC	
Naphthalene	EPA 625	BMDL	ug/L	6.84	10	11/04/16 7:48	EC	
2,6-Dinitrotoluene	EPA 625	BMDL	ug/L	8.54	10	11/04/16 7:48	EC	
Nitrobenzene	EPA 625	BMDL	ug/L	6.92	10	11/04/16 7:48	EC	
N-nitroso-di-methylamine	EPA 625	BMDL	ug/L	4.91	10	11/04/16 7:48	EC	
N-nitroso-di-phenylamine	EPA 625	BMDL	ug/L	9.15	10	11/04/16 7:48	EC	
n-nitrosodi-n-propylamine	EPA 625	BMDL	ug/L	7.28	10	11/04/16 7:48	EC	
Phenanthrene	EPA 625	BMDL	ug/L	8.27	10	11/04/16 7:48	EC	
Pyrene	EPA 625	BMDL	ug/L	7.8	10	11/04/16 7:48	EC	

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-01
Description: grab

Collection Date: 10/27/2016 10:00
Location: eff PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
TTO-624 and 625								
1,2,4-trichlorobenzene	EPA 625	BMDL	ug/L	9.94	10	11/04/16 7:48	EC	
2,4-Dinitrotoluene	EPA 625	BMDL	ug/L	8.1	10	11/04/16 7:48	EC	

Surrogate	Recovery %	Target Range
4-Bromofluorobenzene	103	90-110
toluene-d8	95.2	90-110
1,2-Dichloroethane-d4	117	83-118
p-Terphenyl-d14	51.4	18-137
2,4,6-Tribromophenol	51.9	19-124
2-Fluorobiphenyl	41.7	26-115
Nitrobenzene-d5	36.9	15-120
phenol-d5	14.4	18-113
2-Fluorophenol	22.2	10-121

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-01
Description: grab

Collection Date: 10/27/2016 10:00
Location: eff PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.

"Methods for Chemical Analysis of Water and Wastes" EPA, EMSL-Cl, EPA 600/4-79-020, Rev. March 1979 & 1983.

All collection and test times are reported as central standard time.

BMDL = Below Method Detection Limit

EPA- Methods for Chemical Analysis of Water and Wastes, 1994.

EPA-821-R-98-002, February 1999.

Several EPA 625 compounds did not meet the 0-20% precision requirement between the matrix spike and spike duplicate. All compounds met accuracy requirements.

State of Florida, NELAC Certification #E87542

Std. Methods for the Exam. Of Water and Wastewater, 20th Ed.

The BFB check failed for one mass.

The results shown relate only to these samples.

These results meet all of the requirements of the NELAC standard.

Qualifiers

N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

O33 = The second source standard compound met accuracy requirements for this run, but the precision for this compound was not 0-20% when compared with the calibration standard.

O37 = For the matrix spike and spike duplicate, this compound did not meet the specified precision requirement of 0-20%.

Erin Consuegra

Erin Consuegra, QA/QC Manager

11/15/2016
Date

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This person may be contacted for questions at the number listed above.

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-03
Description: grab

Collection Date: 10/27/2016 10:05
Location: trip blank voc

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
WW VOC - 624								
Acrolein	EPA 624	BMDL	ug/L	30.8	50	11/03/16 9:51	EC	O33,
Acrylonitrile	EPA 624	BMDL	ug/L	17	50	11/03/16 9:51	EC	
Benzene	EPA 624	BMDL	ug/L	1.69	5	11/03/16 9:51	EC	
bromoform	EPA 624	BMDL	ug/L	2.35	5	11/03/16 9:51	EC	
bromomethane	EPA 624	BMDL	ug/L	2.34	5	11/03/16 9:51	EC	
Carbon Tetrachloride	EPA 624	BMDL	ug/L	1.82	5	11/03/16 9:51	EC	
chlorobenzene	EPA 624	BMDL	ug/L	3.82	5	11/03/16 9:51	EC	
chlorodibromomethane	EPA 624	BMDL	ug/L	2	5	11/03/16 9:51	EC	
chloroethane	EPA 624	BMDL	ug/L	2.28	5	11/03/16 9:51	EC	
chloroform	EPA 624	BMDL	ug/L	1.84	5	11/03/16 9:51	EC	O37
chloromethane	EPA 624	BMDL	ug/L	2.7	5	11/03/16 9:51	EC	O37
2-Chloroethyl vinyl ether	EPA 624	BMDL	ug/L	5.09	10	11/03/16 9:51	EC	O37
dichlorobromomethane	EPA 624	BMDL	ug/L	1.79	5	11/03/16 9:51	EC	
1,2-Dichlorobenzene	EPA 624	BMDL	ug/L	2.11	5	11/03/16 9:51	EC	
1,3-Dichlorobenzene	EPA 624	BMDL	ug/L	2.43	5	11/03/16 9:51	EC	
1,4-Dichlorobenzene	EPA 624	BMDL	ug/L	2.11	5	11/03/16 9:51	EC	
1,1-dichloroethene	EPA 624	BMDL	ug/L	1.98	5	11/03/16 9:51	EC	
1,1-dichloroethane	EPA 624	BMDL	ug/L	1.55	5	11/03/16 9:51	EC	
1,2-dichloroethane	EPA 624	BMDL	ug/L	1.84	5	11/03/16 9:51	EC	
trans-1,2 Dichloroethene	EPA 624	BMDL	ug/L	1.94	5	11/03/16 9:51	EC	
1,3-dichloropropene	EPA 624	BMDL	ug/L	1.4	5	11/03/16 9:51	EC	
1,2-dichlororpropane	EPA 624	BMDL	ug/L	1.53	5	11/03/16 9:51	EC	
Ethylbenzene	EPA 624	BMDL	ug/L	1.92	5	11/03/16 9:51	EC	
methylene chloride	EPA 624	BMDL	ug/L	2.21	5	11/03/16 9:51	EC	
tetrachloroethene	EPA 624	BMDL	ug/L	2	5	11/03/16 9:51	EC	
trichloroethene	EPA 624	BMDL	ug/L	1.81	5	11/03/16 9:51	EC	O37
Toluene	EPA 624	BMDL	ug/L	1.72	5	11/03/16 9:51	EC	
vinyl chloride	EPA 624	BMDL	ug/L	1.95	5	11/03/16 9:51	EC	O37
1,1,2,2-tetrachloroethane	EPA 624	BMDL	ug/L	1.76	5	11/03/16 9:51	EC	

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-03
Description: grab

Collection Date: 10/27/2016 10:05
Location: trip blank voc

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual
WW VOC - 624								
1,1,2-trichloroethane	EPA 624	BMDL	ug/L	1.61	5	11/03/16 9:51	EC	
xylenes, total	EPA 624	BMDL	ug/L	3.83	5	11/03/16 9:51	EC	
1,1,1-trichloroethane	EPA 624	BMDL	ug/L	1.94	5	11/03/16 9:51	EC	

Surrogate	Recovery %	Target Range
4-Bromofluorobenzene	100	90-110
toluene-d8	98.7	90-110
1,2-Dichloroethane-d4	116	83-118

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Union Springs Utilities Board
Ernest Reed
P.O. Box 229
Union Springs, AL 36089

Report Number: 102-1016
Date Received: 10/27/2016

Sample Number: 163035-03
Description: grab

Collection Date: 10/27/2016 10:05
Location: trip blank voc

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.

"Methods for Chemical Analysis of Water and Wastes" EPA, EMSL-Cl, EPA 600/4-79-020, Rev. March 1979 & 1983.

All collection and test times are reported as central standard time.

BMDL = Below Method Detection Limit

EPA- Methods for Chemical Analysis of Water and Wastes, 1994.

EPA-821-R-98-002, February 1999.

Several EPA 625 compounds did not meet the 0-20% precision requirement between the matrix spike and spike duplicate. All compounds met accuracy requirements.

State of Florida, NELAC Certification #E87542

Std. Methods for the Exam. Of Water and Wastewater, 20th Ed.

The BFB check failed for one mass.

The results shown relate only to these samples.

These results meet all of the requirements of the NELAC standard.

Qualifiers

N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

O33 = The second source standard compound met accuracy requirements for this run, but the precision for this compound was not 0-20% when compared with the calibration standard.

O37 = For the matrix spike and spike duplicate, this compound did not meet the specified precision requirement of 0-20%.

Erin Consuegra 11/15/2016

Erin Consuegra, QA/QC Manager Date

This person may be contacted for questions at the number listed above.

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

ANALYTICAL RESULTS

Project: 102-1016
Pace Project No.: 35274525

Sample: 163035-01 eff PP **Lab ID: 35274525001** Collected: 10/27/16 10:00 Received: 11/02/16 11:30 Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1631E Mercury,Low Level Tampa	Analytical Method: EPA 1631E Preparation Method: EPA 1631E								
Mercury	4.64	ng/L	0.40	0.20	1	11/17/16 15:00	11/18/16 20:24	7439-97-6	

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALITY CONTROL DATA

Project: 102-1016
Pace Project No.: 35274525

QC Batch: 333490 Analysis Method: EPA 1631E
QC Batch Method: EPA 1631E Analysis Description: 1631E Mercury,Low Level
Associated Lab Samples: 35274525001

METHOD BLANK: 1785546 Matrix: Water
Associated Lab Samples: 35274525001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.40	0.20	11/18/16 19:09	

METHOD BLANK: 1785547 Matrix: Water
Associated Lab Samples: 35274525001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.40	0.20	11/18/16 19:14	

METHOD BLANK: 1785548 Matrix: Water
Associated Lab Samples: 35274525001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.40	0.20	11/18/16 19:19	

LABORATORY CONTROL SAMPLE: 1785551

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ng/L	20	22.1	110	80-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 1785552 1785553

Parameter	Units	35274646001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	0.20 U	20	20	19.3	19.1	96	95	71-125	1	24	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 1785554 1785555

Parameter	Units	35274647001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	0.20 U	20	20	19.2	18.8	96	94	71-125	2	24	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19
	AI0060445	Union Springs WWTP	OMB No. 2040-0004

Form 2F NPDES

EPA

U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

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

Outfall Location

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

Outfall Number	Receiving Water Name	Latitude	Longitude
1	Bluff Creek	32° 7′ 2.424″ N	85° 35′ 1.8548″ E
2	Bluff Creek	32° 7′ 12.649″ N	85° 36′ 3.366″
3	Bluff Creek	32° 7′ 12.068″	85° 36′ 0.669″
4	Bluff Creek	32° 7′ 6.996″	85° 35′ 58.592″
5	Bluff Creek	32° 7′ 2.755″	85° 35′ 52.282″
		° ′ ″	° ′ ″

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

Improvements

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

☐ Yes ☑ No ➔ SKIP to Section 3.

2.2 Briefly identify each applicable project in the table below.

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

RECEIVED
DEC 07 2020
IND/MUN BRANCH

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

☐ Yes ☐ No

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19
	AI0060445	Union Springs WWTP	OMB No. 2040-0004

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

Site Drainage Map

3.1 Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)

☑ Yes ☐ No

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

Pollutant Sources

4.1 Provide information on the facility's pollutant sources in the table below.

Outfall Number	Impervious Surface Area (within a mile radius of the facility)		Total Surface Area Drained (within a mile radius of the facility)	
N/A		*specify units*		*specify units*
		specify units		*specify units*
		specify units		*specify units*
		specify units		*specify units*
		specify units		*specify units*
		specify units		*specify units*

4.2 Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)

N/A

4.3 Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)

Stormwater Treatment		
Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)
N/A		

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19
	AI0060445	Union Springs WWTP	OMB No. 2040-0004

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

Non-Stormwater Discharges

5.1 *I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.*

Name (print or type first and last name)	Official title
Gary Hyche	Project Manager
Signature	**Date signed**
Gary Hyche	10/22/20

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
	Please see attached Documents		

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

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
N/A

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

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

☐ Yes → See instructions regarding submission of *estimated* data.

