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SEP 09 2020

Honorable Kyle McCoy, Mayor
City of Lanett
401 North Lanier Ave.
Lanett, AL 36863

RE: Draft Permit
NPDES Permit No. AL0023159
Lanett WWTP
Chambers County, Alabama

Dear Mayor McCoy:

Transmitted herein is a draft of the referenced permit.

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

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

Please be aware that Part I.C.1.c of your permit requires that you apply for participation in the Department's web-based Electronic Environmental (E2) Reporting System Program for submittal of DMRs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. Please also be aware that Part I.C.2.e of your permit requires that you apply for participation in the Department's web-based electronic environmental (E2) reporting system for submittal of **SSOs** within 30 days of coverage under this permit unless valid justification as to why you cannot participate is submitted in writing. After issuance of the permit, SSO hotline notifications and hard copy Form 415 SSO reports may be used only with the written approval from the Department. The E2 Program allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at **https://e2.adem.alabama.gov/npdes** or you may obtain a hard copy by submitting a written request or by emailing e2admin@adem.alabama.gov.

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

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

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

Sincerely,

Shanda Torbert
Municipal Section
Water Division

Enclosure

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

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(205) 942-6168
(205) 941-1603 (FAX)

Decatur Branch
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Decatur, AL 35603-1333
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Mobile, AL 36608
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ADEM
Alabama Department of Environmental Management

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE:	CITY OF LANETT 401 NORTH LANIER AVE. LANETT, ALABAMA 36863	
FACILITY LOCATION:	LANETT WWTP 1 PECAN GROVE LANETT, ALABAMA CHAMBERS COUNTY	(2.5) MGD
PERMIT NUMBER:	AL0023159	
RECEIVING WATERS:	CHATTAHOOCHEE RIVER	

In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1388 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, ***Code of Alabama 1975****, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended,* ***Code of Alabama 1975****, §§22-22A-1 to 22-22A-17, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.*

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

MUNICIPAL SECTION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT

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PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. Outfall 0021 Discharge Limits

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0021, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	6.0 mg/l	*****	*****	E	GRAB	D	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	D	*****
Solids, Total Suspended 00530 1 0 0	625 lbs/day	938 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	417 lbs/day	625 lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	COMP24	D	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G See Note 5	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G See Note 5	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G See Note 5	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
Chlorine, Total Residual 50060 1 0 0	*****	*****	*****	*****	*****	1.0 mg/l	*****	E	GRAB	D See Note 6	*****

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

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

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

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

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

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

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

Limits for Outfall 0021 continued on the next page.

2. Outfall 0021 Discharge Limits (continued)

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0021, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	D	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	D	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	521 lbs/day	781 lbs/day	25.0 mg/l	37.5 mg/l	*****	*****	*****	E	COMP24	D	*****
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	D	*****
BOD, Carb-5 Day, 20 Deg C, Percent Remvl 80091 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
Solids, Suspended Percent Removal 81011 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****

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

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

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

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

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

3. Outfall 002T Discharge Limits - Toxicity

Outfall 002T represents the same physical outfall as 0021. The Department uses the 002T designation for all samples and analyzed for Toxicity testing, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

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

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

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

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

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

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

4. Outfall 003S Discharge Limits - Stormwater Monitoring

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 003S, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) (5) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH 00400 SW 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	SW	FFGS	J	*****
Solids, Total Suspended 00530 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Oil & Grease 00556 SW 0 0	*****	*****	*****	*****	*****	15.0 mg/l	*****	SW	FFGS	J	*****
Nitrogen, Ammonia Total (As N) 00610 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Nitrogen, Kjeldahl Total (As N) 00625 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Phosphorus, Total (As P) 00665 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****
Flow, In Conduit or Thru Treatment Plant 50050 SW 0 0	*****	*****	*****	*****	*****	REPORT MGD	*****	SW	CALCTD See Note 6	J	*****
E. Coli 51040 SW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	SW	FFGS	J	*****
BOD, Carbonaceous 05 Day, 20C 80082 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	FFGS	J	*****

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

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

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

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

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

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

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

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

1. Representative Sampling

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

2. Measurement Frequency

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

   a. Seven days per week shall mean daily.

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

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

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

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

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

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

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

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

3. Test Procedures

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

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

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

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

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

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

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

4. Recording of Results

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

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

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

c. The dates and times the analyses were performed;

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

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

f. The results of all required analyses.

5. Records Retention and Production

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

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

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

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

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

7. Monitoring Equipment and Instrumentation

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

C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

2. Noncompliance Notifications and Reports

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

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

(2) Potentially threatens human health or welfare;

(3) Threatens fish or aquatic life;

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

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

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

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

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

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

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

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

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

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

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

d. Immediate notification

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

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

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

(1) The cause of the discharge;

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

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

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

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

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

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

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

2. Termination of Discharge

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

3. Updating Information

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

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

4. Duty to Provide Information

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

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

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

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

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

PART II OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. Facilities Operation and Maintenance

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

2. Best Management Practices (BMP)

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

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

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

3. Certified Operator

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

B. OTHER RESPONSIBILITIES

1. Duty to Mitigate Adverse Impacts

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

2. Right of Entry and Inspection

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

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

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

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

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

C. BYPASS AND UPSET

1. Bypass

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

   b. A bypass is not prohibited if:

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

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

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

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

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

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

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

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

2. Upset

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

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

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

(i) An upset occurred;

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

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

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

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

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

1. Duty to Comply

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

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

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

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

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

2. Removed Substances

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

3. Loss or Failure of Treatment Facilities

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

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

4. Compliance With Statutes and Rules

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

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

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

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

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

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

2. Change in Discharge

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

3. Transfer of Permit

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

4. Permit Modification and Revocation

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

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

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

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

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

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

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

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

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

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

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

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

(8) To agree with a granted variance under 30l(c), 30l(g), 30l(h), 30l(k), or 3l6(a) of the FWPCA or for fundamentally different factors;

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

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

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

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

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

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

5. Termination

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

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

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

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

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

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

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

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

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

6. Suspension

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

7. Stay

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

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

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

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

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

H. PROHIBITIONS

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

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

PART III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

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

2. False Statements

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

3. Permit Enforcement

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

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

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

      (2) An action for damages;

      (3) An action for injunctive relief; or

      (4) An action for penalties.

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

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

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

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

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

4. Relief from Liability

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

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

C. PROPERTY AND OTHER RIGHTS

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

D. AVAILABILITY OF REPORTS

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

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

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

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

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

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

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

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

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

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

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

F. COMPLIANCE WITH WATER QUALITY STANDARDS

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

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

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

G. GROUNDWATER

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

H. DEFINITIONS

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

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

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

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

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

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

    a. Reaches a surface water of the State; or

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

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

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

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

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

35. Publicly Owned Treatment Works – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.

36. Receiving Stream – means the "waters" receiving a "discharge" from a "point source".

37. Severe property damage – means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

38. Significant Source – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.

39. TKN – means the pollutant parameter Total Kjeldahl Nitrogen.

40. TON – means the pollutant parameter Total Organic Nitrogen.

41. TRC – means Total Residual Chlorine.

42. TSS – means the pollutant parameter Total Suspended Solids.

43. 24HC – means 24-hour composite sample, including any of the following:

    a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;

    b. A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected; or

    c. A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.

44. Upset – means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the Permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

45. Waters – means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground, or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership, or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.

46. Week – means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.

47. Weekly (7-day and calendar week) Average – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

I. SEVERABILITY

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

PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. SLUDGE MANAGEMENT PRACTICES

1. Applicability

   a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.

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

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

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

2. Submitting Information

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

      (1) Type of sludge stabilization/digestion method;

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

      (3) Ultimate sludge disposal practice(s).

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

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

3. Reopener or Modification

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

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

B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS – ACUTE DIFFUSER

1. Acute Toxicity Test

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

   b. The samples shall be diluted using an appropriate control water, to the Instream Waste Concentration (IWC) which is **19.40 percent** effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 1-day, 10-year flow period.

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

2. General Test Requirements:

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

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

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

d. Toxicity tests shall be conducted for the duration of this permit in the month of **NOVEMBER**. Should results from the Annual Toxicity test indicate that Outfall 0021 exhibits acute toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of February, May, August, and November.

3. Reporting Requirements:

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

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

4. Additional Testing Requirements:

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

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

5. Test Methods:

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

6. Effluent Toxicity Testing Reports

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

   a. Introduction

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

   b. Plant Operations

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

   c. Source of Effluent and Dilution Water

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

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

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

d. Test Conditions

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

e. Test Organisms

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

f. Quality Assurance

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

g. Results

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

h. Conclusions and Recommendations

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

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

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

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

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

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

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

D. PLANT CLASSIFICATION

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

E. POLLUTANT SCANS

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

F. STORM WATER REQUIREMENTS

1. Prohibitions

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

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

2. Operational and Management Practices

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

   a. In the SWPP Plan, the Permittee shall:

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

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

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

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

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

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

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

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

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

   c. Administrative Procedures

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

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

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

3. Monitoring Requirements

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

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

G. SANITARY SEWER OVERFLOW RESPONSE PLAN

1. SSO Response Plan

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

a. General Information:

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

(2) Approximate number of customers served by the Permittee

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

(4) Identification of estimated linear feet of sanitary sewers

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

b. Responsibility Information:

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

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

c. SSO and Surface Water Assessment

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

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

(3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include: http://www.adem.state.al.us/alEnviroRegLaws/files/Division6Vol1.pdf and http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html

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

d. Public Reporting of SSOs

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

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

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

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

f. Public Notification Methods for SSOs

(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: **AL0023159** Date: March 31, 2020

Permit Applicant: City of Lanett
401 North Lanier Ave.
Lanett, Alabama 36863

Location: Lanett WWTP
1 Pecan Grove
Lanett, Alabama 36863
Chambers County

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

Basis for Limitations: Water Quality Model: $CBOD_5$, NH_3N, and DO
Reissuance with no modification: $CBOD_5$, NH_3N, DO, pH, TSS, TRC, and Percent Removals
Instream calculation at 7Q10: IWC ≈ 19.4% (CORMIX)
Toxicity based: TRC
Secondary Treatment Levels: TSS and Percent Removals
Other (described below): pH and E. coli

Design Flow in Million Gallons per Day: 2.5 MGD

Major: Yes

Description of Discharge: Outfall Number 0021; Effluent discharge to the Chattahoochee River, which is classified as Fish and Wildlife (F&W).

Outfall Number 003S; Storm water runoff to the Chattahoochee River, which is classified as Fish and Wildlife (F&W).

Discussion: This is a permit reissuance due to permit expiration. The discharge limits for Five Day Carbonaceous Biochemical Oxygen Demand ($CBOD_5$), Total Ammonia Nitrogen (NH_3N), and Dissolved Oxygen (DO) were developed by the Municipal Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on October 24, 2014.

In the proposed permit, the permit monthly average $CBOD_5$ and NH_3N limits are 25.0 mg/L and 20.0 mg/L, respectively; while DO has a daily minimum limit of 6.0 mg/L.

The pH limits were developed in accordance with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Guidance. The daily minimum and daily maximum pH limits are 6.0 s.u. and 9.0 s.u., respectively.

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

The receiving stream is the Chattahoochee River and it is a Tier II stream. The stream is not on current the 303 (d) list and there are no State of Alabama TMDL affecting this discharge at this time.

This permit imposes monthly monitoring for the following nutrient-related parameters: Total Kjeldahl Nitrogen, Total Phosphorus and Nitrate plus Nitrite-Nitrogen. Monitoring for these nutrient-related parameters are being imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

The Department revised bacteriological criteria in ADEM Administrative Code R.335-6-10-.09. As a result, this permit includes E. coli limits and seasons that are consistent with the revised regulations. The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since the Chattahoochee River is classified as Fish & Wildlife, the E. coli limits for summer (May through October) are 126 col/100 mL (monthly average) and 298 col/100 mL (daily maximum), while the limits for the winter (November through April) are 548 col/ 100 mL (monthly average) and 2507 col/100 mL (daily maximum).

This Permittee treats both municipal and industrial wastewater and is a major municipality. Therefore, the Department completed a Reasonable Potential Analysis (RPA) of the wastewater data submitted in EPA Form 2A Table c of the Permittee's application (i.e., per 40 CFR Par 122 Appendix J – Table 2). The RPA indicated whether any pollutants in the treated effluent have the potential to contribute to excursions of Alabama's in-stream water quality standards. The RPA was based on a 7Q10 of 1017.31 cfs, mean annual flow of 5050 cfs, and a hardness of 50 mg/L. For this discharge, the RPA indicates that there were no pollutants in the treated effluent would likely to contribute excursions of Alabama's in-stream water quality standards.

The Department also completed RPA of the discharge to the Chattahoochee River at the Alabama/Georgia state line utilizing water quality standards included in the Official Code of Georgia Annotated 391-3-6-.03. The RPA was based on a 7Q10 of 1017.31 cfs, mean annual flow of 5050 cfs, and a hardness of 50 mg/L. For this discharge, the RPA indicates that there were no pollutants in the treated effluent would likely to contribute excursions of Georgia's in-stream water quality standards.

A monthly average Total Residual Chlorine (TRC) limit of 1.0 mg/L is being imposed at Outfall 0021. The TRC limit was developed based on EPA suggested WQ criteria and the Department's Permit Development Rationale, and should be protective of acute and chronic toxicity criteria in the receiving stream. If monitoring is not applicable during the monitoring period, enter "NODI=9" on the monthly DMR.

Based on the Department's review of the application and receiving water conditions, a 48 hour acute toxicity testing is warranted in this proposed permit. Testing is required yearly during the month of November. The IWC for the facility is 19.4%. The toxicity testing was based on an October 24, 2014 Mixing Zone Analysis performed by the Department's Water Quality Branch.

The monitoring frequency for most parameters is two days per week. The monitoring frequency for nutrient-related parameters (TKN, TP, and NO_2+NO_3N) is once per month. TSS and $CBOD_5$ percent removals are to be calculated once per month. Flow is to be monitored continuously as in the previous permit.

In the permit application, the Permittee reported one storm water outfall from the permitted area. The designated outfall for storm water runoff monitoring is Outfall 003S in the permit. Storm water monitoring will be required on an annual basis. The application indicated storm water outfall (002S) discharged at the same location as the effluent outfall; however, reviewing the current application includes an updated storm water outfall location. This permit corrects the storm water outfall location and designation.

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

Prepared by: Torbert

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	**Lanett WWTP**	
NPDES Permit Number:	**AL0023159**	
Receiving Stream:	**Chattahoochee River**	
Facility Design Flow (Qw):	**2.500 MGD**	
Receiving Stream 7Q10:	**1017.310 cfs**	
Receiving Stream 1Q10:	**762.983 cfs**	**(Estimated at 0.75 * 7Q10)**
Winter Headwater Flow (WHF):	**1557.13 cfs**	
Summer Temperature for CCC:	**30 deg. Celsius**	
Winter Temperature for CCC:	**30 deg. Celsius**	
Headwater Background NH3-N Level:	**0.11 mg/l**	
Receiving Stream pH:	**7.0 s.u.**	
Headwater Background FC Level (summer):	**N./A.**	**(Only applicable for facilities with diffusers.)**
(winter):	**N./A.**	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Qw}{7Q10 + Qw} = \mathbf{0.38\%}$$

AMMONIA TOXICITY LIMITATIONS

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

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

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

= **0.38%** **Stream-Dominated, CMC Applies**

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

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

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

= 9499.7 mg/l NH3-N at 7Q10

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

= N./A.

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

	DO-based NH3-N limit	Toxicity-based NH3-N limit
Summer	**20.00 mg/l NH3-N**	**9499.70 mg/l NH3-N**
Winter	**N./A.**	**N./A.**

Summer: The DO based limit of 20.00 mg/l NH3-N applies.
Winter limits are not applicable.

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

The following factors trigger toxicity testing requirements:

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

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

Acute toxicity testing is required

Instream Waste Concentration (IWC) = Based on Cormix Model = **19.40%** Note: This number will be rounded up for toxicity testing purposes.

DISINFECTION REQUIREMENTS

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

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)
Applicable Stream Classification: **Fish & Wildlife**
Disinfection Type: **Chlorination**
Limit calculation method: **Limits adjusted for the dilution provided by the diffuser.**

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

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	2.904 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	5.016 mg/l (acute)	(0.019)/(SDR)

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

Prepared By: Shanda Torbert Date: 3/23/2020

LANCE R. LEFLEUR
DIRECTOR

KAY IVEY
GOVERNOR

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

FACT SHEET

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

Date: March 25, 2020 **Prepared By:** Shanda Torbert

NPDES Permit No. AL0023159

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

   City of Lanett
   401 North Lanier Ave.
   Lanett, AL 36863

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

   Lanett WWTP
   1 Pecan Grove
   Lanett, Alabama 36863

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

   Waste Water Treatment Plant

4. **Applicant's Receiving Waters**

Receiving Waters	Classifications
CHATTAHOOCHEE RIVER	F&W

   For the Outfall latitude and longitude see the permit application.

5. **Permit Conditions:**

   See attached Rationale and Draft Permit.