☑ No → See instructions regarding submission of *actual* data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

☑ Yes ☐ No

Discharge Information Continued

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

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AI0060445	Union Springs WWTP	

Discharge Information Continued

Used or Manufactured Toxics

7.18	Is any pollutant listed on Exhibits 2F–2 through 2F–4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? ☐ Yes ☑ No → SKIP to Section 8.
7.19	List the pollutants below, including TCDD if applicable. 1. 4. 7. 2. 5. 8. 3. 6. 9.

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

Biological Toxicity Testing Data

8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? ☐ Yes ☑ No → SKIP to Section 9.
8.2	Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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

Contract Analysis Information

9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? ☑ Yes ☐ No → SKIP to Section 10.
9.2	Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm	ERA		
Laboratory address	2975 Brown Ct Auburn Al, 36830		
Phone number	334-502-3444		
Pollutant(s) analyzed	Please see attached		

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19
	AI0060445	Union Springs WWTP	OMB No. 2040-0004

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

Checklist and Certification Statement

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

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

10.2 **Certification Statement**

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

Name (print or type first and last name)	Official title
Gary Hyche	Project Manager
Signature	**Date signed**
Gary Hyche	10/22/20

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number	Form Approved 03/05/19
	AI0060445	Union Springs WWTP		OMB No. 2040-0004

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

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

	Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease	Please see attached					
2.	Biochemical oxygen demand (BOD_5)						
3.	Chemical oxygen demand (COD)						
4.	Total suspended solids (TSS)						
5.	Total phosphorus						
6.	Total Kjeldahl nitrogen (TKN)						
7.	Total nitrogen (as N)						
8.	pH (minimum)						
	pH (maximum)						

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AI0060445	Union Springs WWTP	

Form Approved 03/06/19
OMB No. 2040-0004

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))[1]

List each pollutant that is limited in an effluent limitation guideline (ELG) that the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

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

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AI0060445	Union Springs WWTP	

Form Approved 03/06/19
OMB No. 2040-0004

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))

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

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

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

This page intentionally left blank.

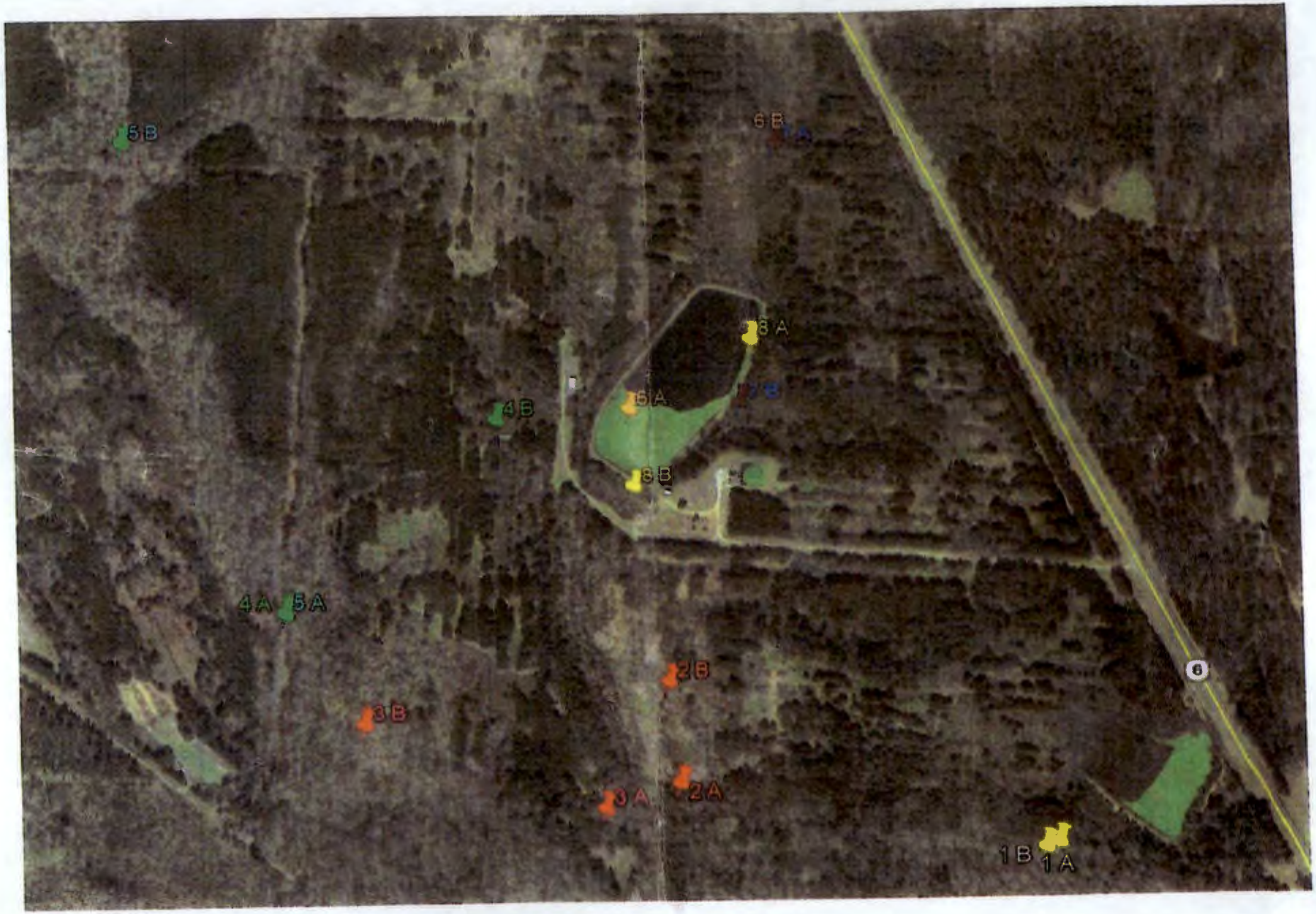
EPA Identification Number	NPDES Permit Number	Facility name	Outfall Number	Form Approved 03/06/19 OMB No. 2040-0004
	AI0060445	Union Springs WWTP		

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(5))

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

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

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


5B
6B
6A
8A
7B
5A
4B
8B
4A
5A
2B
3B
3A
2A
1B
1A
6

Union Springs WWTP - Storm Water sampling locations

FIELD	LATITUDE	LONGITUDE	FREQUENCY
1	NORTH 320 6' 59.2"	WEST 850 35' 25"	ONCE/QUARTER
	NORTH 320 6' 59.0"	WEST 850 35' 25.6"	ONCE/QUARTER
2	NORTH 320 7' 1.1"	WEST 850 35' 42.6"	ONCE/QUARTER
	NORTH 320 7' 5.2"	WEST 850 35' 43.2"	ONCE/QUARTER
3	NORTH 320 7' 0.0"	WEST 850 35' 46.9"	ONCE/QUARTER

NORTH 320 7' 3.1"

WEST 850 35' 57.6"

ONCE/QUARTER

4

NORTH 320 7' 7.6"

WEST 850 36' 1.8"

ONCE/QUARTER

NORTH 320 7' 16.2"

WEST 850 35' 52"

ONCE/QUARTER

5

NORTH 320 7' 7.6"

WEST 850 36' 1.8"

ONCE/QUARTER

NORTH 320 7' 28.7"

WEST 850 36' 12.1"

ONCE/QUARTER

6

NORTH 320 7' 16.9"

WEST 850 35' 45.4"

ONCE/QUARTER

NORTH 320 7' 29.5"

WEST 850 35' 38.1"

ONCE/QUARTER

7

NORTH 320 7' 29.5"

WEST 850 35' 38.1"

ONCE/QUARTER

NORTH 320 7' 17.3"

WEST 850 35' 39.8"

ONCE/QUARTER

8

NORTH 320 7' 20.2"

WEST 850 35' 39.3"

ONCE/QUARTER

NORTH 320 7' 13.5"

WEST 850 35' 45.1"

ONCE/QUARTER

J. Wheeler Crook PE
Municipal Engineering

Tel

334.271.3200

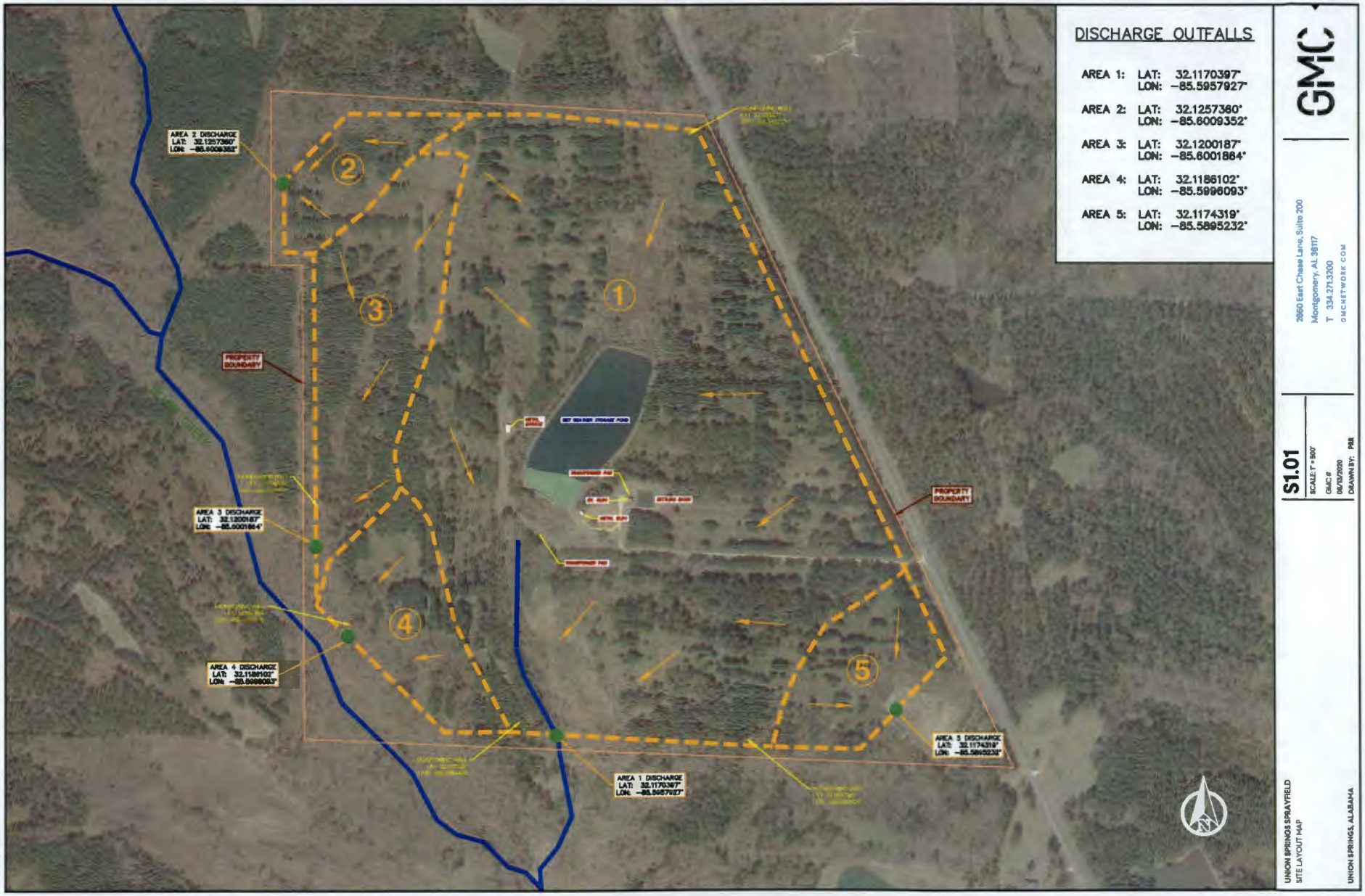
Fax

334.272.1566

wheeler.crook@gmcnetwork.com
2660 EastChase Lane
Suite 200
Montgomery, AL 36117

P.O. Box 242128
Montgomery, AL 36124

G O O D W Y N | M I L L S | C A W O O D
GMCNETWORK.COM <http://www.gmcnetwork.com/>