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

   a. **Comment Period**

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

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

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

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

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

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

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

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

b. Public Hearing

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

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

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

c. Issuance of the Permit

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

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

d. Appeal Procedures

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

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

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

Facility Name: **Lanett WWTP**

NPDES No.: **AL0023159**

6/13/2017

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

ID	Pollutant	Carcinogen "YES"	Type	Background from upstream source (C_{d2}) Daily Max ug/l	Background from upstream source (C_{d2}) Monthly Ave ug/l	Background Instream (C_s) Daily Max ug/l	Background Instream (C_s) Monthly Ave ug/l	Enter Max Daily Discharge as reported by Applicant (C_d) Max ug/l	Enter Avg Daily Discharge as reported by Applicant (C_d) Ave ug/l	Partition Coefficient (Stream / Lake)
1	Antimony		Metals	0	0	0	0	0	0	-
2	**Arsenic*,****	YES	Metals	0	0	0	0	0	0	0.574
3	Beryllium		Metals	0	0	0	0	0	0	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	-
7	Copper**		Metals	0	0	0	0	9	7.1	0.388
8	Lead**		Metals	0	0	0	0	0	0	0.206
9	Mercury**		Metals	0	0	0	0	0.0189	0.01031	0.302
10	Nickel**		Metals	0	0	0	0	184	117	0.505
11	Selenium		Metals	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	424	256.1	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	83100	57800	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	**Acrylonitrile***	YES	VOC	0	0	0	0	0	0	-
20	**Aldrin**	YES	VOC	0	0	0	0	0	0	-
21	**Benzene***	YES	VOC	0	0	0	0	0	0	-
22	**Bromoform***	YES	VOC	0	0	0	0	0	0	-
23	**Carbon Tetrachloride***	YES	VOC	0	0	0	0	0	0	-
24	**Chlordane**	YES	VOC	0	0	0	0	0	0	-
25	Clorobenzene		VOC	0	0	0	0	0	0	-
26	**Chlorodibromo-Methane***	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	**ChloroForm***	YES	VOC	0	0	0	0	2.62	1.49	-
30	**4,4'-DDD**	YES	VOC	0	0	0	0	0	0	-
31	**4,4'-DDE**	YES	VOC	0	0	0	0	0	0	-
32	**4.4'-DDT**	YES	VOC	0	0	0	0	0	0	-
33	**Dichlorobromo-Methane***	YES	VOC	0	0	0	0	0	0	-
34	1, 1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	**1, 2-Dichloroethane***	YES	VOC	0	0	0	0	0	0	-
36	Trans-1, 2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	**1, 1-Dichloroethylene***	YES	VOC	0	0	0	0	0	0	-
38	1, 2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1, 3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	**Dieldrin**	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	-
44	**Methylene Chloride***	YES	VOC	0	0	0	0	0	0	-
45	**1, 1, 2, 2-Tetrachloro-Ethane***	YES	VOC	0	0	0	0	0	0	-
46	**Tetrachloro-Ethylene***	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	-
48	**Toxaphene**	YES	VOC	0	0	0	0	0	0	-
49	**Tributyltine (TBT)**	YES	VOC	0	0	0	0	0	0	-
50	1, 1, 1-Trichloroethane		VOC	0	0	0	0	0	0	-
51	**1, 1, 2-Trichloroethane***	YES	VOC	0	0	0	0	0	0	-
52	**Trichlorethylene***	YES	VOC	0	0	0	0	0	0	-
53	**Vinyl Chloride***	YES	VOC	0	0	0	0	0	0	-
54	P-Chloro-M-Cresol		Acids	0	0	0	0	0	0	-
55	2-Chlorophenol		Acids	0	0	0	0	0	0	-
56	2, 4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2, 4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2, 4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	**4,6-Dintro-2-methylophenol**	YES	Acids	0	0	0	0	0	0	-
61	**Dioxin (2,3,7,8-TCDD)**	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	**Pentachlorophenol***	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	**2, 4, 6-Trichlorophenol***	YES	Acids	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benzidine		Bases	0	0	0	0	0	0	-
71	**Benzo(A)Anthracene***	YES	Bases	0	0	0	0	0	0	-
72	**Benzo(A)Pyrene***	YES	Bases	0	0	0	0	0	0	-
73	3, 4 Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(GHI)Perylene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	**Bis (2-Chloroethyl)-Ether***	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroiso-Propyl) Ether		Bases	0	0	0	0	0	0	-
79	**Bis (2-Ethylhexyl) Phthalate***	YES	Bases	0	0	0	0	0	0	-
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
81	Butyl Benzyl Pithalate		Bases	0	0	0	0	0	0	-
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
84	**Chrysene***	YES	Bases	0	0	0	0	0	0	-
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	**Dibenzo(A,H)Anthracene***	YES	Bases	0	0	0	0	0	0	-
88	1, 2-Dichlorobenzene		Bases	0	0	0	0	0	0	-
89	1, 3-Dichlorobenzene		Bases	0	0	0	0	0	0	-
90	1, 4-Dichlorobenzene		Bases	0	0	0	0	0	0	-
91	**3, 3-Dichlorobenzidine***	YES	Bases	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	**2, 4-Dinitrotoluene***	YES	Bases	0	0	0	0	0	0	-
95	2, 6-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	-
97	**Endosulfan (alpha)**	YES	Bases	0	0	0	0	0	0	-
98	**Endosulfan (beta)**	YES	Bases	0	0	0	0	0	0	-
99	**Endosulfan sulfate**	YES	Bases	0	0	0	0	0	0	-
100	**Endrin**	YES	Bases	0	0	0	0	0	0	-
101	**Endrin Aldeyhide**	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptochlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	**Hexachlorobenzene***	YES	Bases	0	0	0	0	0	0	-
107	**Hexachlorobutadiene***	YES	Bases	0	0	0	0	0	0	-
108	**Hexachlorocyclohexan (alpa)**	YES	Bases	0	0	0	0	0	0	-
109	**Hexachlorocyclohexan (beta)**	YES	Bases	0	0	0	0	0	0	-
110	**Hexachlorocyclohexan (gamma)**	YES	Bases	0	0	0	0	0	0	-
111	HexachlorocycloPentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	**Indeno(1, 2, 3-CK)Pyrene***	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	**N-Nitrosodi-N-Propylamine***	YES	Bases	0	0	0	0	0	0	-
118	**N-Nitrosodi-N-Methylamine***	YES	Bases	0	0	0	0	0	0	-
119	**N-Nitrosodi-N-Phenylamine***	YES	Bases	0	0	0	0	0	0	-
120	**PCB-1016**	YES	Bases	0	0	0	0	0	0	-
121	**PCB-1221**	YES	Bases	0	0	0	0	0	0	-
122	**PCB-1232**	YES	Bases	0	0	0	0	0	0	-
123	**PCB-1242**	YES	Bases	0	0	0	0	0	0	-
124	**PCB-1248**	YES	Bases	0	0	0	0	0	0	-
125	**PCB-1254**	YES	Bases	0	0	0	0	0	0	-
126	**PCB-1260**	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1, 2, 4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

2.5	Enter Q_d = wastewater discharge flow from facility (MGD)
3.8680725	Q_d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Qd2 = background stream flow in MGD above point of discharge
0	Qd2 = background stream flow from upstream source (cfs)
1017.31	Enter 7Q10, Q_s = background stream flow in cfs above point of discharge
762.98	Enter or estimated, 1Q10, Q_s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
5050	Enter Mean Annual Flow, Q_s = background stream flow in cfs above point of discharge
1557.13	Enter 7Q2, Q_s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C_s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q_d +Qd2+Q_s	Q_r = resultant in-stream flow, after discharge
Calculated on other	C_r = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter, Background pH above point of discharge
YES	Enter, Is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

April 1, 2020

v 04.01.09

Facility Name: Lanett WWTP

NPDES No.: AL0023159

		Freshwater F&W classification				Freshwater Acute (ug/l) Q_s =1Q10					Freshwater Chronic (ug/l) Q_s = 7Q10				Human Health Consumption Fish only (ug/l) Carcinogen Q_s = Annual Average Non-Carcinogen Q_s = 7Q10			
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd2) Daily Max	Max Daily Discharge as reported by Applicant (C_{max})	Water Quality Criteria (C_c)	Draft Permit Limit (C_{max})	20% of Draft Permit Limit	RP?	Background from upstream source (Cd2) Monthly Ave	Avg Daily Discharge as reported by Applicant (C_{avg})	Water Quality Criteria (C_c)	Draft Permit Limit (C_{avg})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C_c)	Draft Permit Limit (C_{avg})	20% of Draft Permit Limit	RP?
1	Antimony			0	0	-	-	-	-	0	0	-	-	-	-	3.73E+02	9.86E+04	1.97E+04	No
2	Arsenic		YES	0	0	592.334	117430.727	23486.145	No	0	0	261.324	68990.015	13798.003	No	3.03E-01	3.96E+02	7.92E+01	No
3	Beryllium			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
4	Cadmium			0	0	4.347	861.821	172.364	No	0	0	0.844	169.914	33.983	No	-	-	-	-
5	Chromium/ Chromium III			0	0	1537.913	304892.308	60978.462	No	0	0	200.051	52813.789	10562.758	No	-	-	-	-
6	Chromium/ Chromium VI			0	0	16.000	3172.011	634.402	No	0	0	11.000	2904.020	580.804	No	-	-	-	-
7	Copper			0	9	18.026	3573.742	714.748	No	0	7.1	12.766	3370.133	674.027	No	-	-	-	-
8	Lead			0	0	146.291	29002.262	5800.452	No	0	0	5.701	1505.007	301.001	No	-	-	-	-
9	Mercury			0	0.0189	2.400	475.802	95.160	No	0	0.01031	0.012	3.168	0.634	No	4.24E-02	1.12E+01	2.24E+00	No
10	Nickel			0	184	515.824	102262.538	20452.508	No	0	117	57.292	15125.233	3025.047	No	9.93E+02	2.62E+05	5.24E+04	No
11	Selenium			0	0	20.000	3965.014	793.003	No	0	0	5.000	1320.009	264.002	No	2.43E+03	6.42E+05	1.28E+05	No
12	Silver			0	0	0.976	193.560	38.716	No	0	0	-	-	-	-	-	-	-	-
13	Thallium			0	0	-	-	-	-	0	0	-	-	-	-	2.74E-01	7.22E+01	1.44E+01	No
14	Zinc			0	424	197.569	39128.504	7825.701	No	0	266.1	198.983	52531.942	10506.388	No	1.49E+04	3.93E+06	7.86E+05	No
15	Cyanide			0	0	22.000	4361.515	872.303	No	0	0	5.200	1372.809	274.562	No	9.33E+03	2.46E+06	4.93E+05	No
16	Total Phenolic Compounds			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
17	Hardness (As CaCO3)			0	83100	-	-	-	-	0	57800	-	-	-	-	-	-	-	-
18	Acrolein			0	0	-	-	-	-	0	0	-	-	-	-	5.43E+00	1.43E+03	2.87E+02	No
19	Acrylonitrile		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.44E-01	1.88E+02	3.76E+01	No
20	Aldrin		YES	0	0	3.000	594.752	118.950	No	0	0	-	-	-	-	2.94E-05	3.84E-02	7.68E-03	No
21	Benzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.55E+01	2.02E+04	4.04E+03	No
22	Bromoform		YES	0	0	-	-	-	-	0	0	-	-	-	-	7.88E+01	1.03E+05	2.06E+04	No
23	Carbon Tetrachloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.57E-01	1.25E+03	2.50E+02	No
24	Chlordane		YES	0	0	2.400	475.802	95.160	No	0	0	0.0043	1.135	0.227	No	4.73E-04	6.18E-01	1.24E-01	No
25	Clorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	9.06E+02	2.39E+05	4.78E+04	No
26	Chlorodibromo-Methane		YES	0	0	-	-	-	-	0	0	-	-	-	-	7.41E+00	9.68E+03	1.94E+03	No
27	Chloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
28	2-Chloro-Ethylvinyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
29	ChloroForm		YES	0	2.62	-	-	-	-	0	1.49	-	-	-	-	1.02E+02	1.33E+05	2.67E+04	No
30	4,4' - DDD		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.81E-04	2.37E-01	4.74E-02	No
31	4,4' - DDE		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.28E-04	1.67E-01	3.35E-02	No
32	4,4' - DDT		YES	0	0	1.100	218.076	43.615	No	0	0	0.001	0.264	0.053	No	1.28E-04	1.67E-01	3.35E-02	No
33	Dichlorobromo-Methane		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.00E+01	1.31E+04	2.62E+03	No
34	1, 1-Dichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
35	1, 2-Dichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.14E+01	2.79E+04	5.58E+03	No
36	Trans-1, 2-Dichloro-Ethylene			0	0	-	-	-	-	0	0	-	-	-	-	5.91E+03	1.56E+06	3.12E+05	No
37	1, 1-Dichloroethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	4.17E+03	5.44E+06	1.09E+06	No
38	1, 2-Dichloropropane			0	0	-	-	-	-	0	0	-	-	-	-	8.49E+00	2.24E+03	4.48E+02	No
39	1, 3-Dichloro-Propylene			0	0	-	-	-	-	0	0	-	-	-	-	1.23E+01	3.24E+03	6.48E+02	No
40	Dieldrin		YES	0	0	0.240	47.580	9.516	No	0	0	0.056	14.784	2.957	No	3.12E-05	4.08E-02	8.16E-03	No
41	Ethylbenzene			0	0	-	-	-	-	0	0	-	-	-	-	1.24E+03	3.29E+05	6.57E+04	No
42	Methyl Bromide			0	0	-	-	-	-	0	0	-	-	-	-	6.71E+02	2.30E+05	4.60E+04	No
43	Methyl Chloride			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
44	Methylene Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.46E+02	4.52E+05	9.03E+04	No
45	1, 1, 2, 2-Tetrachloro-Ethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.33E+00	3.05E+03	6.10E+02	No
46	Tetrachloro-Ethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.92E+00	2.50E+03	5.01E+02	No
47	Toluene			0	0	-	-	-	-	0	0	-	-	-	-	8.72E+03	2.30E+06	4.61E+05	No
48	Toxaphene		YES	0	0	0.730	144.723	28.945	No	0	0	0.0002	0.053	0.011	No	1.62E-04	2.12E-01	4.23E-02	No
49	Tributyltin (TBT)		YES	0	0	0.460	91.195	18.239	No	0	0	0.072	19.008	3.802	No	-	-	-	-
50	1, 1, 1-Trichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
51	1, 1, 2-Trichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.10E+00	1.19E+04	2.38E+03	No
52	Trichlorethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.75E+01	2.28E+04	4.57E+03	No
53	Vinyl Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.42E+00	1.86E+03	3.72E+02	No
54	P-Chloro-M-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
55	2-Chlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	6.71E+01	2.30E+04	4.60E+03	No
56	2, 4-Dichlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	1.72E+02	4.54E+04	9.08E+03	No
57	2, 4-Dimethylphenol			0	0	-	-	-	-	0	0	-	-	-	-	4.98E+02	1.31E+05	2.63E+04	No
58	4, 6-Dinitro-O-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
59	2, 4-Dinitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	3.11E+03	8.21E+05	1.64E+05	No
60	4,6-Dinitro-2-methylphenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.65E+02	2.16E+05	4.32E+04	No
61	Dioxin (2,3,7,8-TCDD)		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.87E-08	3.48E-05	6.97E-06	No
62	2-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
63	4-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
64	Pentachlorophenol		YES	0	0	8.723	1729.404	345.881	No	0	0	6.693	1766.854	353.371	No	1.77E+00	2.31E+03	4.62E+02	No
65	Phenol			0	0	-	-	-	-	0	0	-	-	-	-	5.00E+05	1.32E+08	2.64E+07	No
66	2, 4, 6-Trichlorophenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.41E+00	1.85E+03	3.70E+02	No
67	Acenaphthene			0	0	-	-	-	-	0	0	-	-	-	-	5.79E+02	1.53E+05	3.05E+04	No
68	Acenaphthylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
69	Anthracene			0	0	-	-	-	-	0	0	-	-	-	-	2.33E+04	6.16E+06	1.23E+06	No
70	Benzidine			0	0	-	-	-	-	0	0	-	-	-	-	1.16E-04	3.06E-02	6.12E-03	No
71	Benzo(A)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.39E+01	2.78E+00	No
72	Benzo(A)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.39E+01	2.78E+00	No
73	Benzo(b)fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	2.81E+00	5.63E-01	No
74	Benzo(GHI)Perylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
75	Benzo(K)Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	2.81E+00	5.63E-01	No
76	Bis (2-Chloroethoxy) Methane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
77	Bis (2-Chloroethyl)-Ether		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.07E-01	4.02E+02	8.03E+01	No
78	Bis (2-Chloraso-Propyl) Ether			0	0	-	-	-	-	0	0	-	-	-	-	3.78E+04	9.98E+06	2.00E+06	No
79	Bis (2-Ethylhexyl) Phthalate		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.28E+00	1.68E+03	3.35E+02	No
80	4-Bromophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
81	Butyl Benzyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	1.33E+03	2.98E+05	5.95E+04	No
82	2-Chlorenaphthalene			0	0	-	-	-	-	0	0	-	-	-	-	9.24E+02	2.44E+05	4.88E+04	No
83	4-Chlorophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
84	Chrysene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.39E+01	2.78E+00	No
85	Di-N-Butyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	2.62E+03	6.92E+05	1.38E+05	No
86	Di-N-Octyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
87	Dibenzo(A,H)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.39E+01	2.78E+00	No
88	1, 2-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	7.55E+02	1.99E+05	3.99E+04	No
89	1, 3-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	5.62E+02	1.48E+05	2.97E+04	No
90	1, 4-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	1.12E+02	2.97E+04	5.94E+03	No
91	3, 3-Dichlorobenzidine		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.66E-02	2.17E+01	4.34E+00	No
92	Diethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	2.56E+04	6.75E+06	1.35E+06	No
93	Dimethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	6.48E+05	1.71E+08	3.42E+07	No
94	2, 4-Dinitrotoluene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.68E+00	2.59E+03	5.18E+02	No
95	2, 6-Dinitrotoluene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
96	1,2-Diphenylhydrazine			0	0	-	-	-	-	0	0	-	-	-	-	1.17E-01	3.09E+01	6.18E+00	No
97	Endosulfan (alpha)		YES	0	0	0.22	43.615	8.723	No	0	0	0.056	14.784	2.957	No	5.19E+01	6.77E+04	1.35E+04	No
98	Endosulfan (beta)		YES	0	0	0.22	43.615	8.723	No	0	0	0.056	14.784	2.957	No	5.19E+01	6.77E+04	1.35E+04	No
99	Endosulfan sulfate		YES	0	0	-	-	-	-	0	0	-	-	-	-	5.19E+01	6.77E+04	1.35E+04	No
100	Endrin		YES	0	0	0.086	17.050	3.410	No	0	0	0.036	9.504	1.901	No	3.53E-02	4.61E+01	9.22E+00	No
101	Endrin Aldeyhde		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.76E-01	2.30E+02	4.61E+01	No
102	Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	8.12E+01	2.14E+04	4.29E+03	No
103	Fluorene			0	0	-	-	-	-	0	0	-	-	-	-	3.11E+03	8.21E+05	1.64E+05	No
104	Heptochlor		YES	0	0	0.52	103.090	20.618	No	0	0	0.0038	1.003	0.201	No	4.63E-05	6.05E-02	1.21E-02	No
105	Heptachlor Epoxide		YES	0	0	0.52	103.090	20.618	No	0	0	0.0038	1.003	0.201	No	2.29E-05	2.99E-02	5.98E-03	No
106	Hexachlorobenzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.65E-04	2.19E-01	4.39E-02	No
107	Hexachlorobutadiene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.08E+01	1.41E+04	2.81E+03	No
108	Hexachlorocyclohexan (alpha)		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.85E-03	3.72E+00	7.44E-01	No
109	Hexachlorocyclohexan (beta)		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.97E-03	1.30E+01	2.61E+00	No
110	Hexachlorocyclohexan (gamma)		YES	0	0	0.95	188.338	37.668	No	0	0	-	-	-	-	1.08E+00	1.41E+03	2.81E+02	No
111	HexachlorocyclopPentadiene			0	0	-	-	-	-	0	0	-	-	-	-	6.46E+02	1.70E+05	3.41E+04	No
112	Hexachloroethane			0	0	-	-	-	-	0	0	-	-	-	-	1.92E+00	5.06E+02	1.01E+02	No
113	Indeno(1, 2, 3-CK)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.39E+01	2.78E+00	No
114	Isophorone			0	0	-	-	-	-	0	0	-	-	-	-	5.61E+02	1.48E+05	2.96E+04	No
115	Naphthalene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
116	Nitrobenzene			0	0	-	-	-	-	0	0	-	-	-	-	4.04E+02	1.07E+05	2.13E+04	No
117	N-Nitrosodi-N-Propylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.96E-01	3.85E+02	7.71E+01	No
118	N-Nitrosodimethylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.76E+00	2.30E+03	4.60E+02	No
119	N-Nitrosodiphenylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.50E+00	4.57E+03	9.15E+02	No
120	PCB-1016		YES	0	0	-	-	-	-	0	0	0.014	3.696	0.739	No	3.74E-05	4.89E-02	9.77E-03	No
121	PCB-1221		YES	0	0	-	-	-	-	0	0	0.014	3.696	0.739	No	3.74E-05	4.89E-02	9.77E-03	No
122	PCB-1232		YES	0	0	-	-	-	-	0	0	0.014	3.696	0.739	No	3.74E-05	4.89E-02	9.77E-03	No
123	PCB-1242		YES	0	0	-	-	-	-	0	0	0.014	3.696	0.739	No	3.74E-05	4.89E-02	9.77E-03	No
124	PCB-1248		YES	0	0	-	-	-	-	0	0	0.014	3.696	0.739	No	3.74E-05	4.89E-02	9.77E-03	No
125	PCB-1254		YES	0	0	-	-	-	-	0	0	0.014	3.696	0.739	No	3.74E-05	4.89E-02	9.77E-03	No
126	PCB-1260		YES	0	0	-	-	-	-	0	0	0.014	3.696	0.739	No	3.74E-05	4.89E-02	9.77E-03	No
127	Phenanthrene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
128	Pyrene			0	0	-	-	-	-	0	0	-	-	-	-	2.33E+03	6.16E+05	1.23E+05	No
129	1, 2, 4-Trichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	4.09E+01	1.08E+04	2.16E+03	No