GMC

2660 East Chase Lane, Suite 200
Montgomery, AL 36117
T 334.271.3200
GMCNETWORK.COM

S1.01

SCALE: 1" = 500'
GMC #
06/15/2020
DRAWN BY: PMR

UNION SPRINGS SPRAYFIELD
SITE LAYOUT MAP

UNION SPRINGS, ALABAMA

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/3/2020

Sample Number: 208192-01 Collection Date: 09/03/2020 7:00
Description: comp Location: U. Springs - LAS influent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
CBOD	14.6	mg/L	K3	2	2	SM 5210 B-2011	09/03/20 07:00	09/03/20 17:30	GB
TSS	3.00	mg/L(Dry)	T9			SM 2540D Mod-2011	09/03/20 07:00	09/04/20 14:04	TE

Sample Number: 208192-02 Collection Date: 09/03/2020 7:00
Description: comp Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	3.96	mg N/L		0.2	0.2	EPA 350.1(1993)	09/03/20 07:00	09/04/20 15:06	JA
CBOD	3.76	mg/L	K3	2	2	SM 5210 B-2011	09/03/20 07:00	09/03/20 17:30	GB
NO3	10.9	mg N/L		0.035	0.1	EPA 353.2	09/03/20 07:00	09/10/20 10:25	JA
TKN	5.84	mg N/L		0.843	1.25	EPA 351.2	09/03/20 07:00	09/09/20 09:06	JA
Total Nitrogen	16.7	mg N/L				Calculation	09/03/20 07:00	09/10/20 10:25	JA
Total Phosphorus	7.73	mg P/L		0.1	0.5	EPA 365.4	09/03/20 07:00	09/09/20 09:06	JA
TSS	7.29	mg/L(Dry)				SM 2540D Mod-2011	09/03/20 07:00	09/07/20 16:00	DS

Sample Number: 208192-03 Collection Date: 09/03/2020 9:31
Description: grab Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Fecal Coliform	<10.0	MPN/100mL		10	10	Colilert-18®(Fecal Coliforms)	09/03/20 09:31	09/03/20 15:30	TM

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/3/2020

Sample Number: 208193-01 Collection Date: 09/03/2020 7:00
Description: comp Location: U. Springs - Plant 1 Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	12.9	mg N/L		0.2	0.2	EPA 350.1(1993)	09/03/20 07:00	09/04/20 15:06	JA
CBOD	16.6	mg/L	K3	2	2	SM 5210 B-2011	09/03/20 07:00	09/03/20 17:30	GB
TSS	32.4	mg/L(Dry)				SM 2540D Mod-2011	09/03/20 07:00	09/04/20 14:04	TE

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers
K3 = The seed depletion was outside the method acceptance limits.

This report was reviewed for completeness and approved.
Date Complete: 09/09/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/3/2020

Sample Number: 208194-01 Collection Date: 09/03/2020 7:00
Description: comp Location: U. Springs - Plant 2 Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	1.06	mg N/L		0.2	0.2	EPA 350.1(1993)	09/03/20 07:00	09/04/20 15:06	JA
CBOD	4.71	mg/L	K3	2	2	SM 5210 B-2011	09/03/20 07:00	09/03/20 17:30	GB
TSS	40.0	mg/L(Dry)				SM 2540D Mod-2011	09/03/20 07:00	09/07/20 16:00	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers
K3 = The seed depletion was outside the method acceptance limits.

This report was reviewed for completeness and approved.
Date Complete: 09/09/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208440-01 Collection Date: 09/10/2020 7:00
Description: comp Location: U. Springs - LAS influent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
CBOD	7.10	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 07:00	09/10/20 18:30	GB
TSS	6.94	mg/L(Dry)	T9			SM 2540D Mod-2011	09/10/20 07:00	09/11/20 12:45	DS

Sample Number: 208440-02 Collection Date: 09/10/2020 7:00
Description: comp Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	5.95	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 07:00	09/14/20 10:21	JA
CBOD	7.89	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 07:00	09/10/20 18:30	GB
NO3	7.08	mg N/L		0.035	0.1	EPA 353.2	09/10/20 07:00	09/16/20 15:09	JA
TKN	6.18	mg N/L		0.843	1.25	EPA 351.2	09/10/20 07:00	09/16/20 09:26	JA
Total Nitrogen	20.0	mg N/L				Calculation	09/10/20 07:00	09/22/20 10:50	JA
Total Phosphorus	6.52	mg P/L		0.1	0.5	EPA 365.4	09/10/20 07:00	09/16/20 09:26	JA
TSS	9.43	mg/L(Dry)				SM 2540D Mod-2011	09/10/20 07:00	09/11/20 12:45	DS

Sample Number: 208440-03 Collection Date: 09/10/2020 9:16
Description: grab Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Fecal Coliform	31.0	MPN/100mL		10	10	Colilert-18®(Fecal Coliforms)	09/10/20 09:16	09/10/20 15:30	JA

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208441-01 Collection Date: 09/10/2020 7:00
Description: comp Location: U. Springs - Plant 1 Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	12.9	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 07:00	09/14/20 10:21	JA
CBOD	14.4	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 07:00	09/10/20 18:30	GB
TSS	22.4	mg/L(Dry)				SM 2540D Mod-2011	09/10/20 07:00	09/11/20 12:45	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers
K3 = The seed depletion was outside the method acceptance limits.

This report was reviewed for completeness and approved.
Date Complete: 09/17/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208442-01
Description: comp

Collection Date: 09/10/2020 7:00
Location: U. Springs - Plant 2 Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	10.9	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 07:00	09/14/20 10:21	JA
CBOD	2.37	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 07:00	09/10/20 18:30	GB
TSS	5.49	mg/L(Dry)				SM 2540D Mod-2011	09/10/20 07:00	09/11/20 12:45	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers
K3 = The seed depletion was outside the method acceptance limits.

This report was reviewed for completeness and approved.
Date Complete: 09/17/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/18/2020

Sample Number: 208610-01 Collection Date: 09/17/2020 7:00
Description: comp Location: U. Springs - Plant 2 Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	2.60	mg N/L		0.2	0.2	EPA 350.1(1993)	09/17/20 07:00	09/21/20 13:11	EC
CBOD	2.39	mg/L		2	2	SM 5210 B-2011	09/17/20 07:00	09/18/20 17:00	JM
TSS	32.5	mg/L(Dry)				SM 2540D Mod-2011	09/17/20 07:00	09/22/20 16:30	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers
K11 = Glucose/glutamic acid standard was outside of method acceptance limits.

This report was reviewed for completeness and approved.
Date Complete: 09/24/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/24/2020

Sample Number: 208820-01 Collection Date: 09/24/2020 7:00
Description: comp Location: U. Springs - LAS influent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
CBOD	21.1	mg/L	K3	2	2	SM 5210 B-2011	09/24/20 07:00	09/24/20 17:00	EC
TSS	6.45	mg/L(Dry)	T9			SM 2540D Mod-2011	09/24/20 07:00	09/25/20 14:38	TW

Sample Number: 208820-02 Collection Date: 09/24/2020 7:00
Description: comp Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	1.47	mg N/L		0.2	0.2	EPA 350.1(1993)	09/24/20 07:00	09/25/20 15:35	JA
CBOD	3.86	mg/L	K3	2	2	SM 5210 B-2011	09/24/20 07:00	09/24/20 17:00	EC
NO3	7.52	mg N/L		0.035	0.1	EPA 353.2	09/24/20 07:00	09/28/20 17:00	JA
TKN	3.89	mg N/L		0.843	1.25	EPA 351.2	09/24/20 07:00	09/29/20 13:56	JA
Total Nitrogen	11.4	mg N/L				Calculation	09/24/20 07:00	10/02/20 14:30	JA
Total Phosphorus	6.28	mg P/L		0.1	0.5	EPA 365.4	09/24/20 07:00	09/29/20 13:56	JA
TSS	12.9	mg/L(Dry)				SM 2540D Mod-2011	09/24/20 07:00	09/25/20 14:38	TW

Sample Number: 208820-03 Collection Date: 09/24/2020 9:59
Description: grab Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Fecal Coliform	161	MPN/100mL		10	10	Colilert-18®(Fecal Coliforms)	09/24/20 09:59	09/24/20 15:49	TM

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/18/2020

Sample Number: 206212-01 Collection Date: 09/18/2020 23:44
Description: grab Location: U. Springs - Stormwater QRTLY

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/18/20 23:44	09/21/20 12:33	EC
CBOD	<2.00	mg/L		2	2	SM 5210 B-2011	09/18/20 23:44	09/18/20 17:00	JM
E. coli	1.169	MPN/100mL	H3	10	10	SM 9223B-Colilert 18	09/18/20 23:44	09/18/20 16:00	TM
NO2-/NO3	0.497	mg N/L		0.035	0.1	EPA 353.2	09/18/20 23:44	09/28/20 11:45	JA
Oil & Grease	5.12	mg/L		4.56	5	EPA 1664A	09/18/20 23:44	10/02/20 09:30	BG
TKN	1.07	mg N/L	N10	0.843	1.25	EPA 351.2	09/18/20 23:44	09/25/20 10:28	JA
Total Phosphorus	5.51	mg P/L		0.1	0.5	EPA 365.4	09/18/20 23:44	09/25/20 10:28	JA
TSS	31.3	mg/L(Dry)				SM 2540D Mod-2011	09/18/20 23:44	09/23/20 12:15	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
IDEXX Laboratories, Inc., 1 IDEXX Drive, Westbrook, ME 04092.
State of Florida, NELAC Certification #E87542
These results meet all of the requirements of the NELAC standard.

Qualifiers

H3 = Sample was received and analyzed past holding time.
K11 = Glucose/glutamic acid standard was outside of method acceptance limits.
N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

This report was reviewed for completeness and approved.
Date Complete: 10/06/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Smiths Water Authority
141 Lee Rd. 315
Smiths, AL 36877

Project: 66-0920
Date Received: 9/17/2020

Sample Number: 208222-01 Collection Date: 09/17/2020 10:25
Description: grab Location: Raw

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
TOC	3.29	mg/L		0.5	0.5	SM 5310 C-2011	09/17/20 10:25	09/18/20 13:54	AO

Sample Number: 208222-02 Collection Date: 09/17/2020 10:31
Description: grab Location: finished 3

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
TOC	1.50	mg/L		0.5	0.5	SM 5310 C-2011	09/17/20 10:31	09/18/20 13:24	AO

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
State of Alabama, Lab Certification # 41080
The results shown relate only to these samples.

This report was reviewed for completeness and approved.
Date Complete: 09/21/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/24/2020

Sample Number: 208821-01 Collection Date: 09/24/2020 7:00
Description: comp Location: U. Springs - Plant 1 Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	7.07	mg N/L		0.2	0.2	EPA 350.1(1993)	09/24/20 07:00	09/25/20 15:35	JA
CBOD	14.5	mg/L	K3	2	2	SM 5210 B-2011	09/24/20 07:00	09/24/20 17:00	EC
TSS	18.9	mg/L(Dry)				SM 2540D Mod-2011	09/24/20 07:00	09/25/20 14:38	TW

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers
K3 = The seed depletion was outside the method acceptance limits.

This report was reviewed for completeness and approved.
Date Complete: 09/30/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/18/2020

Sample Number: 208609-01 Collection Date: 09/17/2020 7:00
Description: comp Location: U. Springs - Plant 1 Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	3.95	mg N/L		0.2	0.2	EPA 350.1(1993)	09/17/20 07:00	09/21/20 13:12	EC
CBOD	20.5	mg/L	K9	2	2	SM 5210 B-2011	09/17/20 07:00	09/18/20 17:00	JM
TSS	21.8	mg/L(Dry)				SM 2540D Mod-2011	09/17/20 07:00	09/23/20 12:15	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers

K11 = Glucose/glutamic acid standard was outside of method acceptance limits.
K9 = The precision between replicate sample bottles was out of acceptable range.

This report was reviewed for completeness and approved.
Date Complete: 09/29/2020

Dyana Hughes

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra

Erin Consuegra, QA/QC Manager

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/18/2020

Sample Number: 208608-01 Collection Date: 09/17/2020 7:00
Description: comp Location: U. Springs - LAS influent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
CBOD	28.7	mg/L		2	2	SM 5210 B-2011	09/17/20 07:00	09/18/20 17:00	JM
TSS	6.25	mg/L(Dry)	T9			SM 2540D Mod-2011	09/17/20 07:00	09/23/20 12:15	DS

Sample Number: 208608-02 Collection Date: 09/17/2020 7:00
Description: comp Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	8.11	mg N/L		0.2	0.2	EPA 350.1(1993)	09/17/20 07:00	09/21/20 12:02	EC
CBOD	17.1	mg/L		2	2	SM 5210B-2011	09/17/20 07:00	09/18/20 17:00	JM
NO3	2.32	mg N/L		0.035	0.1	EPA 353.2	09/17/20 07:00	09/28/20 17:00	JA
TKN	9.11	mg N/L		0.843	1.25	EPA 351.2	09/17/20 07:00	09/25/20 10:28	JA
Total Nitrogen	12.0	mg N/L				Calculation	09/17/20 07:00	09/28/20 17:00	JA
Total Phosphorus	7.67	mg P/L		0.1	0.5	EPA 365.4	09/17/20 07:00	09/25/20 10:28	JA
TSS	6.42	mg/L(Dry)				SM 2540D Mod-2011	09/17/20 07:00	09/22/20 16:30	DS

Sample Number: 208608-03 Collection Date: 09/18/2020 0:55
Description: grab Location: U. Springs - LAS Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Fecal Coliform	471.0	MPN/100mL		10	10	Colilert-18®(Fecal Coliforms)	09/18/20 00:55	09/18/20 16:00	TM

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/18/2020

Sample Number: 208191-01 Collection Date: 09/18/2020 11:08
Description: grab Location: U. Springs - Upstream

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/18/20 11:08	09/21/20 12:31	EC
CBOD	<2.00	mg/L		2	2	SM 5210 B-2011	09/18/20 11:08	09/18/20 17:00	JM
E. coli	428	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:08	09/18/20 16:00	TM
E. coli	428	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:08	09/18/20 16:00	TM
NO2-/NO3	0.218	mg N/L		0.035	0.1	EPA 353.2	09/18/20 11:08	09/28/20 11:45	JA
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/18/20 11:08	09/25/20 10:28	JA
Total Phosphorus	0.107	mg P/L	N10	0.1	0.5	EPA 365.4	09/18/20 11:08	09/25/20 10:28	JA
TSS	19.6	mg/L(Dry)				SM 2540D Mod-2011	09/18/20 11:08	09/22/20 16:30	DS

Sample Number: 208191-02 Collection Date: 09/18/2020 11:46
Description: grab Location: U. Springs - Downstream

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/18/20 11:46	09/21/20 12:30	EC
CBOD	<2.00	mg/L		2	2	SM 5210 B-2011	09/18/20 11:46	09/18/20 17:00	JM
E. coli	934	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:46	09/18/20 16:00	TM
E. coli	934	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:46	09/18/20 16:00	TM
NO2-/NO3	0.249	mg N/L		0.035	0.1	EPA 353.2	09/18/20 11:46	09/28/20 11:45	JA
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/18/20 11:46	09/25/20 10:28	JA
Total Phosphorus	1.30	mg P/L		0.1	0.5	EPA 365.4	09/18/20 11:46	09/25/20 10:28	JA
TSS	43.0	mg/L(Dry)				SM 2540D Mod-2011	09/18/20 11:46	09/22/20 16:30	DS

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/18/2020

Sample Number: 208191-01 Collection Date: 09/18/2020 11:08
Description: grab Location: U. Springs - Upstream

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/18/20 11:08	09/21/20 12:31	EC
CBOD	<2.00	mg/L		2	2	SM 5210 B-2011	09/18/20 11:08	09/18/20 17:00	JM
E. coli	428	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:08	09/18/20 16:00	TM
E. coli	428	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:08	09/18/20 16:00	TM
NO2-/NO3	0.218	mg N/L		0.035	0.1	EPA 353.2	09/18/20 11:08	09/28/20 11:45	JA
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/18/20 11:08	09/25/20 10:28	JA
Total Phosphorus	0.107	mg P/L	N10	0.1	0.5	EPA 365.4	09/18/20 11:08	09/25/20 10:28	JA
TSS	19.6	mg/L(Dry)				SM 2540D Mod-2011	09/18/20 11:08	09/22/20 16:30	DS

Sample Number: 208191-02 Collection Date: 09/18/2020 11:46
Description: grab Location: U. Springs - Downstream

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/18/20 11:46	09/21/20 12:30	EC
CBOD	<2.00	mg/L		2	2	SM 5210 B-2011	09/18/20 11:46	09/18/20 17:00	JM
E. coli	934	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:46	09/18/20 16:00	TM
E. coli	934	MPN/100mL		10	10	SM 9223B-Colilert 18	09/18/20 11:46	09/18/20 16:00	TM
NO2-/NO3	0.249	mg N/L		0.035	0.1	EPA 353.2	09/18/20 11:46	09/28/20 11:45	JA
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/18/20 11:46	09/25/20 10:28	JA
Total Phosphorus	1.30	mg P/L		0.1	0.5	EPA 365.4	09/18/20 11:46	09/25/20 10:28	JA
TSS	43.0	mg/L(Dry)				SM 2540D Mod-2011	09/18/20 11:46	09/22/20 16:30	DS

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208510-01 Collection Date: 09/10/2020 11:20
Description: grab Location: U. Springs - well 1

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 11:20	09/14/20 10:21	JA
CBOD	<2.00	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 11:20	09/10/20 18:30	GB
E. coli	<1.0	MPN/100mL		1	1	SM 9223B-Colilert 18	09/10/20 11:20	09/10/20 15:30	JA
Fecal Coliform	75.9	MPN/100mL		1	1	Colilert-18®(Fecal Coliforms)	09/10/20 11:20	09/10/20 15:30	JA
NO2-	<0.0180	mg N/L		0.018	0.1	SM4500NO2B-2011	09/10/20 11:20	09/10/20 17:00	TE
NO3	<0.0350	mg N/L		0.035	0.1	EPA 353.2	09/10/20 11:20	09/16/20 15:09	JA
Static Water Level	23.50	feet					09/10/20 11:20	09/10/20 11:15	JF
Surfactants	<0.18	mg/L		0.18	0.75	SM 5540 C-2000	09/10/20 11:20	09/10/20 17:00	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/10/20 11:20	09/16/20 09:26	JA
TOC	<1.00	mg/L		1	1	SM 5310 C-2011	09/10/20 11:20	09/15/20 15:25	AO
Total Nitrogen	<0.843	mg N/L				Calculation	09/10/20 11:20	09/22/20 10:50	JA
Total Phosphorus	1.11	mg P/L		0.1	0.5	EPA 365.4	09/10/20 11:20	09/16/20 09:26	JA

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208510-02 Collection Date: 09/10/2020 11:50
Description: grab Location: U. Springs - well 2

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 11:50	09/14/20 10:21	JA
CBOD	<2.00	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 11:50	09/10/20 18:30	GB
E. coli	<1.0	MPN/100mL		1	1	SM 9223B-Colilert 18	09/10/20 11:50	09/10/20 15:30	JA
Fecal Coliform	277.8	MPN/100mL		1	1	Colilert-18®(Fecal Coliforms)	09/10/20 11:50	09/10/20 15:30	JA
NO2-	0.0230	mg N/L	N10	0.018	0.1	SM4500NO2B-2011	09/10/20 11:50	09/10/20 17:00	TE
NO3	2.70	mg N/L		0.035	0.1	EPA 353.2	09/10/20 11:50	09/16/20 15:09	JA
Static Water Level	18.70	feet					09/10/20 11:50	09/10/20 11:47	JF
Surfactants	<0.18	mg/L		0.18	0.75	SM 5540 C-2000	09/10/20 11:50	09/10/20 17:00	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/10/20 11:50	09/16/20 09:26	JA
TOC	<1.00	mg/L		1	1	SM 5310 C-2011	09/10/20 11:50	09/15/20 15:35	AO
Total Nitrogen	2.72	mg N/L				Calculation	09/10/20 11:50	09/22/20 10:50	JA
Total Phosphorus	0.449	mg P/L	N10	0.1	0.5	EPA 365.4	09/10/20 11:50	09/16/20 09:26	JA

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208510-03 Collection Date: 09/10/2020 12:05
Description: grab Location: U. Springs - well 3

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 12:05	09/14/20 10:21	JA
CBOD	<2.00	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 12:05	09/10/20 18:30	GB
E. coli	<1.0	MPN/100mL		1	1	SM 9223B-Colilert 18	09/10/20 12:05	09/10/20 15:30	JA
Fecal Coliform	186.0	MPN/100mL		1	1	Colilert-18®(Fecal Coliforms)	09/10/20 12:05	09/10/20 15:30	JA
NO2-	<0.0180	mg N/L		0.018	0.1	SM4500NO2B-2011	09/10/20 12:05	09/10/20 17:00	BG
NO3	<0.0350	mg N/L		0.035	0.1	EPA 353.2	09/10/20 12:05	09/16/20 15:09	JA
Static Water Level	6.59	feet					09/10/20 12:05	09/10/20 11:58	JF
Surfactants	<0.18	mg/L		0.18	0.75	SM 5540 C-2000	09/10/20 12:05	09/10/20 17:00	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/10/20 12:05	09/16/20 09:26	JA
TOC	1.13	mg/L		1	1	SM 5310 C-2011	09/10/20 12:05	09/15/20 16:03	AO
Total Nitrogen	<0.843	mg N/L				Calculation	09/10/20 12:05	09/22/20 10:50	JA
Total Phosphorus	0.680	mg P/L		0.1	0.5	EPA 365.4	09/10/20 12:05	09/16/20 09:26	JA

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208510-04 Collection Date: 09/10/2020 10:55
Description: grab Location: U. Springs - well 4

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 10:55	09/14/20 10:21	JA
CBOD	<2.00	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 10:55	09/10/20 18:30	GB
E. coli	<1.0	MPN/100mL		1	1	SM 9223B-Colilert 18	09/10/20 10:55	09/10/20 15:30	JA
Fecal Coliform	231.0	MPN/100mL		1	1	Colilert-18®(Fecal Coliforms)	09/10/20 10:55	09/10/20 15:30	JA
NO2-	<0.0180	mg N/L		0.018	0.1	SM4500NO2B-2011	09/10/20 10:55	09/10/20 17:00	BG
NO3	<0.0350	mg N/L		0.035	0.1	EPA 353.2	09/10/20 10:55	09/16/20 15:09	JA
Static Water Level	22.83	feet					09/10/20 10:55	09/10/20 10:46	JF
Surfactants	<0.18	mg/L		0.18	0.75	SM 5540 C-2000	09/10/20 10:55	09/10/20 17:00	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/10/20 10:55	09/16/20 09:26	JA
TOC	1.23	mg/L		1	1	SM 5310 C-2011	09/10/20 10:55	09/15/20 16:13	AO
Total Nitrogen	<0.843	mg N/L				Calculation	09/10/20 10:55	09/22/20 10:50	JA
Total Phosphorus	1.27	mg P/L		0.1	0.5	EPA 365.4	09/10/20 10:55	09/16/20 09:26	JA