Facility Name: **Lanett WWTP**

NPDES No.: **AL0023159**

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

ID	Pollutant	Carcinogen "yes"	Type	Background from upstream source (C_{d2}) Daily Max µg/l	Background from upstream source (C_{d2}) Monthly Ave µg/l	Background Instream (C_s) Daily Max µg/l	Background Instream (C_s) Monthly Ave µg/l	Enter Max Daily Discharge as reported by Applicant (C_{dmax}) µg/l	Enter Avg Daily Discharge as reported by Applicant (C_{davg}) µg/l	Partition Coefficient (Stream / Lake)
1	Antimony		Metals	0	0	0	0	0	0	-
2	**Arsenic*,****	YES	Metals	0	0	0	0	0	0	0.574
3	Berylium		Metals	0	0	0	0	0	0	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	-
7	Copper**		Metals	0	0	0	0	9	7.1	0.368
8	Lead**		Metals	0	0	0	0	0	0	0.467
9	Mercury**		Metals	0	0	0	0	0.0189	0.01031	0.302
10	Nickel**		Metals	0	0	0	0	184	117	0.505
11	Selenium		Metals	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	424	266.1	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	83100	57800	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	**Acrylonitrile***	YES	VOC	0	0	0	0	0	0	-
20	**Aldrin**	YES	VOC	0	0	0	0	0	0	-
21	**Benzene***	YES	VOC	0	0	0	0	0	0	-
22	**Bromoform***	YES	VOC	0	0	0	0	0	0	-
23	**Carbon Tetrachloride***	YES	VOC	0	0	0	0	0	0	-
24	**Chlordane**	YES	VOC	0	0	0	0	0	0	-
25	Clorobenzene		VOC	0	0	0	0	0	0	-
26	**Chlorodibromo-Methane***	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	**ChloroForm***	YES	VOC	0	0	0	0	2.62	1.49	-
30	**4,4'-DDD**	YES	VOC	0	0	0	0	0	0	-
31	**4,4'-DDE**	YES	VOC	0	0	0	0	0	0	-
32	**4.4'-DDT**	YES	VOC	0	0	0	0	0	0	-
33	**Dichlorobromo-Methane***	YES	VOC	0	0	0	0	0	0	-
34	1, 1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	**1, 2-Dichloroethane***	YES	VOC	0	0	0	0	0	0	-
36	Trans-1, 2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	**1, 1-Dichloroethylene***	YES	VOC	0	0	0	0	0	0	-
38	1, 2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1, 3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	**Dieldrin**	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	-
44	**Methylene Chloride***	YES	VOC	0	0	0	0	0	0	-
45	**1, 1, 2, 2-Tetrachloro-Ethane***	YES	VOC	0	0	0	0	0	0	-
46	**Tetrachloro-Ethylene***	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	-
48	**Toxaphene**	YES	VOC	0	0	0	0	0	0	-
49	**Tributyltine (TBT)**	YES	VOC	0	0	0	0	0	0	-
50	1, 1, 1-Trichloroethane		VOC	0	0	0	0	0	0	-
51	**1, 1, 2-Trichloroethane***	YES	VOC	0	0	0	0	0	0	-
52	**Trichlorethylene***	YES	VOC	0	0	0	0	0	0	-
53	**Vinyl Chloride***	YES	VOC	0	0	0	0	0	0	-
54	P-Chloro-M-Cresol		Acids	0	0	0	0	0	0	-
55	2-Chlorophenol		Acids	0	0	0	0	0	0	-
56	2, 4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2, 4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2, 4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	**4,6-Dintro-2-methylophenol**	YES	Acids	0	0	0	0	0	0	-
61	**Dioxin (2,3,7,8-TCDD)**	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	**Pentachlorophenol***	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	**2, 4, 6-Trichlorophenol***	YES	Acids	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benzidine		Bases	0	0	0	0	0	0	-
71	**Benzo(A)Anthracene***	YES	Bases	0	0	0	0	0	0	-
72	**Benzo(A)Pyrene***	YES	Bases	0	0	0	0	0	0	-
73	3, 4 Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(GHI)Perylene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	**Bis (2-Chloroethyl)-Ether***	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroiso-Propyl) Ether		Bases	0	0	0	0	0	0	-
79	**Bis (2-Ethylhexyl) Phthalate***	YES	Bases	0	0	0	0	0	0	-
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	0	-
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
84	**Chrysene***	YES	Bases	0	0	0	0	0	0	-
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	**Dibenzo(A,H)Anthracene***	YES	Bases	0	0	0	0	0	0	-
88	1, 2-Dichlorobenzene		Bases	0	0	0	0	0	0	-
89	1, 3-Dichlorobenzene		Bases	0	0	0	0	0	0	-
90	1, 4-Dichlorobenzene		Bases	0	0	0	0	0	0	-
91	**3, 3-Dichlorobenzene***	YES	Bases	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	**2, 4-Dinitrotoluene***	YES	Bases	0	0	0	0	0	0	-
95	2, 6-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	-
97	**Endosulfan (alpha)**	YES	Bases	0	0	0	0	0	0	-
98	**Endosulfan (beta)**	YES	Bases	0	0	0	0	0	0	-
99	**Endosulfan sulfate**	YES	Bases	0	0	0	0	0	0	-
100	**Endrin**	YES	Bases	0	0	0	0	0	0	-
101	**Endrin Aldeyhide**	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptochlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	**Hexachlorobenzene***	YES	Bases	0	0	0	0	0	0	-
107	**Hexachlorobutadiene***	YES	Bases	0	0	0	0	0	0	-
108	**Hexachlorocyclohexan (alpa)**	YES	Bases	0	0	0	0	0	0	-
109	**Hexachlorocyclohexan (beta)**	YES	Bases	0	0	0	0	0	0	-
110	**Hexachlorocyclohexan (gamma)**	YES	Bases	0	0	0	0	0	0	-
111	HexachlorocycloPentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	**Indeno(1, 2, 3-CK)Pyrene***	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	**N-Nitrosodi-N-Propylamine***	YES	Bases	0	0	0	0	0	0	-
118	**N-Nitrosodi-N-Methylamine***	YES	Bases	0	0	0	0	0	0	-
119	**N-Nitrosodi-N-Phenylamine***	YES	Bases	0	0	0	0	0	0	-
120	**PCB-1016**	YES	Bases	0	0	0	0	0	0	-
121	**PCB-1221**	YES	Bases	0	0	0	0	0	0	-
122	**PCB-1232**	YES	Bases	0	0	0	0	0	0	-
123	**PCB-1242**	YES	Bases	0	0	0	0	0	0	-
124	**PCB-1248**	YES	Bases	0	0	0	0	0	0	-
125	**PCB-1254**	YES	Bases	0	0	0	0	0	0	-
126	**PCB-1260**	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1, 2, 4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

2.5	Enter Q_d = wastewater discharge flow from facility (MGD)
3.868073	Q_d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter or estimated, Qd2 = background stream flow from upstream source (cfs)
1017.31	Enter 7Q10, Q_s = background stream flow in cfs above point of discharge
762.98	Enter or estimated, 1Q10, Q_s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
0	Enter flow from upstream discharge Qd2 = background stream flow in MGD above point of discharge
5050	Enter Mean Annual Flow, Q_s = background stream flow in cfs above point of discharge
1557.13	Enter 7Q2, Q_s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C_s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q_d +Qd2+Q_s	Q_r = resultant in-stream flow, after discharge
Calculated on other sheets	C_r = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter, Background pH above point of discharge
YES	Enter, Is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

April 1, 2020
Modified: 8/4/09

Facility Name: **Lanett WWTP**

NPDES No.: **AL0023159**

Georgia Freshwater Aquatic Life Criteria					Max Daily Discharge as reported by Applicant (C_{dmax})	Freshwater Acute (µg/l) Q_s =1Q10					Avg Daily Discharge as reported by Applicant (C_{davg})	Freshwater Chronic (µg/l) Q_s = 7Q10			
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd2) Daily Max		Water Quality Criteria (C_r)	Draft Permit Limit (C_{dmax})	20% of Draft Permit Limit	RP?	Background from upstream source (Cd2) Monthly Ave		Water Quality Criteria (C_r)	Draft Permit Limit (C_{davg})	20% of Draft Permit Limit	RP?
2	Arsenic		YES	0	0	592.334	117430.727	23486.145	No	0	0	261.324	68990.015	13798.003	No
4	Cadmium			0	0	4.347	861.821	172.364	No	0	0	0.644	169.914	33.983	No
5	Chromium/ Chromium III			0	0	1537.913	304892.308	60978.462	No	0	0	200.051	52813.789	10562.758	No
6	Chromium/ Chromium VI			0	0	16.000	3172.011	634.402	No	0	0	11.000	2904.020	580.804	No
7	Copper			0	9	18.026	3573.742	714.748	No	0	7.1	12.766	3370.133	674.027	No
8	Lead			0	0	64.531	12793.289	2558.658	No	0	0	2.515	663.879	132.776	No
9	Mercury			0	0.0189	1.400	277.551	55.510	No	0	0.01031	0.012	3.168	0.634	No
10	Nickel			0	184	515.824	102262.538	20452.508	No	0	117	57.292	15125.233	3025.047	No
11	Selenium			0	0	-	-	-	-	0	0	5.000	1320.009	264.002	No
12	Silver			0	0	0.976	193.580	38.716	No	0	0	-	-	-	-
14	Zinc			0	424	197.369	39128.504	7825.701	No	0	266.1	198.983	52531.942	10506.388	No

Waste Load Allocation Summary

Comments Included: ☑ Yes ☐ No

General Information

Information Verified By: JBR

Receiving Stream Name	Chattahoochee River	Year File Was Created	2000
Previous File Name		OR: Local Name (If applicable)	
Facility Name	Lanett WWTP		
Previous Discharger Name		Or-AKA (includes previous file name)	
11 Digit HUC Code	03130002250		
12 Digit HUC Code	031300020908		
River Basin	Chattahoochee		
County	Chambers		
Use Classification	F&W	Date of WLA Response	10/24/2014
Discharge Latitude	32.86016	Lat/Long Method	GPS
Discharge Longitude	-85.18421		
Site Visit Completed?	☑ Yes ☐ No	Approved TMDL?	☐ Yes ☑ No
Date of Site Visit	10/6/2014	Approval Date of TMDL	
Waterbody Impaired?	☐ Yes ☑ No		
Antidegradation	☐ Yes ☑ No		
Waterbody Tier Level	Tier II		
Use Support Category	1		
Other Point Sources?	☑ Yes ☐ No		

Print Record | Close Form

Permit Information

Permit Number	AL0023159
Permit Status	Active

Sources Included in Model

West Point WWTP
Long Cane Creek WWTP

Type of Discharger

- ☑ Municipal
- ☐ Industrial
- ☐ Semipublic/Private
- ☐ Mining

Waste Load Allocation Information

Modeled Reach Length	6.2	Miles	Date of Allocation	10/24/2014
Name of Model Used	QUAL2E		Allocation Type	Annual
Model Completed by	Justin Rigdon		Type of Model Used	Desk-top
Allocation Developed by	Water Quality Branch			

Waste Load Allocation Summary

Annual Effluent Limits		
Qw	2.5	MGD
CBOD5	25	mg/L
NH3-N	20	mg/L
TKN		mg/L
D.O.	6	mg/L

Conventional Parameters

Qw		MGD	Qw		MGD
Season			Season		
From			From		
Through			Through		
CBOD5		mg/L	CBOD5		mg/L
NH3-N		mg/L	NH3-N		mg/L
TKN		mg/L	TKN		mg/L
D.O.		mg/L	D.O.		mg/L

Other Parameters

Qw		MGD	Qw		MGD
Season			Season		
From			From		
Through			Through		
TP		mg/L	TP		mg/L
TN		mg/L	TN		mg/L
TSS		mg/L	TSS		mg/L
		mg/L			mg/L

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

Water Quality Characteristics Immediately Upstream of Discharge

Parameter	Summer		Winter	
CBODu	2	mg/l		mg/l
NH3-N	0.11	mg/l		mg/l
Temperature	30	°C		°C
pH	7	su		su

Hydrology at Discharge Location

Drainage Area Qualifier				Method Used to Calculate
Exact	Drainage Area	3550	sq mi	
	Stream 7Q10	1017.31	cfs	ADEM Estimate w/USGS Gage Data
	Stream 30Q2	762.98	cfs	75%of 7Q10
	Stream 7Q2	1557.13	cfs	ADEM Estimate w/USGS Gage Data
	Annual Average	5050	cfs	

Comments and/or Notations

It should be noted that this facility discharges into waters of the state of Georgia. As such it is subject to Georgia water quality standards. The Georgia designated uses for this segment are Fishing and Drinking Water.