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208510-05 Collection Date: 09/10/2020 10:30
Description: grab Location: U. Springs - Field Blank

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 10:30	09/14/20 10:21	JA
CBOD	<2.00	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 10:30	09/10/20 18:30	GB
E. coli	<1.0	MPN/100mL		1	1	SM 9223B-Colilert 18	09/10/20 10:30	09/10/20 15:30	JA
Fecal Coliform	<1.0	MPN/100mL		1	1	Colilert-18®(Fecal Coliforms)	09/10/20 10:30	09/10/20 15:30	JA
NO2-	<0.0180	mg N/L		0.018	0.1	SM4500NO2B-2011	09/10/20 10:30	09/10/20 17:00	BG
NO3	<0.0350	mg N/L		0.035	0.1	EPA 353.2	09/10/20 10:30	09/22/20	BG
Surfactants	<0.18	mg/L		0.18	0.75	SM 5540 C-2000	09/10/20 10:30	09/10/20 17:00	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/10/20 10:30	09/16/20 09:26	JA
TOC	<0.500	mg/L		0.5	0.5	SM 5310 C-2011	09/10/20 10:30	09/15/20 15:06	AO
Total Nitrogen	<0.843	mg N/L				Calculation	09/10/20 10:30	09/22/20 10:50	JA
Total Phosphorus	<0.100	mg P/L		0.1	0.5	EPA 365.4	09/10/20 10:30	09/16/20 09:26	JA

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208510-06 Collection Date: 09/10/2020 10:35
Description: grab Location: U. Springs - Equipment Blank

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 10:35	09/14/20 10:21	JA
CBOD	<2.00	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 10:35	09/10/20 18:30	GB
E. coli	<1.0	MPN/100mL		1	1	SM 9223B-Colilert 18	09/10/20 10:35	09/10/20 15:30	JA
Fecal Coliform	<1.0	MPN/100mL		1	1	Colilert-18®(Fecal Coliforms)	09/10/20 10:35	09/10/20 15:30	JA
NO2-	<0.0180	mg N/L		0.018	0.1	SM4500NO2B-2011	09/10/20 10:35	09/10/20 17:00	BG
NO3	<0.0350	mg N/L		0.035	0.1	EPA 353.2	09/10/20 10:35	09/16/20 15:09	JA
Surfactants	<0.18	mg/L		0.18	0.75	SM 5540 C-2000	09/10/20 10:35	09/10/20 17:00	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/10/20 10:35	09/16/20 09:26	JA
TOC	<0.500	mg/L		0.5	0.5	SM 5310 C-2011	09/10/20 10:35	09/15/20 15:16	AO
Total Nitrogen	<0.843	mg N/L				Calculation	09/10/20 10:35	09/22/20 10:50	JA
Total Phosphorus	<0.100	mg P/L		0.1	0.5	EPA 365.4	09/10/20 10:35	09/16/20 09:26	JA

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Symple Analytical
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 943-0920
Date Received: 9/10/2020

Sample Number: 208510-07
Description: grab

Collection Date: 09/10/2020 12:27
Location: U. Springs - well 5

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	09/10/20 12:27	09/14/20 10:21	JA
CBOD	<2.00	mg/L	K3	2	2	SM 5210 B-2011	09/10/20 12:27	09/10/20 18:30	GB
E. coli	<1.0	MPN/100mL		1	1	SM 9223B-Colilert 18	09/10/20 12:27	09/10/20 15:30	JA
Fecal Coliform	28.5	MPN/100mL		1	1	Colilert-18®(Fecal Coliforms)	09/10/20 12:27	09/10/20 15:30	JA
NO2-	<0.0180	mg N/L		0.018	0.1	SM4500NO2B-2011	09/10/20 12:27	09/10/20 17:00	BG
NO3	0.252	mg N/L		0.035	0.1	EPA 353.2	09/10/20 12:27	09/16/20 15:09	JA
Static Water Level	9.82	feet					09/10/20 12:27	09/10/20 12:20	JF
Surfactants	<0.18	mg/L		0.18	0.75	SM 5540 C-2000	09/10/20 12:27	09/10/20 17:00	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	09/10/20 12:27	09/16/20 09:26	JA
TOC	2.15	mg/L		1	1	SM 5310 C-2011	09/10/20 12:27	09/15/20 16:22	AO
TON	0.252	mg N/L				Calculation	09/10/20 12:27	09/22/20 10:50	JA
Total Phosphorus	1.49	mg P/L		0.1	0.5	EPA 365.4	09/10/20 12:27	09/16/20 09:26	JA

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
IDEXX Laboratories, Inc., 1 IDEXX Drive, Westbrook, ME 04092.
State of Florida, NELAC Certification #E87542
The results shown relate only to these samples.
These results meet all of the requirements of the NELAC standard.

Qualifiers

K3 = The seed depletion was outside the method acceptance limits.
N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

FACILITY NAME AND PERMIT NUMBER:

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

PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

1. Facility Information.

a. Facility name: Union Springs WWTPs and LAS

b. Mailing Address: PO Box 229 Union Springs Al 36089

c. Contact person: Gary Hyche

Title: Project Manager

Telephone number: 256-274-3261

d. Facility Address (not P.O. B ox): 100 Plant Rd Union Springs Al 36089

e. Indicate the type of facility

✓ Publicly owned treatment works (POTW) ____ Privately owned treatment works

____ Federally owned treatment works ____ Blending or treatment operation

____ Surface disposal site ____ Sewage sludge incinerator

____ Other (describe) ____

2. Applicant Information.

a. Applicant name: Union Springs Utilities

b. Mailing Address: PO Box 229 Union Springs Al 36089

c. Contact person: Gary Hyche

Title: Project Manager

Telephone number: 256-274-3265-1

d. Is the applicant the owner or operator (or both) of this facility?

✓ owner ✓ operator

e. Should correspondence regarding this permit be directed to the facility or the applicant?

____ facility ✓ applicant

FACILITY NAME AND PERMIT NUMBER:

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

3. Sewage Sludge Amount. Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

a.	Amount generated at the facility	144 dry metric tons
b.	Amount received from off site	n/a dry metric tons
c.	Amount treated or blended on site	n/a dry metric tons
d.	Amount sold or given away in a bag or other container for application to the land	n/a dry metric tons
e.	Amount of bulk sewage sludge shipped off site for treatment or blending	n/a dry metric tons
f.	Amount applied to the land in bulk form	n/a dry metric tons
g.	Amount placed on a surface disposal site	n/a dry metric tons
h.	Amount fired in a sewage sludge incinerator	n/a dry metric tons
i.	Amount sent to a municipal solid waste landfill	n/a dry metric tons
j.	Amount used or disposed by another practice	n/a dry metric tons
	Describe _____	

4. Pollutant Concentrations. Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	<0.0220 mg/l	EPA 6010C	
CADMIUM	<0.0040 mg/l	EPA 6010C	
CHROMIUM	<0.0070 mg/l	EPA 6010C	
COPPER			
LEAD	<0.0260 mg/l	EPA 6010C	
MERCURY	<0.00034 mg/l	EPA 7471A	
MOLYBDENUM			
NICKEL			
SELENIUM	<0.0260 mg/l	EPA 6010C	
ZINC			

5. Treatment Provided At Your Facility.

a. Which class of pathogen reduction does the sewage sludge meet at your facility?

_____ Class A _____ Class B ✓ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)
__✓__ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

_____

_____

6. **Sewage Sludge Sent to Other Facilities.** Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8?
_____ Yes __✓__ No

If yes, go to question 8 (Certification).

If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?
_____ Yes __✓__ No

If no, go to question 7 (Use and Disposal Sites).

If yes, provide the following information for the facility receiving the sewage sludge:

a. Facility name _____

b. Mailing address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Which activities does the receiving facility provide? (Check all that apply)

_____ Treatment or blending
_____ Land application
_____ Incineration
_____ Sale or give-away in bag or other container
_____ Surface disposal
_____ Other (describe):

_____

_____

FACILITY NAME AND PERMIT NUMBER:

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

7. Use and Disposal Sites. Provide the following information for each site on which sewage sludge from this facility is used or disposed:

a. Site name or number: Waste Management Of Alabama (Opelika)

b. Contact person: _____

Title: _____

Telephone: 1-800-333-7706

c. Site location (Complete 1 or 2)

1. Street or Route #: _____

County: _____

City or Town: _____ State _____ Zip _____

2. Latitude _____ Longitude _____

d. Site type (Check all that apply)

____ Agricultural	____ Lawn or home garden	____ Forest
____ Surface disposal	____ Public Contact	____ Incineration
____ Reclamation	____ Municipal Solid Waste Landfill	✓ Other (describe): Solid Waste Landfill

8. Certification. Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

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

Name and official title: Gary Hyche

Signature: _____

Telephone number: 265-274-3261

Date signed: 04/09/2019

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

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

PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

1. **SECTION A: GENERAL INFORMATION.**

   Section A must be completed by all applicants

2. **SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.**

   Section B must be completed by applicants who either:

   1) Generate sewage sludge, or

   2) Derive a material from sewage sludge.

3. **SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.**

   Section C must be completed by applicants who either:

   1) Apply sewage to the land, or

   2) Generate sewage sludge which is applied to the land by others.

   NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if <u>all</u> sewage sludge from their facility falls into one of the following three categories:

   1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
   2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
   3) The sewage sludge from this facility is sent to another facility for treatment or blending.

4. **SECTION D: SURFACE DISPOSAL**

   Section D must be completed by applicants who own or operate a surface disposal site.

5. **SECTION E: INCINERATION**

   Section E must be completed by applicants who own or operate a sewage sludge incinerator.

FACILITY NAME AND PERMIT NUMBER:

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

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

a. Facility name: Union Springs WWTPs and LAS

b. Mailing Address: PO Box 229 Union Springs Al 36089

c. Contact person: Gary Hyche

Title: Project Manager

Telephone number: 256-274-3261

d. Facility Address (not P.O. Box): 100 Plant Rd Union Springs Al 36089

e. Is this facility a Class I sludge management facility? _____ Yes ✓ No

f. Facility design flow rate: _____ mgd

g. Total population served: _____

h. Indicate the type of facility:

✓ Publicly owned treatment works (POTW)
_____ Federally owned treatment works
_____ Surface disposal site
_____ Other (describe)
_____ Privately owned treatment works
_____ Blending or treatment operation
_____ Sewage sludge incinerator

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

a. Applicant name: Union Springs Utilities

b. Mailing Address: PO Box 229 Union Springs Al 36089

c. Contact person: Gary Hyche

Title: Project Manager

Telephone number: 256-274-3261

d. Is the applicant the owner or operator (or both) of this facility?

✓ owner ✓ operator

e. Should correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Permit Information.

a. Facility's NPDES permit number (if applicable): AL0060445

b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit

A.4. Indian Country. Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

_____Yes ___✓___No If yes, describe: _____

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.

b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

A.6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

A.7. Contractor Information.

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ___✓___Yes _____No

If yes, provide the following for each contractor (attach additional pages if necessary):

a. Name: Clearwater Solutions

b. Mailing Address: _____

c. Telephone Number: 334-532-3201

d. Responsibilities of contractor: R&M for all Treatment facilities and collection system

FACILITY NAME AND PERMIT NUMBER:

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

A.8. Pollution Concentrations: Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	<0.0220 mg/l	EPA 6010C	
CADMIUM	<0.0040 mg/l	EPA 6010C	
CHROMIUM	<0.0070 mg/l	EPA 6010C	
COPPER			
LEAD	<0.0260 mg/l	EPA 6010C	
MERCURY	<0.00034 mg/l	EPA 7471A	
MOLYBDENUM			
NICKEL			
SELENIUM	<0.0260 mg/l	EPA 6010C	
ZINC			

A.9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

✓ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

_____ Section A (General Information)

_____ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

_____ Section E (Incineration)

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

Name and official title: Gary Hyche Project Manager

Signature: _____ Date signed: 04/09/2019

Telephone number: 256-274-3261

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Caldwell, Mattie

Subject: FW: updated well abandonment plan and well installation plan, Union Springs
Attachments: AL0060455.AbandonmentPlan.pdf; AL0060455.InstallationPlan.pdf

From: James Robinson <james.robinson@gmcnetwork.com>
Sent: Wednesday, November 14, 2018 6:30 PM
To: Torbert, Shanda R <STorbert@adem.alabama.gov>
Cc: Craig Sanford <craig.sanford@gmcnetwork.com>; ronw@ustconline.net; Gary Hyche <gary.hyche@clearwatersol.com>
Subject: RE: updated well abandonment plan and well installation plan, Union Springs

Ms. Torbert:

After speaking with Ms. Williams, I have updated the well abandonment and installation plans. The Updated plans are attached.

Thank you very much.

Sincerely;

James Robinson

MONITORING WELL ABANDONMENT PLAN
NPDES Permit AL0060445
Waste Water Spray Field
Union Springs, Bullock County, Alabama

Prepared For:
Mr. Ronnie Mills
Utilities Board
P.O. Box 229
City of Union Springs
Union Springs, Alabama 36089
for submittal to

Alabama Department of
Environmental Management
Attn: Ms. Shanda Torbert
1400 Coliseum Blvd.
Montgomery, AL 36110-2059

Prepared By:
GOODWYN, MILLS & CAWOOD, INC.
2660 East Chase Lane, Suite 200
Montgomery, Alabama 36117

October 9, 2018
Updated November 14, 2018

TABLE OF CONTENTS

SECTION I
SITE INFORMATION

Name:	City of Union Springs Utility Department
Contact:	Mr. Ron Mills
Address:	P.O. Box 229 Union Springs, AL 36089
Consultant:	Goodwyn, Mills & Cawood, Inc.
Contact:	Mr. James Robinson
Address:	2660 East Chase Lane, Suite 200 Montgomery, AL 36117
Site Name:	City of Union Springs, Waste Water Spray Field
Permit #	AL0060445
Address:	US Highway 82 East Union Springs, AL 36089

SECTION II
SUMMARY

Goodwyn, Mills and Cawood, Inc. is submitting this well abandonment plan for the City of Union Springs US Highway 82 Spray Field located on US Highway 82 east of Union Springs, Alabama (see Figure 1). Wells MW-1 - 4 will be abandoned (see Figure 2).

SECTION III
WELL ABANDONMENT PROCEDURE

Abandonment of the monitoring wells will adhere to the procedures from Division 13 of the Alabama Department of Environmental Rules and Regulations (June 2018). All drilling equipment will be pressure washed and steam cleaned before and between well sites. This is necessary to avoid cross contamination of the boreholes.

Prior to abandonment the wells will be sounded to ensure they are open to the reported completion depths. A water-level measurement will be made. The water-level tape will be decontaminated with chlorine before and between wells. The surface pad and steel protective casing will be removed. An attempt will be made to pull the PVC casing and screens of the wells. When that is completed, the boreholes will be over-drilled. Then the over drill borehole will be pressure grouted with neat cement. If the wells cannot be pulled, the casing and screen will be pressure grouted full with neat cement. The upper 10-feet of the well bore will be over drilled to remove the casing, and that borehole filled with a neat cement plug. Finally, a 1' x 1' x 1' plug of neat cement will be placed on top of the borehole. When the final fill hardens, it will be covered with native soil. A record of the volume of grout required to fill the borehole will be kept.

Table 3.1 Well depth and estimated fill volume					
Well ID	**Well Location**	**Reported Depth of Well below TOC (ft)**	**Well Diameter (in)**	**Casing Volume (.163 gal/ft)**	**Over drill Volume 8-in OD auger (2.61 gal/ft)**
MW-1	32 07 01.5 085 35 31.8	26.8	2	4.37	~70
MW-2	32 07 01.2 085 35 47.0	22.1	2	3.6	~58
MW-3	32 07 07.6 085 35 58.8	13.8	2	2.25	~36
MW-4	32 07 34.7 085 35 44.3	32.5	2	5.3	~85
	Well volume calculated using data presented on page C-5 of Alabama Environmental Investigation and Remediation Guidance document (September 2005). Actual fill volume may be greater or less.				

SECTION IV
CERTIFICATION

I certify under penalty of law that all plans, specifications, and technical data submitted within were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiring of the person or persons who directly gathered the enclosed 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.

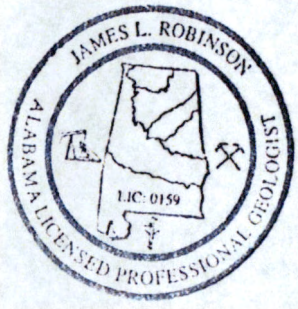
James Robinson

Signature

Name of Geologist
James Robinson, P.G.

11/14/18

Date



FIGURES

PLANS
OF THE
SPRAY FIELD REPAIRS
FOR THE
UTILITIES BOARD OF THE CITY OF UNION SPRINGS

GOODWYN | MILLS | CAWOOD JOB NUMBER CMGM-170043
JUNE 2017

CMGM-170043 - SPRAY FIELD REPAIRS
FOR THE UTILITIES BOARD OF THE CITY OF UNION SPRINGS, ALABAMA

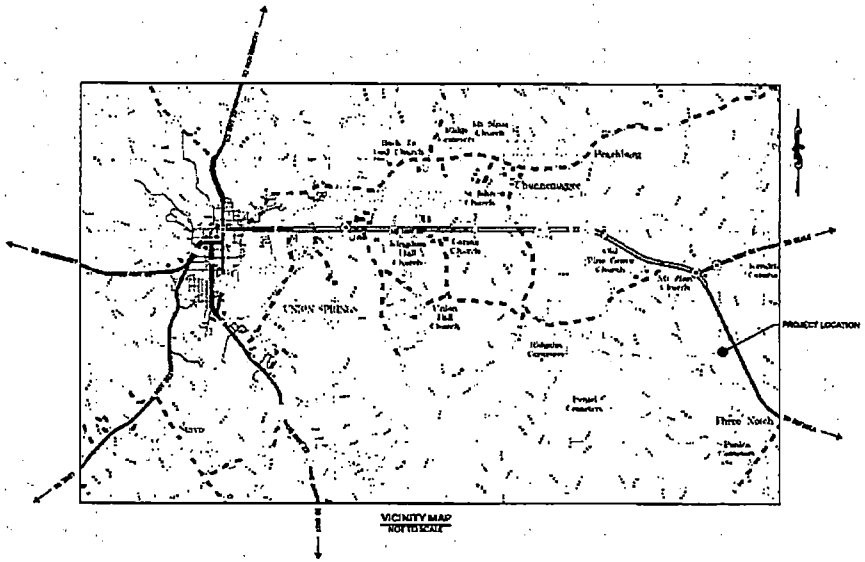
INDEX TO DRAWINGS

CIVIL

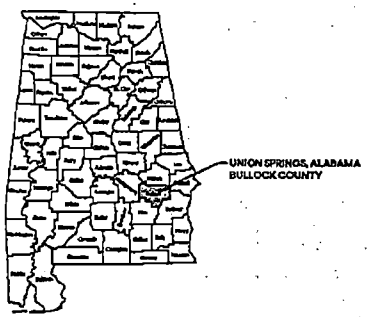
SHT NO.	REV. NO.	DESCRIPTION
1	COVER	INDEX TO DRAWINGS & VICINITY MAP
2	C-2.01	EX. SITE, DEMO, AND PHASING PLAN
3	C-3.01	OVERALL SITE AND GEOMETRIC CONTROL PLAN
4	C-3.02	PHASE I SITE PLAN FIELD 4
5	C-3.03	PHASE I SITE PLAN FIELD 5 & 7
6	C-3.04	PHASE II SITE PLAN FIELD 9
7	C-3.05	PHASE II SITE PLAN FIELD 4
8	C-3.06	PHASE III SITE PLAN FIELD 5
9	C-3.07	PHASE III SITE PLAN FIELD 1 & 2
10	C-4.01	OVERALL GRADING AND EROSION CONTROL PLAN
11	C-4.02	PHASE II GRADING & EROSION CONTROL PLAN FIELD 9
12	C-4.03	PHASE II & III GRADING & EROSION CONTROL PLAN FIELD 2&3
13	C-4.04	PHASE III GRADING & EROSION CONTROL PLAN FIELD 1&3
14	C-5.01	DETAILS
15	C-5.02	DETAILS
16	C-5.03	DETAILS

ELECTRICAL

SHT NO.	REV NO.	DESCRIPTION
17	E-001	ELECTRICAL NOTES, ABBREVIATIONS, & LEGEND
18	E-101	ELECTRICAL SITE PLAN
19	E-102	ELECTRICAL SITE PLAN
20	E-103	SPRAY FIELD CONTROL BUILDING ELECTRICAL SITE PLAN
21	E-104	SPRAY CONTROL BUILDING ELECTRICAL LAYOUT
22	E-105	TRANSFER PUMP BUILDING ELECTRICAL PLAN
23	E-501	DETAILS-MISCELLANEOUS
24	E-601	RISER DIAGRAM