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

Mixing Zone Analysis Summary

General Information

Comments included: ☐ Yes ☑ No

Year File Was Started: 2000

Information Verified By: JBR

Date of MZ Response: 10/24/2014

Name of Receiving Stream: Chattahoochee River

Previous file name:

Or-AKA (If applicable)

Facility Name: Lanett WWTP

Previous Name of Discharger:

Or-AKA (If applicable)

11 Digit HUC Code USGS: 03130002250

Other Point Sources? ☐ Yes ☑ No

12 Digit HUC Code: 031300020908

Sources Included in the Model:

River Basin: Chattahoochee

County: Chambers

Use Classification: F&W

Discharge Latitude: 32.86016

Discharge Longitude: -85.18421

Site Visit Completed? ☑ Yes ☐ No

Date of Site Visit: 10/6/2014

Print Record

Close Form

Permit Information

Type of Discharger
- ☑ Municipal
- ☐ Industrial
- ☐ Semipublic/Private

Permit Number: AL0023159

Permit Status: Active

Hydrology

			Method Used to Calculate
Drainage Area	3550	sq mi	
Stream 7Q10	1017.31	cfs	ADEM Estimate w/USGS Gage Data
Stream 1Q10	762.98	cfs	75%of 7Q10
Stream 7Q2	1557.13	cfs	ADEM Estimate w/USGS Gage Data

Date of MZ Analysis: 10/24/2014

Model Completed by: Justin Rigdon

Discharge Design Flow: 2.5 MGD

Seasonal? ☐ Yes ☑ No

If not seasonal, only the summer sections will be used

Pollutant Category

Whole Effluent Toxicity (WET) ☑ Thermal ☐ Pathogens ☐

Mixing Zone Analysis Summary - Page 2

WET Parameters

Summer

Acute

Ambient Streamflow	762.98	cfs
ZID Length		Meters
ZID IWC	19.4	%

Chronic

Ambient Streamflow		cfs
Mixing Zone Length		Meters
Mixing Zone IWC		%

Winter

Acute

Ambient Streamflow		cfs
ZID Length		Meters
ZID IWC		%

Chronic

Ambient Streamflow		cfs
Mixing Zone Length		Meters
Mixing Zone IWC		%

Thermal Parameters

Summer

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

Winter

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

Pathogen Parameters

Summer

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

Winter

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

Comments and/or Notations

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

Last Revision: 8/30/06

EPA Identification Number	NPDES Permit Number	Facility Name
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Form 2A NPDES

EPA

U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS

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

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Facility Information

1.1 Facility name
Lanett Wastewater Treatment Facility

Mailing address (street or P.O. box)
1 Pecan Grove

City or town	State	ZIP code
Lanett	Alabama	36863

Contact name (first and last)	Title	Phone number	Email address
Jeff Aston	Project Mngr/Chief Operator	(205) 721-3310	jeff.aston@clearwatersol.com

Location address (street, route number, or other specific identifier) ☑ Same as mailing address

City or town	State	ZIP code

1.2 Is this application for a facility that has yet to commence discharge?
☐ Yes ➔ See instructions on data submission requirements for new dischargers. ☑ No

Applicant Information

1.3 Is applicant different from entity listed under Item 1.1 above?
☐ Yes ☑ No ➔ SKIP to Item 1.4.

Applicant name

Applicant address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

1.4 Is the applicant the facility's owner, operator, or both? (Check only one response.)
☐ Owner ☑ Operator ☐ Both

1.5 To which entity should the NPDES permitting authority send correspondence? (Check only one response.)
☑ Facility ☐ Applicant ☐ Facility and applicant (they are one and the same)

Existing Environmental Permits

1.6 Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)

Existing Environmental Permits		
☑ NPDES (discharges to surface water) AL0023159	☐ RCRA (hazardous waste)	☐ UIC (underground injection control)
☐ PSD (air emissions)	☐ Nonattainment program (CAA)	☐ NESHAPs (CAA)
☐ Ocean dumping (MPRSA)	☐ Dredge or fill (CWA Section 404)	☐ Other (specify)

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EPA Identification Number	NPDES Permit Number	Facility Name
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Collection System and Population Served

1.7 Provide the collection system information requested below for the treatment works.

Municipality Served	Population Served	Collection System Type (indicate percentage)	Ownership Status
City of Lanett	6236	100 % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☑ Own ☑ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		____ % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		____ % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		____ % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
Total Population Served	6236		

	Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer
Total percentage of each type of sewer line (in miles)	100 %	%

Indian Country

1.8 Is the treatment works located in Indian Country?

☐ Yes ☑ No

1.9 Does the facility discharge to a receiving water that flows through Indian Country?

☐ Yes ☑ No

Design and Actual Flow Rates

1.10 Provide design *and* actual flow rates in the designated spaces.

Design Flow Rate
2.50 mgd

Annual Average Flow Rates (Actual)		
Two Years Ago	Last Year	This Year
2.026 mgd	2.303 mgd	1.789 mgd

Maximum Daily Flow Rates (Actual)		
Two Years Ago	Last Year	This Year
6.821 mgd	7.024 mgd	5.826 mgd

Discharge Points by Type

1.11 Provide the total number of effluent discharge points to waters of the United States by type.

Total Number of Effluent Discharge Points by Type				
Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
1	0	0	0	0

Outfalls and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the United States

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

☐ Yes ☑ No ➔ SKIP to Item 1.14.

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

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent

1.14 Is wastewater applied to land?

☐ Yes ☑ No ➔ SKIP to Item 1.16.

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

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	☐ Continuous ☐ Intermittent
	acres	gpd	☐ Continuous ☐ Intermittent
	acres	gpd	☐ Continuous ☐ Intermittent

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

☐ Yes ☑ No ➔ SKIP to Item 1.21.

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

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

☐ Yes ☐ No ➔ SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

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

Outfalls and Other Discharge or Disposal Methods Continued

1.20 In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.

Receiving Facility Data		
Facility name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	
NPDES number of receiving facility (if any) ☐ None	Average daily flow rate mgd	

1.21 Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?

☐ Yes ☑ No ➔ SKIP to Item 1.23.

1.22 Provide information in the table below on these other disposal methods.

Information on Other Disposal Methods				
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	☐ Continuous ☐ Intermittent
		acres	gpd	☐ Continuous ☐ Intermittent
		acres	gpd	☐ Continuous ☐ Intermittent

Variance Requests

1.23 Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

☐ Discharges into marine waters (CWA Section 301(h))

☐ Water quality related effluent limitation (CWA Section 302(b)(2))

☑ Not applicable

Contractor Information

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

☑ Yes ☐ No ➔SKIP to Section 2.

1.25 Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.

Contractor Information			
	Contractor 1	Contractor 2	Contractor 3
Contractor name (company name)	Clear Water Solutions LLC		
Mailing address (street or P.O. box)	2178 Moores Mill Rd		
City, state, and ZIP code	Auburn, AL 36830		
Contact name (first and last)	Jeff Aston		
Phone number	(205) 721-3310		
Email address	jeff.aston@clearwatersol.com		
Operational and maintenance responsibilities of contractor	Project Manager, Chief Operator, Laboratory operations, maintainer		

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

Design Flow

Outfalls to Waters of the United States

2.1 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

☑ Yes ☐ No ➔ SKIP to Section 3.

Inflow and Infiltration

2.2 Provide the treatment works' current average daily volume of inflow and infiltration.

Average Daily Volume of Inflow and Infiltration
100,000 gpd

Indicate the steps the facility is taking to minimize inflow and infiltration.

No steps taken at this time.

Topographic Map

2.3 Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.)

☑ Yes ☐ No

Flow Diagram

2.4 Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.)

☑ Yes ☐ No

Scheduled Improvements and Schedules of Implementation

2.5 Are improvements to the facility scheduled?

☐ Yes ☑ No ➔ SKIP to Section 3.

Briefly list and describe the scheduled improvements.

1.

2.

3.

4.

2.6 Provide scheduled or actual dates of completion for improvements.

Scheduled or Actual Dates of Completion for Improvements					
Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.					
2.					
3.					
4.					

2.7 Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response.

☐ Yes ☐ No ☑ None required or applicable

Explanation:

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

Description of Outfalls

3.1 Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)

	Outfall Number 0021	Outfall Number _____	Outfall Number _____
State	Alabama		
County	Chambers		
City or town	Lanett		
Distance from shore	100 ft.	ft.	ft.
Depth below surface	5 ft.	ft.	ft.
Average daily flow rate	1.79 mgd	mgd	mgd
Latitude	32° 51′ 36″ N	° ′ ″	° ′ ″
Longitude	-85° 11′ 2.77″ W	° ′ ″	° ′ ″

Seasonal or Periodic Discharge Data

3.2 Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges?

☐ Yes ☑ No → SKIP to Item 3.4.

3.3 If so, provide the following information for each applicable outfall.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Number of times per year discharge occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs			

Diffuser Type

3.4 Are any of the outfalls listed under Item 3.1 equipped with a diffuser?

☑ Yes ☐ No → SKIP to Item 3.6.

3.5 Briefly describe the diffuser type at each applicable outfall.

	Outfall Number 0021	Outfall Number _____	Outfall Number _____
	Red valve Tideflex Check Valve Diffuser		

Waters of the U.S.

3.6 Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points?

☑ Yes ☐ No → SKIP to Section 6.

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Receiving Water Description

3.7 Provide the receiving water and related information (if known) for each outfall.

	Outfall Number 0021	Outfall Number ____	Outfall Number ____
Receiving water name	Chattahoochee River		
Name of watershed, river, or stream system	Chattahoochee/Lake Harding		
U.S. Soil Conservation Service 14-digit watershed code			
Name of state management/river basin			
U.S. Geological Survey 8-digit hydrologic cataloging unit code			
Critical low flow (acute)	cfs	cfs	cfs
Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of $CaCO_3$	mg/L of $CaCO_3$	mg/L of $CaCO_3$

Treatment Description

3.8 Provide the following information describing the treatment provided for discharges from each outfall.

	Outfall Number 0021	Outfall Number ____	Outfall Number ____
Highest Level of Treatment (check all that apply per outfall)	☐ Primary ☐ Equivalent to secondary ☑ Secondary ☐ Advanced ☐ Other (specify) ____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) ____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) ____
Design Removal Rates by Outfall			
BOD_5 or $CBOD_5$	85 %	%	%
TSS	85 %	%	%
Phosphorus	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %
Nitrogen	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %
Other (specify) ____	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %

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Treatment Description Continued

3.9 Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.

	Outfall Number 0021	Outfall Number ____	Outfall Number ____
Disinfection type	Chlorination		
Seasons used	All		
Dechlorination used?	☐ Not applicable ☐ Yes ☑ No	☐ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No

Effluent Testing Data

3.10 Have you completed monitoring for all Table A parameters and attached the results to the application package?

☑ Yes ☐ No

3.11 Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points?

☑ Yes ☐ No ➔ SKIP to Item 3.13.

3.12 Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.

	Outfall Number 0021		Outfall Number ____		Outfall Number ____	
	Acute	Chronic	Acute	Chronic	Acute	Chronic
Number of tests of discharge water	8					
Number of tests of receiving water						

3.13 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

☑ Yes ☐ No ➔ SKIP to Item 3.16.

3.14 Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent?

☑ Yes ➔ Complete Table B, including chlorine. ☐ No ➔ Complete Table B, omitting chlorine.

3.15 Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package?

☑ Yes ☐ No

3.16 Does one or more of the following conditions apply?

- The facility has a design flow greater than or equal to 1 mgd.
- The POTW has an approved pretreatment program or is required to develop such a program.
- The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).

☑ Yes ➔ Complete Tables C, D, and E as applicable. ☐ No ➔ SKIP to Section 4.

3.17 Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package?

☑ Yes ☐ No

3.18 Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package?

☐ Yes ☑ No additional sampling required by NPDES permitting authority.

Effluent Testing Data Continued

3.19 Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?

☑ Yes ☐ No ➔ Complete tests and Table E and SKIP to Item 3.26.

3.20 Have you previously submitted the results of the above tests to your NPDES permitting authority?

☑ Yes ☐ No ➔ Provide results in Table E and SKIP to Item 3.26.

3.21 Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.

Date(s) Submitted (MM/DD/YYYY)	Summary of Results
12/17/2019	Test organism Ceriodaphnia dubia: PASS Test organism Pimephales promelas: PASS

3.22 Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?

☐ Yes ☑ No ➔ SKIP to Item 3.26.

3.23 Describe the cause(s) of the toxicity:

3.24 Has the treatment works conducted a toxicity reduction evaluation?

☐ Yes ☑ No ➔ SKIP to Item 3.26.

3.25 Provide details of any toxicity reduction evaluations conducted.

3.26 Have you completed Table E for all applicable outfalls and attached the results to the application package?

☑ Yes ☐ Not applicable because previously submitted information to the NPDES permitting authority.

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

Industrial Discharges and Hazardous Wastes

4.1 Does the POTW receive discharges from SIUs or NSCIUs?

☑ Yes ☐ No ➔ SKIP to Item 4.7.

4.2 Indicate the number of SIUs and NSCIUs that discharge to the POTW.

Number of SIUs	Number of NSCIUs
5	0

4.3 Does the POTW have an approved pretreatment program?

☐ Yes ☑ No

4.4 Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?

☐ Yes ☑ No ➔ SKIP to Item 4.6.

4.5 Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.

4.6 Have you completed and attached Table F to this application package?

☑ Yes ☐ No

Industrial Discharges and Hazardous Wastes Continued

4.7 Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261?

☐ Yes ☑ No ➔ SKIP to Item 4.9.

4.8 If yes, provide the following information:

Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		

4.9 Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?

☐ Yes ☑ No ➔ SKIP to Section 5.

4.10 Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)?

☐ Yes ➔ SKIP to Section 5. ☐ No

4.11 Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW?

☐ Yes ☐ No

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

CSO Map and Diagram

5.1 Does the treatment works have a combined sewer system?

☐ Yes ☑ No ➔SKIP to Section 6.

5.2 Have you attached a CSO system map to this application? (See instructions for map requirements.)

☐ Yes ☐ No

5.3 Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)

☐ Yes ☐ No

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CSO Outfall Description

5.4 For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
City or town			
State and ZIP code			
County			
Latitude	° ' "	° ' "	° ' "
Longitude	° ' "	° ' "	° ' "
Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.

CSO Monitoring

5.5 Did the POTW monitor any of the following items in the past year for its CSO outfalls?

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Rainfall	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO flow volume	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO pollutant concentrations	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Receiving water quality	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO frequency	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Number of storm events	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CSO Events in Past Year

5.6 Provide the following information for each of your CSO outfalls.

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Number of CSO events in the past year	events	events	events
Average duration per event	hours ☐ Actual or ☐ Estimated	hours ☐ Actual or ☐ Estimated	hours ☐ Actual or ☐ Estimated
Average volume per event	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall ☐ Actual or ☐ Estimated	inches of rainfall ☐ Actual or ☐ Estimated	inches of rainfall ☐ Actual or ☐ Estimated

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CSO Receiving Waters

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

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

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

Checklist and Certification Statement

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

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

6.2 **Certification Statement**

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

Name (print or type first and last name)	Official title
Kyle McCoy	Mayor, City of Lanett
Signature: Jonathan McCoy	Date signed: 1-31-2020

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand ☐ BOD_5 or ☑ $CBOD_5$ (report one)	11.86	mg/L	4.14	mg/L	106		☐ ML ☐ MDL
Fecal coliform	228	CFU/100 mL	47.4	CFU/100 mL	106		☐ ML ☐ MDL
Design flow rate	5.826	MGD	1.789	MGD	365		
pH (minimum)	6.53	s.u.					
pH (maximum)	7.35	s.u.					
Temperature (winter)	71	deg C	74.9	deg C	365		
Temperature (summer)	100	deg C	98.7	deg C	365		
Total suspended solids (TSS)	13.00	mg/L	2.97	mg/L	106		☐ ML ☐ MDL

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

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	6.89	mg/L	.99	mg/L	102		☐ ML ☐ MDL
Chlorine (total residual, TRC)[2]	.97	mg/L	.44	mg/L	133		☐ ML ☐ MDL
Dissolved oxygen	9.14	mg/L	6.75	mg/L	122		☐ ML ☐ MDL
Nitrate/nitrite	4.76	mg/L	2.61	mg/L	12		☐ ML ☐ MDL
Kjeldahl nitrogen	3.03	mg/L	1.62	mg/L	12		☐ ML ☐ MDL
Oil and grease	< 4.56	mg/L	< 4.56	mg/L	3		☐ ML ☐ MDL
Phosphorus	.93	mg/L	.39	mg/L	12		☐ ML ☐ MDL
Total dissolved solids							☐ ML ☐ MDL

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

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

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS.

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as $CaCO_3$)	83.1	mg/L CaCo3 (EDTA)	57.8	mg/L CaCo3 (EDTA)	3	SM 2340C-2011	5 ☐ ML ☑ MDL
Antimony, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	11.4 ☐ ML ☑ MDL
Arsenic, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	21 ☐ ML ☑ MDL
Beryllium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	1.8 ☐ ML ☑ MDL
Cadmium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	4.3 ☐ ML ☑ MDL
Chromium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	7.6 ☐ ML ☑ MDL
Copper, total recoverable	9.0	ug/L	7.1	ug/L	3	EPA 200.7	3.1 ☐ ML ☑ MDL
Lead, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	23.3 ☐ ML ☑ MDL
Mercury, total recoverable	18.9	ng/L	10.31	ng/L	3	EPA 1631E	0.20 ☐ ML ☑ MDL
Nickel, total recoverable	184	ug/L	117	ug/L	3	EPA 200.7	4.8 ☐ ML ☑ MDL
Selenium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	12.4 ☐ ML ☑ MDL
Silver, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	4.1 ☐ ML ☑ MDL
Thallium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	10.5 ☐ ML ☑ MDL
Zinc, total recoverable	424	ug/L	266.1	ug/L	3	EPA 200.7	4.5 ☐ ML ☑ MDL
Cyanide	BMDL	mg/L	BMDL	mg/L	3	EPA 335.4	0.004 ☐ ML ☑ MDL
Total phenolic compounds	BMDL	mg/L	BMDL	mg/L	3	EPA 420.1	0.05 ☐ ML ☑ MDL
Volatile Organic Compounds							
Acrolein	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	30.8 ☐ ML ☑ MDL
Acrylonitrile	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	25.5 ☐ ML ☑ MDL
Benzene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.85 ☐ ML ☑ MDL
Bromoform	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	3.05 ☐ ML ☑ MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.618 ☐ ML ☑ MDL
Chlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.755 ☐ ML ☑ MDL
Chlorodibromomethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.54 ☑ ML ☑ MDL
Chloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.8 ☐ ML ☑ MDL
2-chloroethylvinyl ether	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	5.09 ☐ ML ☑ MDL
Chloroform	2.62	ug/L	1.49	ug/L	3	EPA 624.1	1.73 ☐ ML ☑ MDL
Dichlorobromomethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.858 ☐ ML ☑ MDL
1,1-dichloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.94 ☐ ML ☑ MDL
1,2-dichloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.27 ☐ ML ☑ MDL
trans-1,2-dichloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.17 ☐ ML ☑ MDL
1,1-dichloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.0 ☐ ML ☑ MDL
1,2-dichloropropane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.8 ☐ ML ☑ MDL
1,3-dichloropropylene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.629 ☐ ML ☑ MDL
Ethylbenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.57 ☐ ML ☑ MDL
Methyl bromide	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	4.76 ☐ ML ☑ MDL
Methyl chloride	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.88 ☐ ML ☑ MDL
Methylene chloride	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.88 ☐ ML ☑ MDL
1,1,2,2-tetrachloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.94 ☐ ML ☑ MDL
Tetrachloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	.082 ☐ ML ☑ MDL
Toluene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.67 ☐ ML ☑ MDL
1,1,1-trichloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.69 ☐ ML ☑ MDL
1,1,2-trichloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.766 ☐ ML ☑ MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	1.5 ☐ ML ☑ MDL
Vinyl chloride	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	2.09 ☐ ML ☑ MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.95 ☐ ML ☑ MDL
2-chlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.81 ☐ ML ☑ MDL
2,4-dichlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	13.2 ☐ ML ☑ MDL
2,4-dimethylphenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	11.3 ☐ ML ☑ MDL
4,6-dinitro-o-cresol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.04 ☐ ML ☑ MDL
2,4-dinitrophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	18.3 ☐ ML ☑ MDL
2-nitrophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	12.3 ☐ ML ☑ MDL
4-nitrophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.29 ☐ ML ☑ MDL
Pentachlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	10.6 ☐ ML ☑ MDL
Phenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.39 ☐ ML ☑ MDL
2,4,6-trichlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	11.6 ☐ ML ☑ MDL
Base-Neutral Compounds							
Acenaphthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.79 ☐ ML ☑ MDL
Acenaphthylene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.12 ☐ ML ☑ MDL
Anthracene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.05 ☐ ML ☑ MDL
Benzidine	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	15.1 ☐ ML ☑ MDL
Benzo(a)anthracene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.81 ☐ ML ☑ MDL
Benzo(a)pyrene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.92 ☐ ML ☑ MDL
3,4-benzofluoranthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.22 ☐ ML ☑ MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.45 ☐ ML ☑ MDL
Benzo(k)fluoranthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.22 ☐ ML ☑ MDL
Bis (2-chloroethoxy) methane	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	6.66 ☐ ML ☑ MDL
Bis (2-chloroethyl) ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.22 ☐ ML ☑ MDL
Bis (2-chloroisopropyl) ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	7.09 ☐ ML ☑ MDL
Bis (2-ethylhexyl) phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	6.84 ☐ ML ☑ MDL
4-bromophenyl phenyl ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.12 ☐ ML ☑ MDL
Butyl benzyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.96 ☐ ML ☑ MDL
2-chloronaphthalene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	11.6 ☐ ML ☑ MDL
4-chlorophenyl phenyl ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.93 ☐ ML ☑ MDL
Chrysene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.7 ☐ ML ☑ MDL
di-n-butyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.46 ☐ ML ☑ MDL
di-n-octyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.5 ☐ ML ☑ MDL
Dibenzo(a,h)anthracene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.11 ☐ ML ☑ MDL
1,2-dichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	0.915 ☐ ML ☑ MDL
1,3-dichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.626 ☐ ML ☑ MDL
1,4-dichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	0.745 ☐ ML ☑ MDL
3,3-dichlorobenzidine	BMDL	ug/L	BMDL	ug/L	3	EPA 624.1	14.6 ☐ ML ☑ MDL
Diethyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.92 ☐ ML ☑ MDL
Dimethyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	10 ☐ ML ☑ MDL
2,4-dinitrotoluene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	7.7 ☐ ML ☑ MDL
2,6-dinitrotoluene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.13 ☐ ML ☑ MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	10.7 ☐ ML ☑ MDL
Fluoranthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.6 ☐ ML ☑ MDL
Fluorene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.91 ☐ ML ☑ MDL
Hexachlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.43 ☐ ML ☑ MDL
Hexachlorobutadiene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.29 ☐ ML ☑ MDL
Hexachlorocyclo-pentadiene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.73 ☐ ML ☑ MDL
Hexachloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.89 ☐ ML ☑ MDL
Indeno(1,2,3-cd)pyrene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	7.46 ☐ ML ☑ MDL
Isophorone	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	7.93 ☐ ML ☑ MDL
Naphthalene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.76 ☐ ML ☑ MDL
Nitrobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	7.07 ☑ ML ☑ MDL
N-nitrosodi-n-propylamine	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.89 ☑ ML ☑ MDL
N-nitrosodimethylamine	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.79 ☐ ML ☑ MDL
N-nitrosodiphenylamine	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	8.1 ☐ ML ☑ MDL
Phenanthrene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.42 ☐ ML ☑ MDL
Pyrene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.62 ☐ ML ☑ MDL
1,2,4-trichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625.1	9.33 ☐ ML ☑ MDL

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

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TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
☑ No additional sampling is required by NPDES permitting authority.							
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
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							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL

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

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

	Test Number 3983	Test Number 3982	Test Number 3981
Test Information			
Test species	P.p. / C.d.	P.p. / C.d.	P.p. / C.d.
Age at initiation of test	54-56 hrs / 0-6 hrs	54-56 hrs / 0-6 hrs	54-56 hrs / 0-6 hrs
Outfall number	0021	0021	0021
Date sample collected	11/19/2019	11/28/2018	11/07/2017
Date test started	11/20/2019	11/29/2018	11/08/2017
Duration	48 hr Acute	48 hr Acute	48 hr Acute
Toxicity Test Methods			
Test method number			
Manual title	Methods for Chemical Analysis of Water and W	Methods for Chemical Analysis of Water and	Methods for Chemical Analysis of Water and
Edition number and year of publication	1994	1994	1994
Page number(s)			
Sample Type			
Check one:	☐ Grab ☑ 24-hour composite	☐ Grab ☑ 24-hour composite	☐ Grab ☑ 24-hour composite
Sample Location			
Check one:	☐ Before Disinfection ☑ After Disinfection ☐ After Dechlorination	☐ Before Disinfection ☑ After Disinfection ☐ After Dechlorination	☐ Before disinfection ☑ After disinfection ☐ After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.	Final effluent	Final effluent	Final effluent
Toxicity Type			
Indicate for each test whether the test was performed to asses acute or chronic toxicity, or both. (Check one response.)	☑ Acute ☐ Chronic ☐ Both	☑ Acute ☐ Chronic ☐ Both	☑ Acute ☐ Chronic ☐ Both

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

	Test Number 3983		Test Number 3982		Test Number 3981	
Test Type						
Indicate the type of test performed. (Check one response.)	☑ Static ☐ Static-renewal ☐ Flow-through		☑ Static ☐ Static-renewal ☐ Flow-through		☐ Static ☐ Static-renewal ☐ Flow-through	
Source of Dilution Water						
Indicate the source of dilution water. (Check one response.)	☑ Laboratory water ☐ Receiving water		☑ Laboratory water ☐ Receiving water		☑ Laboratory water ☐ Receiving water	
If laboratory water, specify type.						
If receiving water, specify source.						
Type of Dilution Water						
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	☑ Fresh water ☐ Salt water (specify)		☑ Fresh water ☐ Salt water (specify)		☑ Fresh water ☐ Salt water (specify)	
Percentage Effluent Used						
Specify the percentage effluent used for all concentrations in the test series.	19.4%		19.4%		19.4%	
Parameters Tested						
Check the parameters tested.	☑ pH ☐ Salinity ☐ Temperature	☐ Ammonia ☐ Dissolved oxygen	☐ pH ☐ Salinity ☐ Temperature	☐ Ammonia ☑ Dissolved oxygen	☐ pH ☐ Salinity ☑ Temperature	☐ Ammonia ☐ Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent	%		%		%	
LC_{50}						
95% confidence interval	%		%		%	
Control percent survival	%		%		%	

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0023159	Lanett WWTF	002I

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

	Test Number 3983		Test Number 3982		Test Number 3981	
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC	%		%		%	
IC_{25}	%		%		%	
Control percent survival	%		%		%	
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	☑ Yes	☐ No	☑ Yes	☐ No	☑ Yes	☐ No
Was reference toxicant test within acceptable bounds?	☑ Yes	☐ No	☑ Yes	☐ No	☑ Yes	☐ No
What date was reference toxicant test run (MM/DD/YYYY)?	11/05/2019		11/01/2018		11/28/2017	
Other (describe)						

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EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU 1	SIU 2	SIU 3
Name of SIU	Georgia Plating Technology LLC	MeadeWestVaco Packaging	Knauf Insulation
Mailing address (street or P.O. box)	3509 SW 45th St	3500 45th St SW	3502 43rd St SW
City, state, and ZIP code	Lanett AL 36863	Lanett AL 36863	Lanett AL 36863
Description of all industrial processes that affect or contribute to the discharge.	Metal finishing zinc & nickel electro plating Metal plating Rinse	Wash water / domestic	Wash water domestic
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Pure zinc and nickel metal	Cardboard	Fiberglass / insulation
Indicate the average daily volume of wastewater discharged by the SIU.	60,000 gpd	25,000 gpd	23,000 gpd
How much of the average daily volume is attributable to process flow?	59,400 gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	600 gpd	gpd	gpd
Is the SIU subject to local limits?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is the SIU subject to categorical standards?	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No

EPA Identification Number	NPDES Permit Number	Facility Name

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU A	SIU B	SIU C
Name of SIU	Letica Corp.	Norbord Corp.	
Mailing address (street or P.O. box)	3715 Phillips Road	4400 Barton Industrial Blvd	
City, state, and ZIP code	Lanett, Alabama 36863	Lanett, Alabama 36863	
Description of all industrial processes that affect or contribute to the discharge.	Wash water / domestic	Particle board	
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Molded parts	Wood products	
Indicate the average daily volume of wastewater discharged by the SIU.	25,000 gpd	23,000 gpd	gpd
How much of the average daily volume is attributable to process flow?	25,000 gpd	23,000 gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Is the SIU subject to categorical standards?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

EPA Identification Number	NPDES Permit Number	Facility Name
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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	25,000 gpd pretreatment required		
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
If yes, describe.			

Google Maps

Lab Facility

Imagery ©2020 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data 100 ft

Outfall 0021

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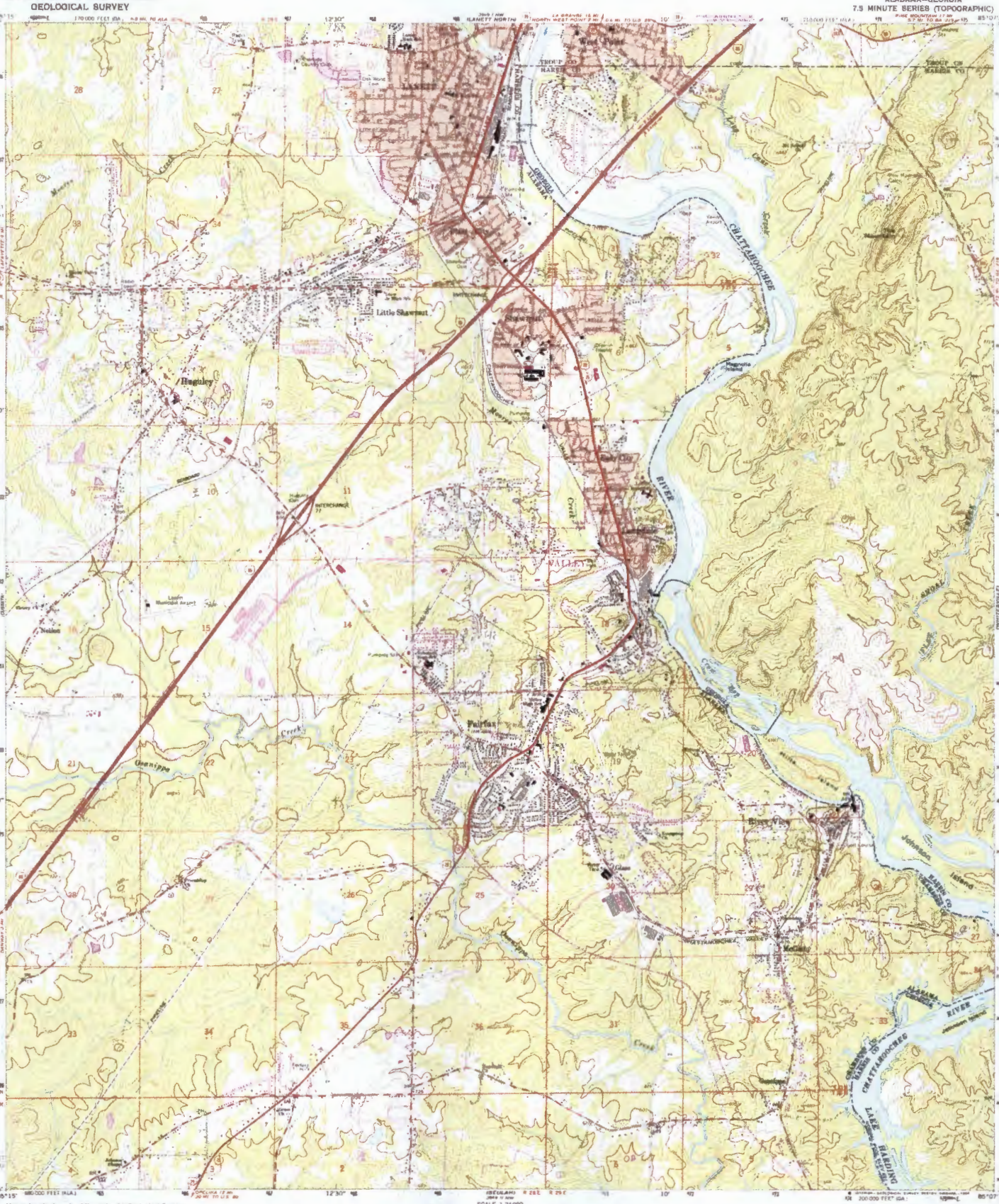
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LANETT SOUTH QUADRANGLE
ALABAMA—GEORGIA
7.5 MINUTE SERIES (TOPOGRAPHIC)



Mapped, edited, and published by the Geological Survey

Control by USGS, NOS/NOAA, and USCP

Topography by photogrammetric methods from aerial photographs taken 1962. Field checked 1964

Polyconic projection. 10,000-foot grid ticks based on Alabama coordinate system, west zone and Georgia coordinate system, west zone
1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue
1927 North American Datum
To place on the predicted North American Datum 1983 move the projection lines 12 meters south and 6 meters west as shown by dashed corner ticks

Faint red dashed lines indicate selected fence and field lines where generally visible on aerial photographs. This information is unchecked

Red tint indicates areas in which only landmark buildings are shown

UTM GRID AND 1984 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

Revisions shown in purple and additional features from aerial photographs taken 1980 and other sources. This information not field checked. Map edited 1984