VICINITY MAP
NOT TO SCALE



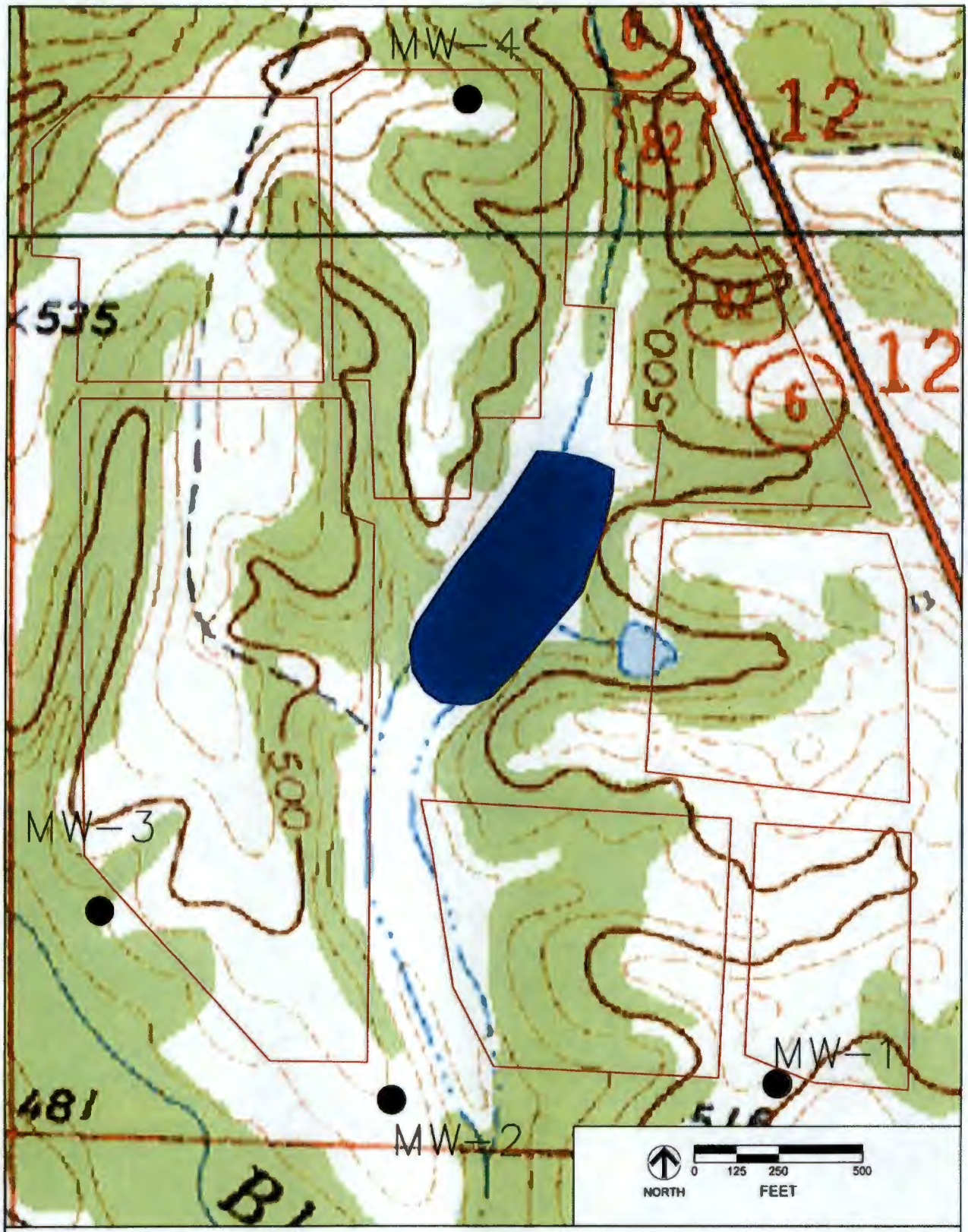
LOCATION MAP
NOT TO SCALE

GMC
BUILDING COMMUNITIES

GOODWYN | MILLS | CAWOOD
3660 East Chase Lane, Suite 200 | Montgomery, AL 36117
Tel: 334.3712000 | GMCNETWORK.COM

ARCHITECT
PROFESSIONAL ENGINEER NO.

2017



REF. SHEET: ENVIRONMENTAL ASSESSMENT

DESCRIPTION: Well Locations and USGS topographic Map

Union Springs Sprayfield
Union Springs, Alabama

FIGURE 2

SUPPLEMENTAL DRAWING
GMC # EMGM173001
DATE: 11/14/2018
DRAWN BY: JLR

GOODWYN | MILLS | CAWOOD

2660 EastChase Lane, Suite 200 | Montgomery, AL 36117
Tel 334.271.3200 | GMCNETWORK.COM

FIGURE 2 SUPPLEMENTAL

WELL INSTALLATION PLAN
CITY OF UNION SPRINGS
P.O. BOX 229
UNION SPRINGS, ALABAMA 36089
ADEM PERMIT # AL0060445

Prepared For:
Mr. Ronnie Mills
Utilities Department
City of Union Springs, Alabama
for submittal to:

Alabama Department of
Environmental Management
Attn: Shanda Torbert
1400 Coliseum Blvd.
Montgomery, AL 36110-2059

Prepared By:
GOODWYN, MILLS & CAWOOD, INC.
2660 East Chase Lane, Suite 200
Montgomery, Alabama 36117

October 9, 2018
Revised November 14, 2018

TABLE OF CONTENTS

SECTION I INTRODUCTION

Goodwyn Mills and Cawood, Inc. (GMC) was retained by the City of Union Springs, Alabama to supervise well installation at the US Highway 82 Waste Water Spray Field in Union Springs, Alabama (Figure 1). The purpose of the well installation is to replace existing monitoring wells which are in poor condition, and to install additional wells per the recommendations of ADEM.

SECTION II WELL INSTALLATION

Goodwyn, Mills and Cawood, Inc. **(GMC)** will supervise the installation of five new Type II monitoring wells (see Table 2.1 and Figure 2). All drilling equipment will be decontaminated by pressure washing and steam cleaning before and between well installation sites. The boreholes will be advanced to depths approximately 10-feet below the seasonal low water table using the hollow stem auger drilling technique. A 2-inch diameter Type II monitor well will be installed constructed within the hollow stem augers (Figure 3). Ten feet of 2-inch diameter, 0.010-slot schedule 40 PVC screen will be set in the bottom of the boreholes, and 2-inch schedule 40 PVC casing above the screens to land surface. Graded sand will be placed around the screens and to a height of 2-feet above the screens. A 2-ft thick bentonite seal will be placed above the sand, and the hole grouted to land surface. A steel protective stand up well cover will be cemented in place over the well, and a locking well plug placed in the well.

Table 2.1 Replacement well locations and estimated depths			
Well ID	**Planned Well Location**	**Estimated Depth of Well Feet Below Land Surface**	**Well Diameter (in)**
RMW-1	32 07 02 085 35 32	25 +/-	2
RMW-2	32 07 02 085 35 47	22 +/-	2
RMW-3	32 07 07 085 35 59	20 +/-	2
RMW-4	32 07 35.4 085 35 35.9	30 +/-	2
MW-5	32 07 14.1 085 36 01.7	30 +/-	2
Well locations may vary depending on site conditions and accessibility. Well depths estimated based on completion depth of previous wells			

SECTION III
CERTIFICATION

I certify under penalty of law that all plans, specifications, and technical data submitted within were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiring of the person or persons who directly gathered the enclosed 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.

Signature

Name of Geologist
James Robinson, P.G.

11/14/18
Date

FIGURES

PLANS
OF THE
SPRAY FIELD REPAIRS
FOR THE
UTILITIES BOARD OF THE CITY OF UNION SPRINGS

GOODWYN | MILLS | CAWOOD JOB NUMBER CMGM-170043
JUNE 2017

CMGM-170043 - SPRAY FIELD REPAIRS
FOR THE UTILITIES BOARD OF THE CITY OF
UNION SPRINGS, ALABAMA

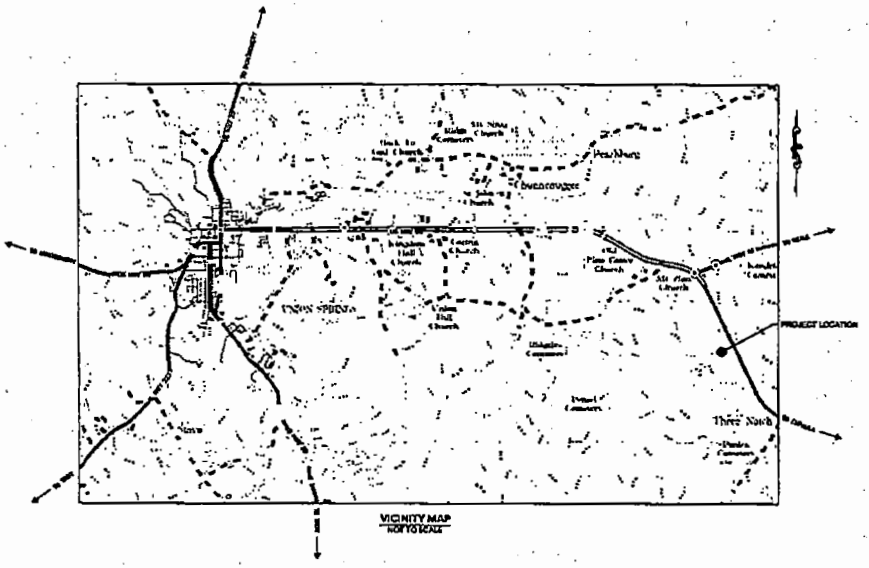
INDEX TO DRAWINGS

CIVIL

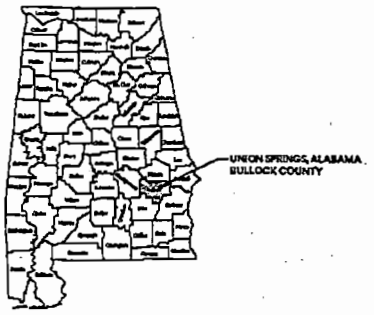
SHT NO.	REV. NO.	DESCRIPTION
1	COVER	INDEX TO DRAWINGS & VICINITY MAP
2	C-2.01	EX. SITE, DEMO, AND PHASING PLAN
3	C-3.01	OVERALL SITE AND GEOMETRIC CONTROL PLAN
4	C-3.02	PHASE I SITE PLAN FIELD 3
5	C-3.03	PHASE I SITE PLAN FIELD 5 & 7
6	C-3.04	PHASE II SITE PLAN FIELD 6
7	C-3.05	PHASE II SITE PLAN FIELD 4
8	C-3.06	PHASE III SITE PLAN FIELD 2
9	C-3.07	PHASE III SITE PLAN FIELD 1 & 2
10	C-4.01	OVERALL GRADING AND EROSION CONTROL PLAN
11	C-4.02	PHASE II GRADING & EROSION CONTROL PLAN FIELD 6
12	C-4.03	PHASE III & III GRADING & EROSION CONTROL PLAN FIELD 2&3
13	C-4.04	PHASE III GRADING & EROSION CONTROL PLAN FIELD 1&2
14	C-5.01	DETAILS
15	C-5.02	DETAILS
16	C-5.03	DETAILS

ELECTRICAL

SHT NO.	REV. NO.	DESCRIPTION
17	E-001	ELECTRICAL NOTES, ABBREVIATIONS, & LEGEND
18	E-101	ELECTRICAL SITE PLAN
19	E-102	ELECTRICAL SITE PLAN
20	E-103	SPRAY FIELD CONTROL BUILDING ELECTRICAL SITE PLAN
21	E-104	SPRAY CONTROL BUILDING ELECTRICAL LAYOUT
22	E-105	TRANSFER PUMP BUILDING ELECTRICAL PLAN
23	E-501	DETAILS-MISCELLANEOUS
24	E-601	MAIN RISER DIAGRAM