Purple tint indicates extension of urban area

CONTOUR INTERVAL 20 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

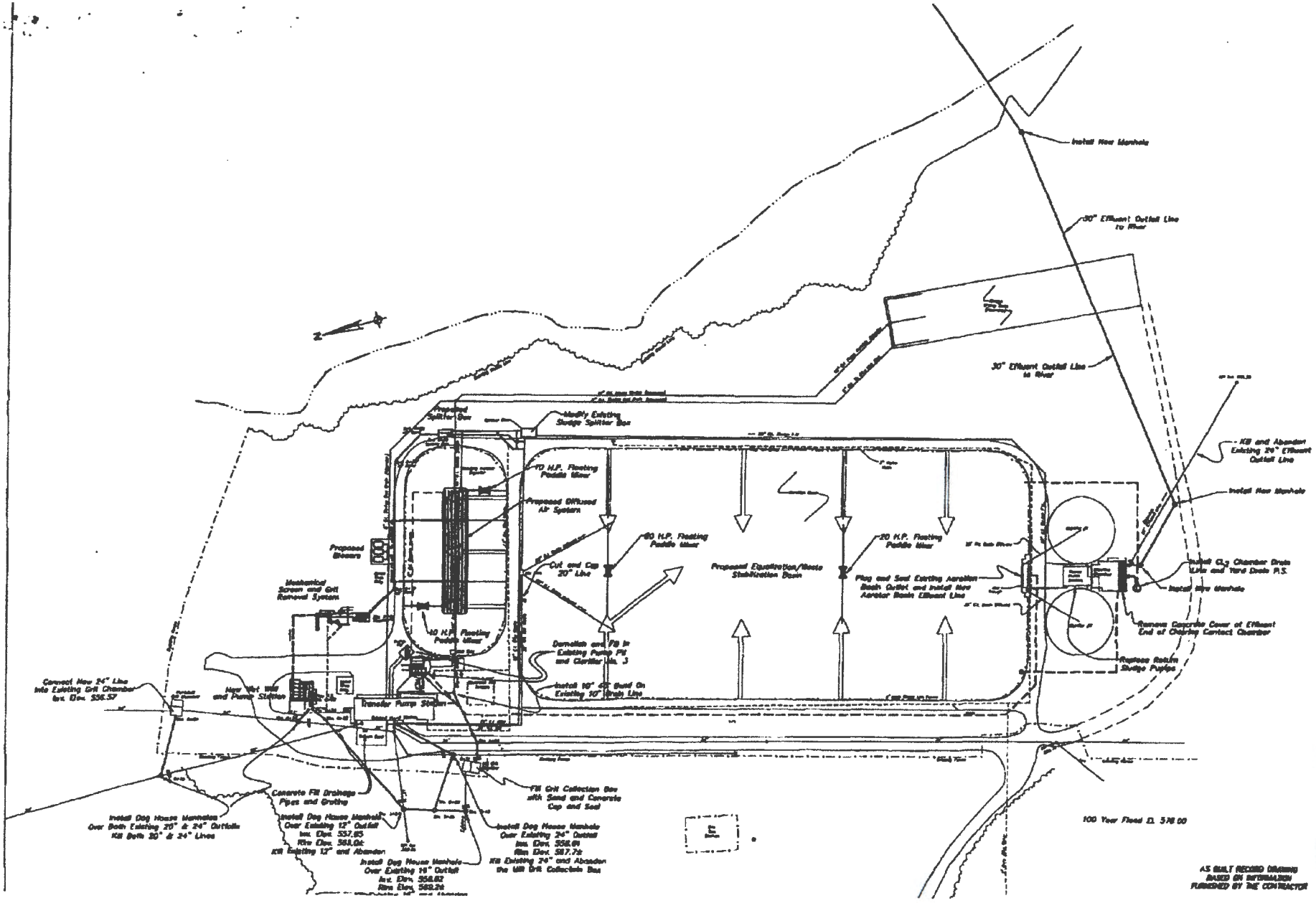
ROAD CLASSIFICATION

Heavy-duty — Light-duty
Medium-duty — Unimproved dirt
Interstate Route — U. S. Route — State Route

LANETT SOUTH, ALA.—GA.
32085-G2-TI-024

RETURN TO:
MAP & HISTORICAL MAP ARCHIVES
USGS NATIONAL CENTER, MS-522
RESTON, VA 22092

1964
PHOTOREVISED 1984
DMA 3049 I SW—SERIES V844


Install New Manhole
30" Effluent Outfall Line to River
30" Effluent Outfall Line to River
Kill and Abandon Existing 24" Effluent Outfall Line
Install New Manhole
Install Cl2 Chamber Drain Line and Yard Drain P.S.
Install New Manhole
Remove Concrete Cover of Effluent End of Chlorine Contact Chamber
Replace Rotain Sludge Pumps
Modify Existing Sludge Splitter Box
Proposed Splitter Box
10 H.P. Floating Paddle Mixer
Proposed Diffused Air System
60 H.P. Floating Paddle Mixer
Cut and Cap 20" Line
Proposed Equalization/Waste Stabilization Basin
20 H.P. Floating Paddle Mixer
Plug and Seal Existing Aeration Basin Outlet and Install New Aerator Basin Effluent Line
Proposed Blowers
Mechanical Screen and Grit Removal System
10 H.P. Floating Paddle Mixer
Demolish and Fill In Existing Pump Pit and Clarifier No. 3
Install 10" 40# Shell On Existing 10" Drain Line
Transfer Pump Station
Convert New 24" Line Into Existing Grit Chamber Inv. Elev. 536.57
New Wet Well and Pump Station
Concrete Fill Drainage Pipes and Grating
Fill Grit Collection Box with Sand and Concrete Cap and Seal
Install Dog House Manhole Over Both Existing 20" & 24" Outfalls Kill Both 20" & 24" Lines
Install Dog House Manhole Over Existing 12" Outfall Inv. Elev. 537.65 Rim Elev. 583.06 Kill Existing 12" and Abandon
Install Dog House Manhole Over Existing 24" Outfall Inv. Elev. 558.09 Rim Elev. 587.72 Kill Existing 24" and Abandon the Mill Grit Collection Box
Install Dog House Manhole Over Existing 10" Outfall Inv. Elev. 558.62 Rim Elev. 588.34
100 Year Flood El. 578.00
AS BUILT RECORD DRAWING BASED ON INFORMATION FURNISHED BY THE CONTRACTOR

EPA Identification Number	NPDES Permit Number	Facility Name
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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
002S	Chattahoochee River	32° 51′ 43″ N	85° 11′ 10″ W
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″

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

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

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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)	
002S	Less than 1 acre	*specify units* acre	Less than 5 acres	*specify units* acre
		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.)

All waste water and waste sludge is contained in the aeration basin and equalization lagoon.
No significant materials are stored in a manner in which they are exposed to storm water.

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)
002S	No treatment required.	

Google Maps

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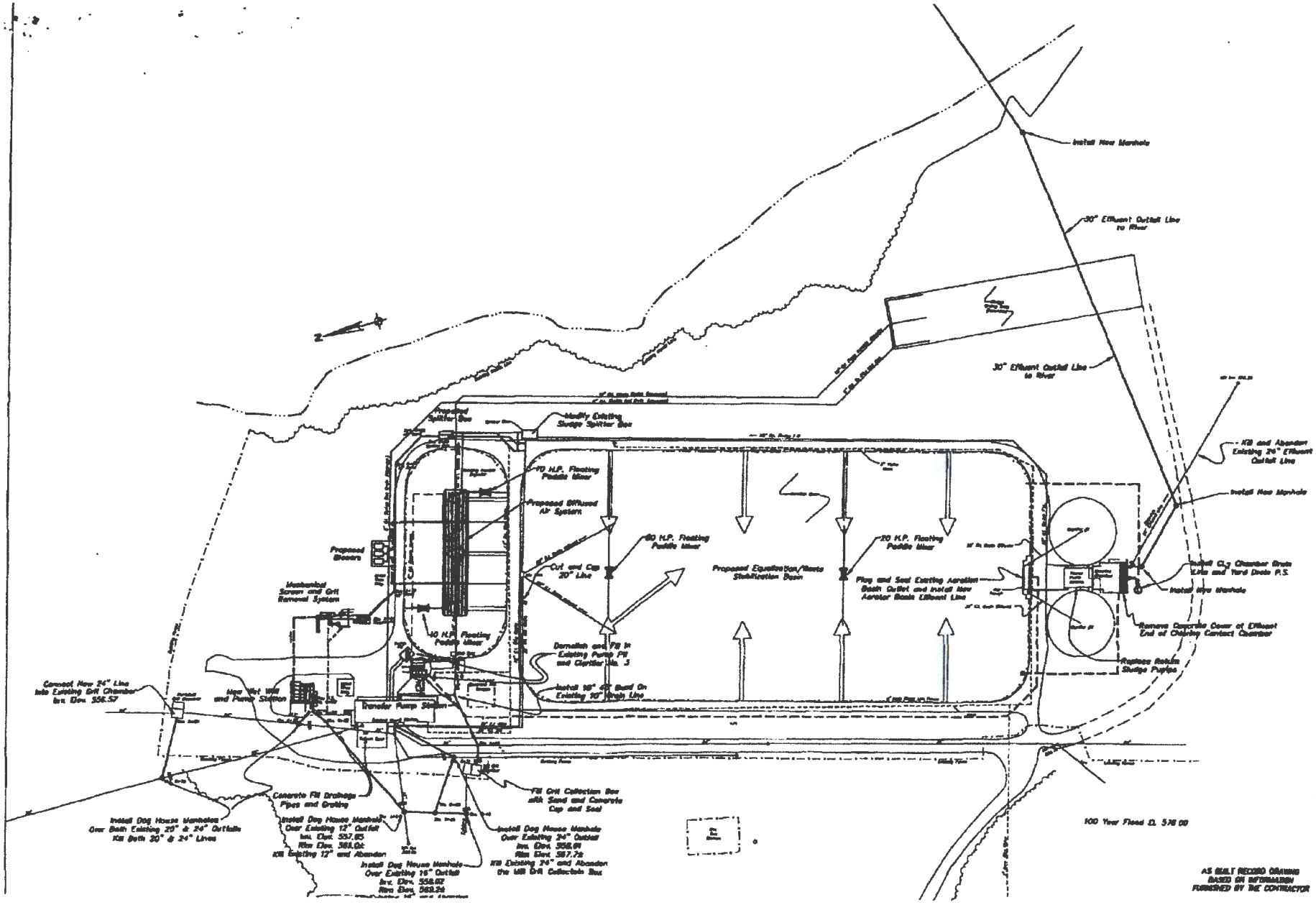
*Storm water flow indicated with black arrows


Install New Manhole
30" Effluent Outfall Line to River
30" Effluent Outfall Line to River
Modify Existing Sludge Splitter Box
Proposed Splitter Box
70 H.P. Floating Paddle Mixer
Proposed Effluent Air System
60 H.P. Floating Paddle Mixer
Cut and Cap 20" Line
Proposed Equalization/Waste Stabilization Basin
70 H.P. Floating Paddle Mixer
Plug and Seal Existing Aeration Basin Outlet, and Install New Aerator Basin Effluent Line
Proposed Blowers
Mechanical Screen and Grit Removal System
40 H.P. Floating Paddle Mixer
Demolish and Fill In Existing Pump Pit and Clarifier No. 3
Install 16" PVC Bend On Existing 16" High Line
Transfer Pump Station
Convert New 24" Line Into Existing Grit Chamber Inv. Elev. 556.57
New Wet Well and Pump Station
Concrete Fill Drainage Pipes and Grating
Fill Grit Collection Box with Sand and Concrete Cap and Seal
Install Dog House Manholes Over Both Existing 20" & 24" Outfalls Kill Both 20" & 24" Lines
Install Dog House Manhole Over Existing 12" Outfall Inv. Out. 557.65 Rim Elev. 569.04 Kill Existing 12" and Abandon
Install Dog House Manhole Over Existing 16" Outfall Inv. Elev. 558.62 Rim Elev. 569.34
Install Dog House Manhole Over Existing 24" Outfall Inv. Elev. 558.89 Rim Elev. 567.72 Kill Existing 24" and Abandon the Mill Grit Collection Box
Install New Manhole
Kill and Abandon Existing 24" Effluent Outfall Line
Install New Manhole
Install Cl2 Chamber Drain Lines and Yard Drain P.S.
Install New Manhole
Remove Concrete Cover of Effluent End of Chlorine Contact Chamber
Replace Rotolin Sludge Duplex
100 Year Flood El. 578.00
AS BUILT RECORD DRAWING BASED ON INFORMATION FURNISHED BY THE CONTRACTOR

EPA Identification Number	NPDES Permit Number	Facility Name
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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
Kyle McCoy, Mayor	Mayor, City of Lanett
Signature: Jonathan McCoy	Date signed: 1-31-2020

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

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

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.

None.

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

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

☐ 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

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	Environmental Resource Analysts Inc		
Laboratory address	2975 Brown Ct, Auburn, AL 36830		
Phone number	(334) 502-3444		
Pollutant(s) analyzed	Ammonia BOD E. Coli Oil & grease TKN Total phosphorus TSS		

EPA Identification Number	NPDES Permit Number	Facility Name
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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
Kyle McCoy	Mayor, City of Lanett
Signature Jonathan McCoy	**Date signed** 1-31-2020

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL 0023159	Lanett WWTF	002S

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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	<4.56 mg/L				1	
2.	Biochemical oxygen demand (BOD_5)	N/A	N/A				
3.	Chemical oxygen demand (COD)	<2.00 mg/L	N/A			1	
4.	Total suspended solids (TSS)	19.0 mg/L	N/A			1	
5.	Total phosphorus	<0.100 mg/L	N/A			1	
6.	Total Kjeldahl nitrogen (TKN)	<0.843 mg/L	N/A			1	
7.	Total nitrogen (as N)	0.748 mg/L	N/A			1	
8.	pH (minimum)	N/A					
	pH (maximum)	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).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL 0023159	Lanett WWTF	002S

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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		
Oil & grease	<4.56 mg/L	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).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL 0023159	Lanett WWTF	002S

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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))[1]

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		
See attachments						

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

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EPA Identification Number	NPDES Permit Number	Facility name	Outfall Number
	AL 0023159	Lanett WWTF	002S

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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

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

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

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

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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

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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*
- [x] 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: Lanett WWTP

   a. Operator Name: Jeffrey Aston, Clear Water Solutions LLC

   b. Is the operator identified in A.1.a, the owner of the facility? [ ] Yes [x] No
   If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.
   Jeffrey Aston 257 Woodward Way Auburn, AL 36832. Lanett WWTP Project Manager, Chief Operator
   AL Operator # C008925. Responsible for all plant operations, preventative maintenance, budgeting and reporting.

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

2. NPDES Permit Number: AL 0023159 (Not applicable if initial permit application)

3. Facility Physical Location: (**Attach a map with location marked; street, route no. or other specific identifier**)
   Street: 1 Pecan Grove
   City: Lanett County: Chambers State: Alabama Zip: 36863
   Facility Location (Front Gate): Latitude: 32 deg 51' 37.11" N Longitude: 85 deg 11' 11.63" W

4. Facility Mailing Address: 1 Pecan Grove
   City: Lanett County: Chambers State: Alabama Zip: 36863

5. Responsible Official (as described on last page of this application):
   Name and Title: Kyle McCoy, Mayor
   Address: 401 North Lanier Ave
   City: Lanett State: Alabama Zip: 36863-2019
   Phone Number: 334.644.5200 Email Address: kmccoy@cityoflanett.com

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6. Designated Facility/DMR Contact:

Name and Title: Jeff Aston, Chief Operator, Plant Manager

Phone Number: 205-721-3310 Email Address: jeff.aston@clearwatersol.com

7. Designated Emergency Contact:

Name and Title: Jeff Aston, Chief Operator, Plant Manager

Phone Number: 205-721-3310 Email Address: jeff.aston@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
NPDES	AL0023159	City of Lanett

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

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)
0021	5.826	5.826	1.789

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

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

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

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

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

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

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

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

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

Description of Waste	Description of Storage Location
Waste sludge	Sludge lagoon

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*
Waste sludge	2919	Stored in sludge lagoon

***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?	
Georgia Plating Technology LLC	Metal plating rinse	Existing	0.06	■ Yes	☐ No
Knauf Insulation	Fiberglass insulation	Existing	0.023	☐ Yes	■ No
Meade Packaging	Cardboard	Existing	0.025	☐ Yes	■ No
Letica	Chemical	Existing	0.025	☐ 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?	☐	☐

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*
Waste sludge	2919	Stored in sludge lagoon

***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?
Norbord	Particle board/wood products rinse	Existing	0.025	☐ Yes ☒ No
				☐ Yes ☒ No
				☐ Yes ☒ No
				☐ Yes ☒ No

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

SECTION E – COASTAL ZONE INFORMATION

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

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

SECTION F – ANTI-DEGRADATION EVALUATION

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

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

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

   If yes, do not complete this section.

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

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

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

   _____

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

   _____

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

   _____

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

   _____

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

   _____

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

   _____

SECTION G – EPA Application Forms

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

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

SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS

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

SECTION I– RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?	Included in TMDL?*
0021	Chattahoochee River	☐ Yes ☒ No	☐ Yes ☒ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

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

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

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

(3) Requested interim limitations, if applicable;

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

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

SECTION J – APPLICATION CERTIFICATION

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

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

Signature of Responsible Official: Kyle K. McCoy Date Signed: 1-31-2020

Name and Title: Kyle McCoy, Mayor

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: 401 North Lanier Ave

City: Lanett State: Alabama Zip: 36863-2019

Phone Number: 334.644.5200 Email Address: kmccoy@cityoflanett.com

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

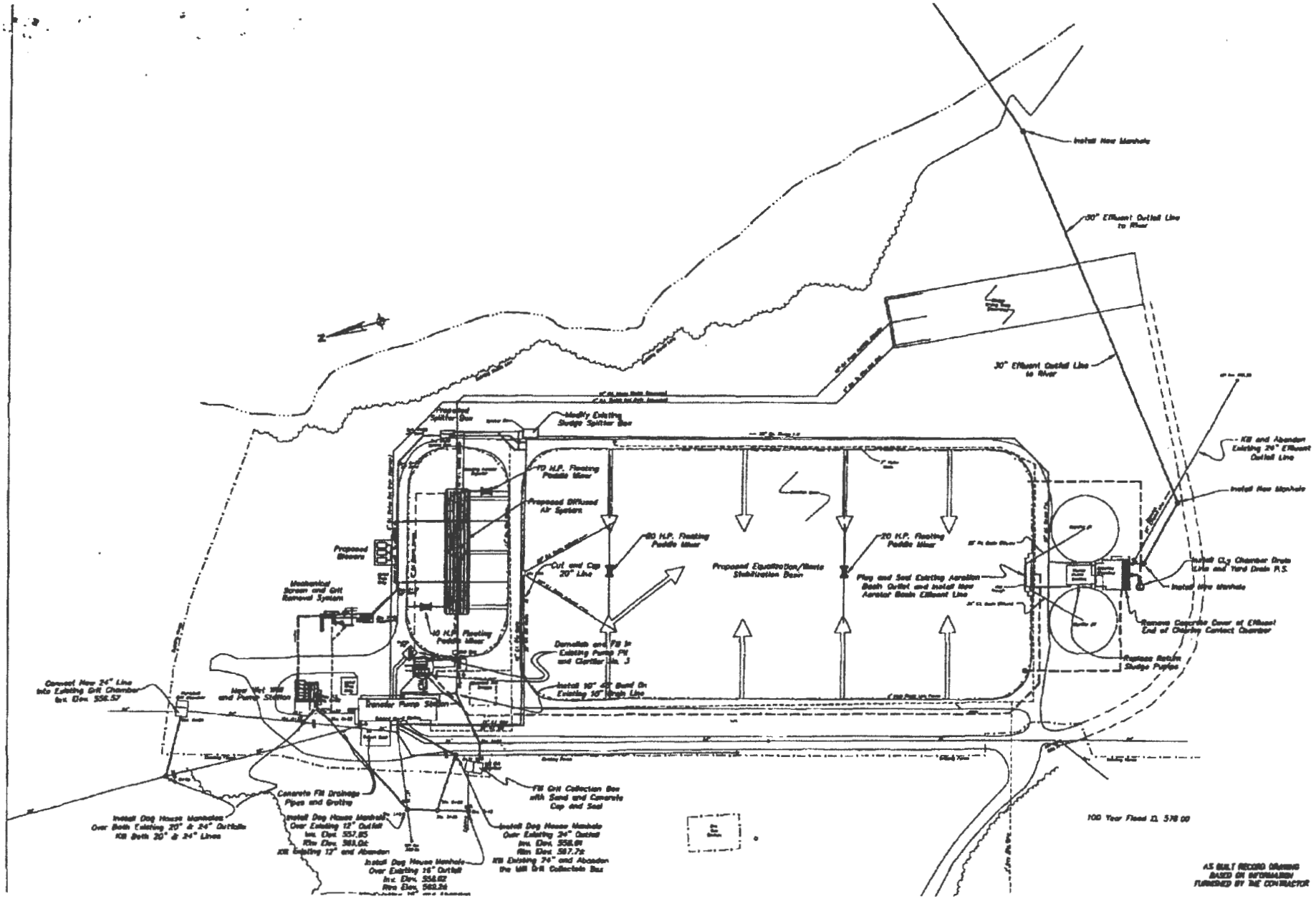
(1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:

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

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

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

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


Install New Manhole
30" Effluent Outfall Line to River
30" Effluent Outfall Line to River
Modify Existing Sludge Splitter Box
Proposed Splitter Box
70 H.P. Floating Paddle Mixer
Proposed Diffused Air System
80 H.P. Floating Paddle Mixer
20 H.P. Floating Paddle Mixer
Cut and Cap 20" Line
Proposed Equalization/Waste Stabilization Basin
Plug and Seal Existing Aeration Basin Outlet and Install New Aeration Basin Effluent Line
Kill and Abandon Existing 24" Effluent Outlet Line
Install New Manhole
Install Cl2 Chamber Drain Line and Yard Drain P.S.
Install New Manhole
Remove Concrete Cover of Effluent End of Chlorine Contact Chamber
Replace Return Sludge Pumps
Proposed Blowers
Mechanical Screen and Grit Removal System
40 H.P. Floating Paddle Mixer
Demolish and Fill In Existing Pump Pit and Clarifier No. 3
Install 10" 45° Bend On Existing 10" Drain Line
Convert New 24" Line Into Existing Grit Chamber Inv. Elev. 556.57
New Wet Well and Pump Station
Transfer Pump Station
Concrete Fill Drainage Pipes and Grating
Fill Grit Collection Box with Sand and Concrete Cap and Seal
Install Dog House Manholes Over Both Existing 20" & 24" Outfalls Kill Both 20" & 24" Lines
Install Dog House Manhole Over Existing 12" Outfall Inv. Elev. 557.85 Rim Elev. 563.06 Kill Existing 12" and Abandon
Install Dog House Manhole Over Existing 24" Outfall Inv. Elev. 558.61 Rim Elev. 567.72 Kill Existing 24" and Abandon the Mill Grit Collection Box
Install Dog House Manhole Over Existing 16" Outfall Inv. Elev. 558.02 Rim Elev. 563.26
100 Year Flood El. 578.00
AS BUILT RECORD DRAWING BASED ON INFORMATION FURNISHED BY THE CONTRACTOR

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

Form 2S NPDES

EPA

U.S Environmental Protection Agency
Application for NPDES Permit for Sewage Sludge Management
NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE

PRELIMINARY INFORMATION

Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?

☑ Yes ➔ Complete Part 2 of application package (begins p. 7). ☐ No ➔ Complete Part 1 of application package (below).

PART 1 — LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))

Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).

PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))

Facility Information

1.1	Facility name			
	Mailing address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	Location address (street, route number, or other specific identifier)			☐ Same as mailing address
	City or town		State	ZIP code
1.2	**Ownership Status**			
	☐ Public—federal ☐ Public—state ☐ Other public (specify)_____			
	☐ Private ☐ Other (specify) _____			

PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))

Applicant Information

2.1	Is applicant different from entity listed under Item 1.1 above?			
	☐ Yes ☐ No ➔ SKIP to Item 2.3 (Part 1, Section 2).			
2.2	Applicant name			
	Applicant address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
2.3	Is the applicant the facility's owner, operator, or both? (Check only one response.)			
	☐ Owner ☐ Operator ☐ Both			
2.4	To which entity should the NPDES permitting authority send correspondence? (Check only one response.)			
	☑ Facility ☐ Applicant ☐ Facility and applicant (they are one and the same)			

PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))

Sewage Sludge Amount

3.1 Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:

Practice	Dry Metric Tons per 365-Day Period
Amount generated at the facility	
Amount treated at the facility	
Amount used (i.e., received from off site) at the facility	
Amount disposed of at the facility	

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EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

Pollutant Concentrations

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

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

Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic			
Cadmium			
Chromium			
Copper			
Lead			
Mercury			
Molybdenum			
Nickel			
Selenium			
Zinc			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

Treatment Provided at Your Facility

5.1 For each sewage sludge use or disposal practice, indicate the amount of sewage sludge used or disposed of, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option. Attach additional pages, as necessary.

Use or Disposal Practice (check one)	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Land application of bulk sewage		☐ Not applicable	☐ Not applicable
☐ Land application of biosolids (bulk)		☐ Class A, Alternative 1	☐ Option 1
☐ Land application of biosolids (bags)		☐ Class A, Alternative 2	☐ Option 2
☐ Surface disposal in a landfill		☐ Class A, Alternative 3	☐ Option 3
☐ Other surface disposal		☐ Class A, Alternative 4	☐ Option 4
☐ Incineration		☐ Class A, Alternative 5	☐ Option 5
		☐ Class A, Alternative 6	☐ Option 6
		☐ Class B, Alternative 1	☐ Option 7
		☐ Class B, Alternative 2	☐ Option 8
		☐ Class B, Alternative 3	☐ Option 9
		☐ Class B, Alternative 4	☐ Option 10
		☐ Domestic septage, pH adjustment	☐ Option 11

5.2 For each of the use and disposal practices specified in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge. (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☐ Other (specify) Storage lagoon

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

Sewage Sludge Sent to Other Facilities

6.1 Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), *and* one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8)?

☐ Yes ➔ SKIP to Part 1, Section 8 (Certification). ☐ No

6.2 Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?

☐ Yes ☐ No ➔ SKIP to Part 1, Section 7.

6.3

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

6.4 Which activities does the receiving facility provide? (Check all that apply.)

- ☐ Treatment or blending
- ☐ Sale or give-away in bag or other container
- ☐ Land application
- ☐ Surface disposal
- ☐ Incineration
- ☐ Other (describe)
- ☐ Composting

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

Use and Disposal Sites

Provide the following information for each site on which sewage sludge from this facility is used or disposed of.

☐ Check here if you have provided separate attachments with this information.

7.1

Site name or number			
Mailing address (street or P.O. box)			
City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			☐ Same as mailing address
City or town		State	ZIP code
County		County code	☐ Not available

7.2 Site type (check all that apply)

☐ Agricultural	☐ Lawn or home garden	☐ Forest
☐ Surface disposal	☐ Public contact	☐ Incineration
☐ Reclamation	☐ Municipal solid waste landfill	☐ Other (describe)

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

Checklist and Certification Statement

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

Column 1	Column 2
☐ Section 1: Facility Information	☐ w/ attachments
☐ Section 2: Applicant Information	☐ w/ attachments
☐ Section 3: Sewage Sludge Amount	☐ w/ attachments
☐ Section 4: Pollutant Concentrations	☐ w/ attachments
☐ Section 5: Treatment Provided at Your Facility	☐ w/ attachments
☐ Section 6: Sewage Sludge Sent to Other Facilities	☐ w/ attachments
☐ Section 7: Use and Disposal Sites	☐ w/ attachments
☐ Section 8: Checklist and Certification Statement	

Checklist and Certification Statement Continued	8.2	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	Phone number
		Kyle McCoy	Mayor, City of Lanett	(334) 644-5200
		Signature		Date signed

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

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EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

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

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

General Information

All Part 2 applicants must complete this section.

Facility Information

1.1	Facility name Lanett Waste Water Treatment Facility			
	Mailing address (street or P.O. box) 1 Pecan Grove			
	City or town Lanett	State AL	ZIP code 36863	Phone number (334) 644-4307
	Contact name (first and last) Jeff Aston	Title Project Manager, Chief Operator	Email address jaston0268@gmail.com	
	Location address (street, route number, or other specific identifier)			☑ Same as mailing address
	City or town	State	ZIP code	
1.2	Is this facility a Class I sludge management facility? ☑ Yes ☐ No			
1.3	**Facility Design Flow Rate**	2.5 million gallons per day (mgd)		
1.4	**Total Population Served**	6236		
1.5	**Ownership Status** ☐ Public—federal ☑ Public—state ☐ Other public (specify) _____ ☐ Private ☐ Other (specify) _____			

Applicant Information

1.6	Is applicant different from entity listed under Item 1.1 above? ☐ Yes ☑ No ➔SKIP to Item 1.8 (Part 2, Section 1).			
1.7	Applicant name			
	Applicant mailing address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) ☑ Operator ☐ Owner ☐ Both			
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) ☑ Facility ☐ Applicant ☐ Facility and applicant (they are one and the same)			

1.10	Facility's NPDES permit number ☐ Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	AL0023159
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.	

☐ RCRA (hazardous wastes) _____	☐ Nonattainment program (CAA) _____	☐ NESHAPs (CAA) _____
☐ PSD (air emissions) _____	☐ Dredge or fill (CWA Section 404) _____	☐ Other (specify) _____
☐ Ocean dumping (MPRSA) _____	☐ UIC (underground injection of fluids) _____	_____

Indian Country

1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☑ No ➔ SKIP to Item 1.14 (Part 2, Section 1) below.
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.

Topographic Map

1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) ☑ Yes ☐ No

Line Drawing

1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) ☑ Yes ☐ No

Contractor Information

1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? ☑ Yes ☐ No ➔ SKIP to Item 1.18 (Part 2, Section 1) below.
1.17	Provide the following information for each contractor. ☐ Check here if you have attached additional sheets to the application package.

	Contractor 1	Contractor 2	Contractor 3
Contractor company name	Clear Water Solutions		
Mailing address (street or P.O. box)	2178 Moores Mill Rd		
City, state, and ZIP code	Auburn, AL 36830		
Contact name (first and last)	Jeff Aston		
Telephone number	(205) 721-3310		
Email address	jeff.aston@clearwatersol.(		

General Information Continued

1.17 cont.		Contractor 1	Contractor 2	Contractor 3
	Responsibilities of contractor	Project Manager, Chief Operator, Laboratory operations, maintainer		

Pollutant Concentrations

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

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

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

Checklist and Certification Statement

1.19 In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S–2 in the Instructions.

Column 1	Column 2
☐ Section 1 (General Information)	☐ w/ attachments
☐ Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)	☐ w/ attachments
☐ Section 3 (Land Application of Bulk Sewage Sludge)	☐ w/ attachments
☐ Section 4 (Surface Disposal)	☐ w/ attachments
☐ Section 5 (Incineration)	☐ w/ attachments

1.20 **Certification Statement**

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

Name (print or type first and last name)	Official title
Kyle McCoy	Mayor, City of Lanett
Signature	Date signed 1-31-2020
Telephone number (334) 644-5200	[redacted]

Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

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

2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?

☑ Yes ☐ No ➔ SKIP to Part 2, Section 3.

Amount Generated Onsite

2.2 Total dry metric tons per 365-day period generated at your facility:

Amount Received from Off Site Facility

2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?

☐ Yes ☑ No ➔ SKIP to Item 2.7 (Part 2, Section 2) below.

2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:

Provide the following information for each of the facilities from which you receive sewage sludge.

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

2.5

Name of facility			
Mailing address (street or P.O. box)			
City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			☐ Same as mailing address
City or town		State	ZIP code
County		County code	☐ Not available

2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.

Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
	☐ Not applicable	☐ Not applicable
	☐ Class A, Alternative 1	☐ Option 1
	☐ Class A, Alternative 2	☐ Option 2
	☐ Class A, Alternative 3	☐ Option 3
	☐ Class A, Alternative 4	☐ Option 4
	☐ Class A, Alternative 5	☐ Option 5
	☐ Class A, Alternative 6	☐ Option 6
	☐ Class B, Alternative 1	☐ Option 7
	☐ Class B, Alternative 2	☐ Option 8
	☐ Class B, Alternative 3	☐ Option 9
	☐ Class B, Alternative 4	☐ Option 10
	☐ Domestic septage, pH adjustment	☐ Option 11

2.7 Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☐ Other (specify) Sludge storage lagoon

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

Treatment Provided at Your Facility

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

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

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

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery

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

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

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

2.11 Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), *and* one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is it land applied?

☐ Yes ☑ No ➔ SKIP to Item 2.14 (Part 2, Section 2) below.

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

2.13 Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?

☐ Yes ☐ No

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

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

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

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

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

Shipment Off Site for Treatment or Blending

2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) ☐ Yes ☑ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.	
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. ☐ Check here if you have attached additional sheets to the application package.	

2.19 Name of receiving facility

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

Location address (street, route number, or other specific identifier) ☐ Same as mailing address

City or town	State	ZIP code

2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:	
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? ☐ Yes ☐ No ➔ SKIP to Item 2.24 (Part 2, Section 2) below.	

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

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Not applicable	☐ Not applicable
☐ Class A, Alternative 1	☐ Option 1
☐ Class A, Alternative 2	☐ Option 2
☐ Class A, Alternative 3	☐ Option 3
☐ Class A, Alternative 4	☐ Option 4
☐ Class A, Alternative 5	☐ Option 5
☐ Class A, Alternative 6	☐ Option 6
☐ Class B, Alternative 1	☐ Option 7
☐ Class B, Alternative 2	☐ Option 8
☐ Class B, Alternative 3	☐ Option 9
☐ Class B, Alternative 4	☐ Option 10
☐ Domestic septage, pH adjustment	☐ Option 11

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

2.23 Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☐ Other (specify) _____

2.24 Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

☐ Check here to indicate that you have attached material.

2.25 Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.26 Attach a copy of all labels or notices that accompany the product being sold or given away.

☐ Check here to indicate that you have attached material.

☐ Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

Land Application of Bulk Sewage Sludge

2.27 Is sewage sludge from your facility applied to the land?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.28 Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

2.29 Did you identify all land application sites in Part 2, Section 3 of this application?

☐ Yes ☐ No ➔ Submit a copy of the land application plan with your application.

2.30 Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.31 Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.

☐ Check here if you have attached the explanation to the application package.

☐ Check here if you have attached the notification to the application package.

Surface Disposal

2.32 Is sewage sludge from your facility placed on a surface disposal site?

☐ Yes ☑ No ➔ SKIP to Item 2.39 (Part 2, Section 2) below.

2.33 Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:

2.34 Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

☐ Yes ➔ SKIP to Item 2.39 (Part 2, Section 2) below. ☐ No

2.35 Indicate the total number of surface disposal sites to which you send your sewage sludge.
(Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)

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

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

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

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

2.48	Name of landfill			
	Mailing address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	Location address (street, route number, or other specific identifier)			☐ Same as mailing address
	County	County code		☐ Not available
	City or town	State		ZIP code
2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:			

2.50 List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit

2.51 Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test).

☐ Check here to indicate you have attached the requested information.

2.52 Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258?

☐ Yes ☐ No

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

Land Application of Bulk Sewage Sludge

3.1 Does your facility apply sewage sludge to land?

☐ Yes ☑ No ➔ SKIP to Part 2, Section 4.

3.2 Do any of the following conditions apply?

- The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), *and* one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8);
- The sewage sludge is sold or given away in a bag or other container for application to the land; or
- You provide the sewage sludge to another facility for treatment or blending.

☐ Yes ➔ SKIP to Part 2, Section 4. ☐ No

3.3 Complete Section 3 for every site on which the sewage sludge is applied.

☐ Check here if you have attached sheets to the application package for one or more land application sites.