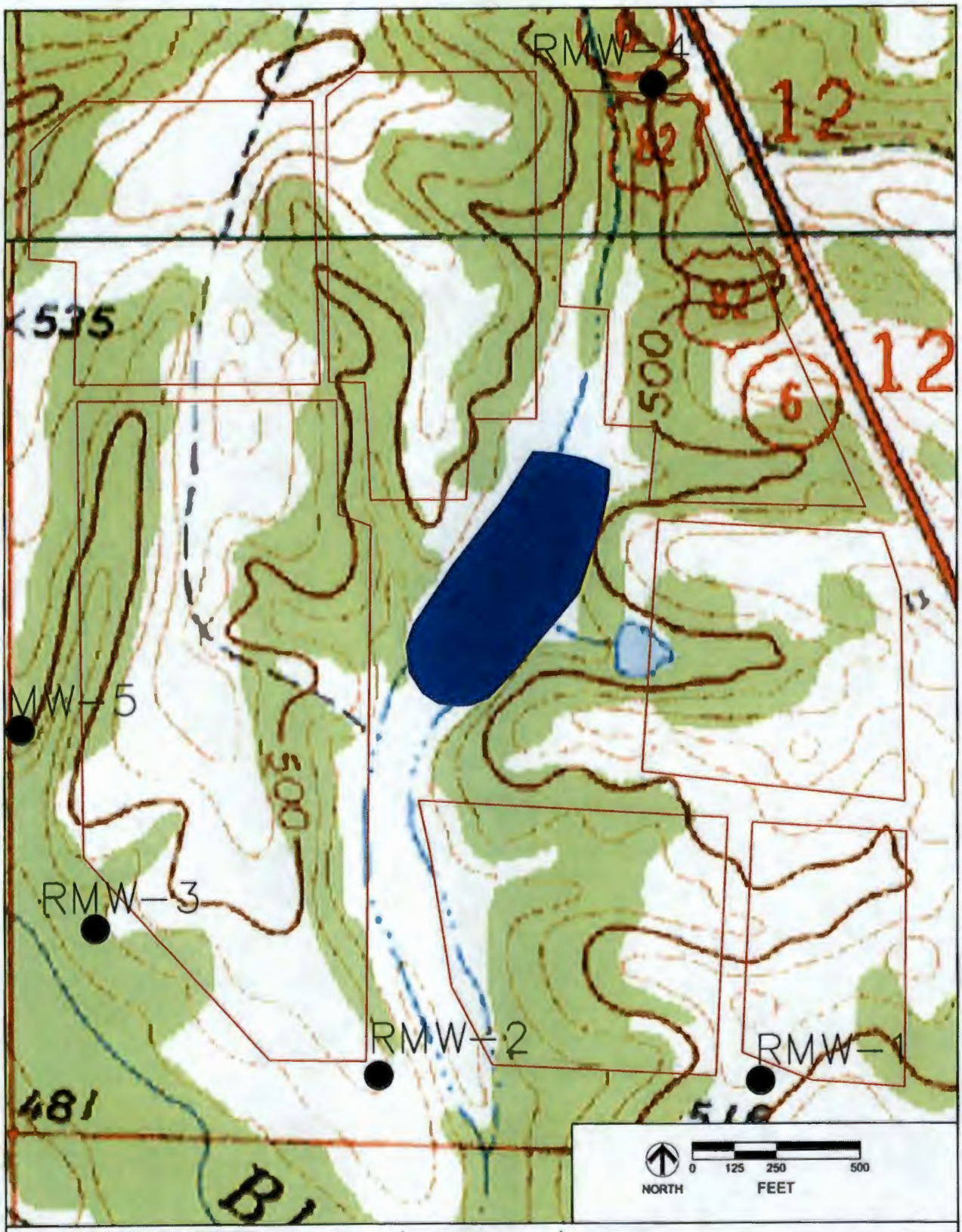
VICINITY MAP
NOT TO SCALE



LOCATION MAP
NOT TO SCALE

GMC
BUILDING COMMUNITIES

GOODWYN | MILLS | CAWOOD



REF. SHEET: ENVIRONMENTAL ASSESSMENT

DESCRIPTION: Well Locations and USGS topographic Map

Union Springs Sprayfield
Union Springs, Alabama

FIGURE 2

SUPPLEMENTAL DRAWING
GMC # EMGM173001
DATE: 11/14/2018
DRAWN BY: JLR

GOODWYN | MILLS | CAWOOD

2660 EastChase Lane, Suite 200 | Montgomery, AL 36117
Tel 334.271.5200 | GMCNETWORK.COM

FIGURE 2 SUPPLEMENTAL

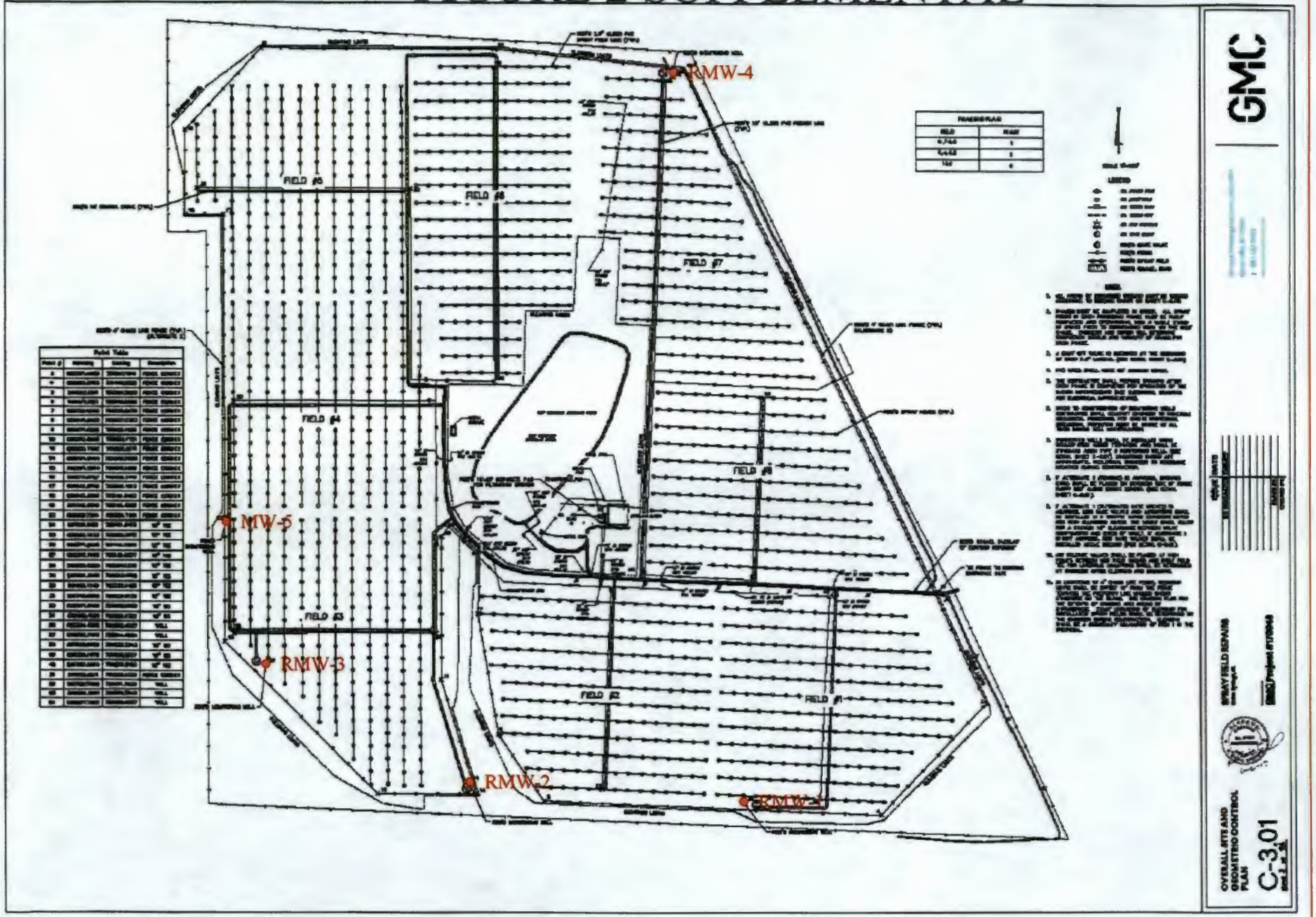
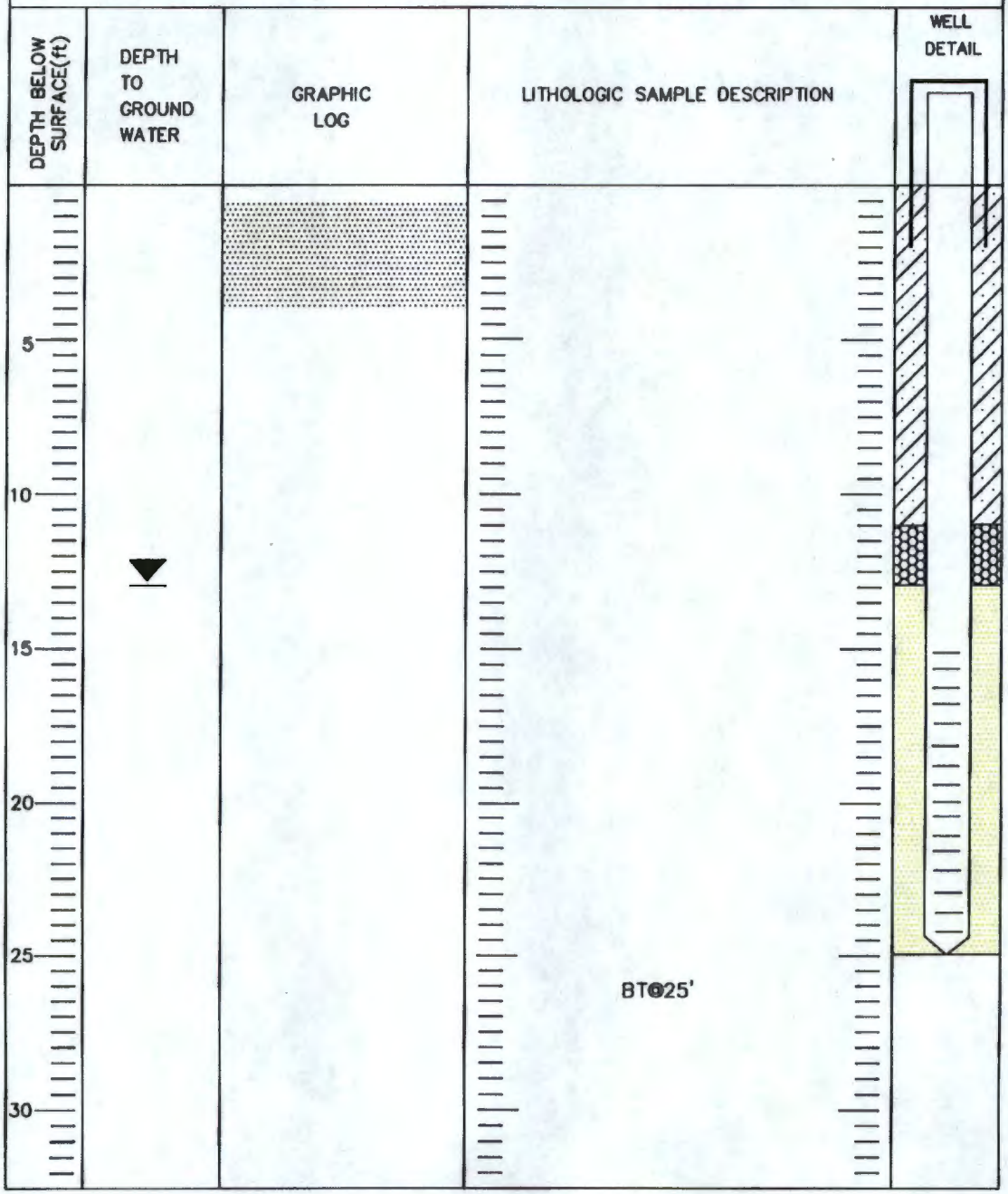


FIGURE 3. GENERIC TYPE II WELL INSTALLATION

GOODWYN, MILLS & CAWOOD 2660 EAST CHASE LANE, SUITE 200 MONTGOMERY, AL. 36117	PROJECT NUMBER EMGM172002	WELL NUMBER B-1/MW-1

PROJECT Union Springs Spray Field DRILLING CONTRACTOR CTL/BUILDING AND EARTH
BORING LOCATION
DRILLING METHOD AND EQUIPMENT CME 75 w/4 1/4 I.D. Hollow stem auger
DEPTH TO WATER/DATE



▼ WATER LEVEL

BT= BORING TERMINATED

BENTONITE PELLETS

GRADED SAND

Grout

PVC RISER

PVC SCREEN

The Utilities Board

OF THE
City of Union Springs

P.O. BOX 229

UNION SPRINGS, ALABAMA 36089
PHONE 738-3115

August 20, 2018

Ms. Shandra Torbert
ADEM
Water Division
P.O. Box 301463
Montgomery, Alabama 36130

Dear Ms. Torbert:

At our Spray Field location we are currently spraying 4 fields per day. We spray 2 fields for 3 hours then we rotate and spray 2 different fields for 3 hours. This accounts for an average of 1.7 mgd over 4 fields per day. The operator records reading before each spray event and records reading at the end of spray event to arrive at total gallons sprayed.

We currently have 1 flow meter attached to each discharge line that leaves the pump station for a total of 2 meters that record gallons being pumped, each meter is calibrated once a year by Southeast Water Systems to insure accuracy.

In the future when Spray Field repairs are completed our spray system will be fully automated. The Rain Bird controller system will allow the operator to increase/decrease

spraying intervals and modify time between spray events to insure over spraying will not occur.Please let me know if you need any more information.

Sincerely,

Ronald W. Mills, Manager