Identification of Land Application Site

3.4 Site name or number

Location address (street, route number, or other specific identifier) ☐ Same as mailing address

County	County code ☐ Not available

City or town	State	ZIP code

Latitude/Longitude of Land Application Site (see instructions)

Latitude	Longitude
° ' "	° ' "

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

3.5 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

☐ Check here to indicate you have attached a topographic map for this site.

Owner Information

3.6 Are you the owner of this land application site?

☐ Yes ➔ SKIP to Item 3.8 (Part 2, Section 3) below. ☐ No

3.7 Owner name

Mailing address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

Applier Information

3.8 Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?

☐ Yes ➔ SKIP to Item 3.10 (Part 2, Section 3) below. ☐ No

3.9 Applier's name

Mailing address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

Land Application of Bulk Sewage Sludge Continued

Site Type

3.10 Type of land application:

☐ Agricultural land ☐ Forest

☐ Reclamation site ☐ Public contact site

☐ Other (describe)

Crop or Other Vegetation Grown on Site

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

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

Vector Attraction Reduction

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

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

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

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

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

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

Cumulative Loadings and Remaining Allotments

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

☐ Yes ☐ No ➔ SKIP to Part 2, Section 4.

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

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

3.18 Provide the following information about your NPDES permitting authority:

NPDES permitting authority name	
Contact person	
Telephone number	
Email address	

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

☐ Yes ☐ No ➔ SKIP to Part 2, Section 4.

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

☐ Check here to indicate that additional pages are attached.

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

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

Surface Disposal

4.1 Do you own or operate a surface disposal site?

☐ Yes ☑ No ➔ SKIP to Part 2, Section 5.

4.2 Complete all items in Section 4 for each active sewage sludge unit that you own or operate.

☐ Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.

Information on Active Sewage Sludge Units

4.3

Unit name or number			
Mailing address (street or P.O. box)			
City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			☐ Same as mailing address
County		County code	☐ Not available
City or town		State	ZIP code

Latitude/Longitude of Active Sewage Sludge Unit (see instructions)

Latitude	Longitude
° ′ ″	° ′ ″

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

4.4 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

☐ Check here to indicate that you have completed and attached a topographic map.

4.5 Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:

4.6 Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:

4.7 Does the active sewage sludge unit have a liner with a maximum permeability of 1×10^{-7} centimeters per second (cm/sec)?

☐ Yes ☐ No ➔ SKIP to Item 4.9 (Part 2, Section 4) below.

4.8 Describe the liner.

☐ Check here to indicate that you have attached a description to the application package.

4.9 Does the active sewage sludge unit have a leachate collection system?

☐ Yes ☐ No ➔ SKIP to Item 4.11 (Part 2, Section 4) below.

4.10 Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal.

☐ Check here to indicate that you have attached the description to the application package.

Surface Disposal Continued

4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ☐ Yes ☐ No ➔ SKIP to Item 4.13 (Part 2, Section 4) below.	
4.12	Provide the actual distance in meters:	meters
4.13	Remaining capacity of active sewage sludge unit in dry metric tons:	dry metric tons
4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):	
4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit. ☐ Check here to indicate that you have attached a copy of the closure plan to the application package.	
Sewage Sludge from Other Facilities		
4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility? ☐ Yes ☐ No ➔ SKIP to Item 4.21 (Part 2, Section 4) below.	
4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.) ☐ Check here to indicate that you have attached responses for each facility to the application package.	

4.18

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

4.19 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Not applicable	☐ Not applicable
☐ Class A, Alternative 1	☐ Option 1
☐ Class A, Alternative 2	☐ Option 2
☐ Class A, Alternative 3	☐ Option 3
☐ Class A, Alternative 4	☐ Option 4
☐ Class A, Alternative 5	☐ Option 5
☐ Class A, Alternative 6	☐ Option 6
☐ Class B, Alternative 1	☐ Option 7
☐ Class B, Alternative 2	☐ Option 8
☐ Class B, Alternative 3	☐ Option 9
☐ Class B, Alternative 4	☐ Option 10
☐ Domestic septage, pH adjustment	☐ Option 11

4.20 Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)

☐ Preliminary operations (e.g., sludge grinding and degritting)	☐ Thickening (concentration)
☐ Stabilization	☐ Anaerobic digestion
☐ Composting	☐ Conditioning
☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
☐ Heat drying	☐ Thermal reduction
☐ Methane or biogas capture and recovery	☐ Other (specify) _____

Surface Disposal Continued

Vector Attraction Reduction

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

☐ Option 9 (Injection below and surface)
☐ Option 10 (Incorporation into soil within 6 hours)
☐ Option 11 (Covering active sewage sludge unit daily)
☐ None

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

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

Groundwater Monitoring

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

☐ Yes
☐ No ➔ SKIP to Item 4.26 (Part 2, Section 4) below.

4.24 Provide a copy of available groundwater monitoring data.

☐ Check here to indicate you have attached the monitoring data.

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

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

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

☐ Yes
☐ No ➔ SKIP to Item 4.28 (Part 2, Section 4) below.

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

☐ Check here to indicate you have attached the monitoring program.

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

☐ Yes
☐ No ➔ SKIP to Item 4.30 (Part 2, Section 4) below.

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

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

Site-Specific Limits

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

☐ Yes
☐ No ➔ SKIP to Part 2, Section 5.

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

☐ Check here to indicate you have attached the requested information.

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0023159	Lanett WWTF

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

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

Incineration

Incinerator Information

5.1 Do you fire sewage sludge in a sewage sludge incinerator?

☐ Yes ☑ No ➔ SKIP to END.

5.2 Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.)

☐ Check here to indicate that you have attached information for one or more incinerators.

5.3 Incinerator name or number

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

County	County code	☐ Not available
City or town	State	ZIP code

Latitude/Longitude of Incinerator (see instructions)

Latitude	Longitude
° ' "	° ' "

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

Amount Fired

5.4 Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:

Beryllium NESHAP

5.5 Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such.

☐ Check here to indicate that you have attached this material to the application package.

5.6 Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31?

☐ Yes ☐ No ➔ SKIP to Item 5.8 (Part 2, Section 5) below.

5.7 Submit with this application a complete report of the latest beryllium emission rate testing *and* documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

☐ Check here to indicate that you have attached this information.

Mercury NESHAP

5.8 Is compliance with the mercury NESHAP being demonstrated via stack testing?

☐ Yes ☐ No ➔ SKIP to Item 5.11 (Part 2, Section 5) below.

5.9 Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.

☐ Check here to indicate that you have attached this information.

5.10 Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted.

☐ Check here to indicate that you have attached this information.

5.11 Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling?

☐ Yes ☐ No ➔ SKIP to Item 5.13 (Part 2, Section 5) below.

5.12 Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.

☐ Check here to indicate that you have attached this information.

Incineration Continued

Dispersion Factor

5.13	Dispersion factor in micrograms/cubic meter per gram/second:	
5.14	Name and type of dispersion model:	
5.15	Submit a copy of the modeling results and supporting documentation. ☐ Check here to indicate that you have attached this information.	

Control Efficiency

5.16 Provide the control efficiency, in hundredths, for each of the pollutants listed below.

Pollutant	Control Efficiency, in Hundredths
Arsenic	
Cadmium	
Chromium	
Lead	
Nickel	

5.17 Attach a copy of the results or performance testing and supporting documentation (including testing dates).
☐ Check here to indicate that you have attached this information.

Risk-Specific Concentration for Chromium

5.18	Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:	
5.19	Was the RSC determined via Table 2 in 40 CFR 503.43? ☐ Yes ☐ No ➔ SKIP to Item 5.21 (Part 2, Section 5) below.	
5.20	Identify the type of incinerator used as the basis. ☐ Fluidized bed with wet scrubber ☐ Other types with wet scrubber ☐ Fluidized bed with wet scrubber and wet electrostatic precipitator ☐ Other types with wet scrubber and wet electrostatic precipitator	
5.21	Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? ☐ Yes ☐ No ➔ SKIP to Item 5.23 (Part 2, Section 5) below.	
5.22	Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:	
5.23	Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application. ☐ Check here to indicate that you have attached this information. ☐ Not applicable	

Incinerator Parameters

5.24	Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator? ☐ Yes ☐ No	
5.25	Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator? ☐ Yes ☐ No	
5.26	Indicate the type of sewage sludge incinerator.	
5.27	Incinerator stack height in meters:	
5.28	Indicate whether the value submitted in Item 5.27 is (check only one response): ☐ Actual stack height ☐ Creditable stack height	

Incineration Continued

Performance Test Operating Parameters

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

Monitoring Equipment

5.34 List the equipment in place to monitor the listed parameters.

Parameter	Equipment in Place for Monitoring
Total hydrocarbons or carbon monoxide	
Percent oxygen	
Percent moisture	
Combustion temperature	
Other (describe)	

Air Pollution Control Equipment

5.35 List all air pollution control equipment used with this sewage sludge incinerator.

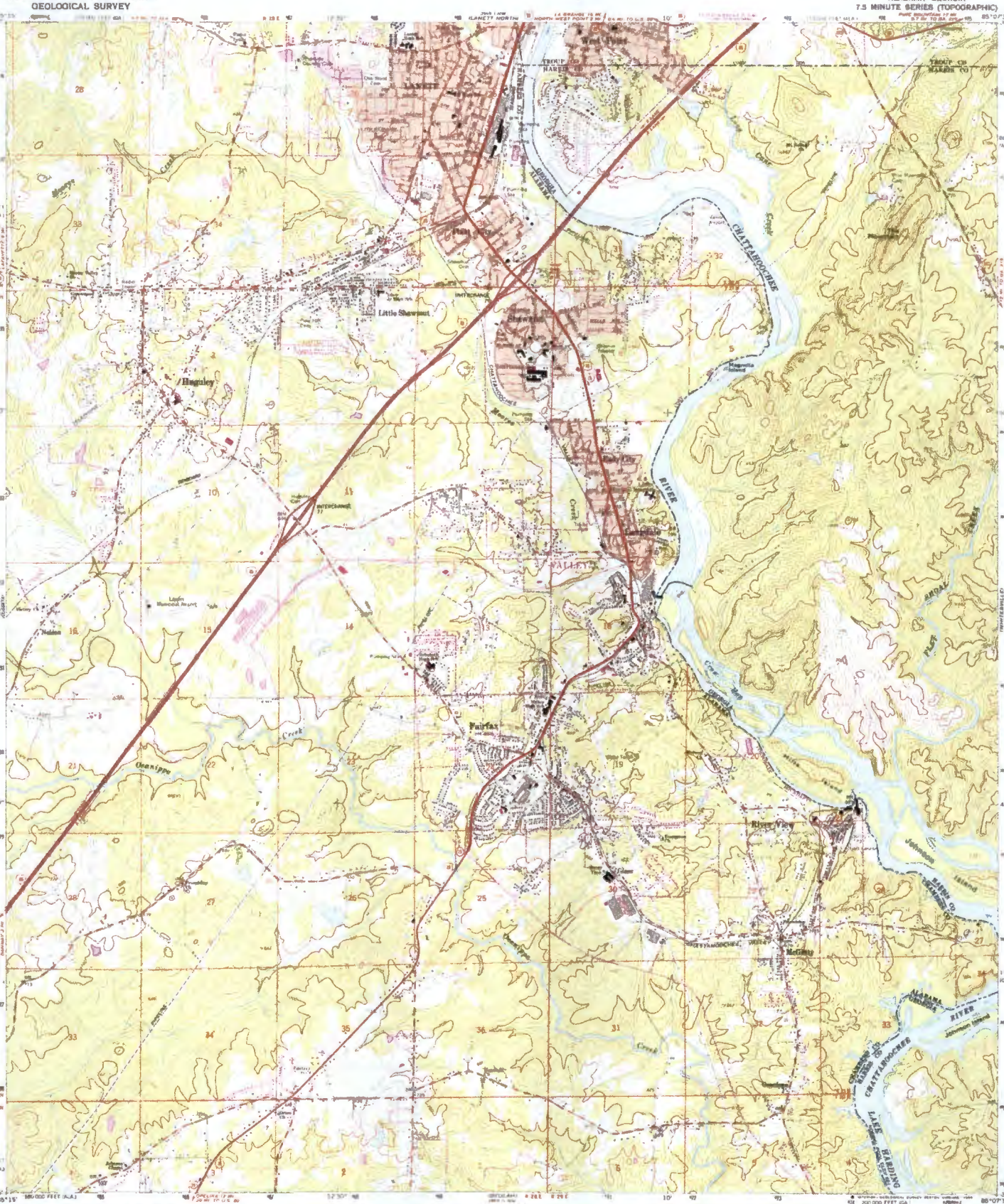
☐ Check here if you have attached the list to the application package for the noted incinerator.

END of PART 2

Submit completed application package to your NPDES permitting authority.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LANETT SOUTH QUADRANGLE
ALABAMA--GEORGIA
7.5 MINUTE SERIES (TOPOGRAPHIC)



Mapped, edited, and published by the Geological Survey
Control by USGS, NOS/NOAA, and USCE

Topography by photogrammetric methods from aerial photographs taken 1962. Field checked 1964

Polyconic projection. 10,000-foot grid ticks based on Alabama coordinate system, east zone and Georgia coordinate system, east zone
1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue
1927 North American Datum
To place on the predicted North American Datum 1983 move the projection lines 12 meters south and 6 meters west as shown by dashed corner ticks

Fence red dashed lines indicate selected fence and field lines where generally visible on aerial photographs. This information is unchecked

Red line indicates areas in which only landmark buildings are shown

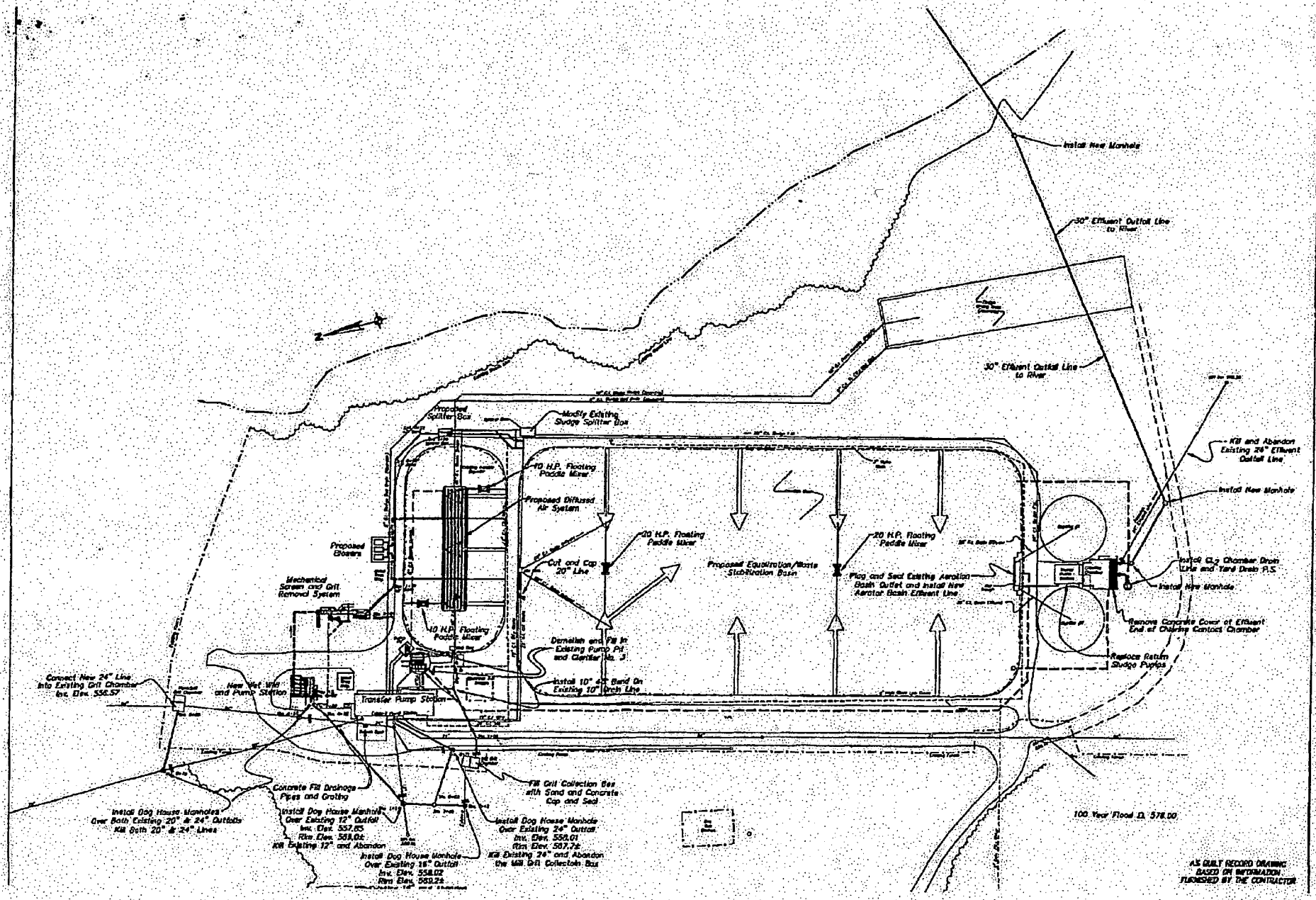
UTM GRID AND MAG NETIC NORTH DECLINATION AT CENTER OF SHEET

Revisions shown in purple and underlined
Revisions based on aerial photographs taken 1981 and other sources

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

LANETT SOUTH, ALA.--GA.
32085 G2-TF-024
1964
PHOTOREVISED 1984
DMA 3646 I SW - SERIES V884

RETURN TO:
NMD HISTORICAL MAP ARCHIVES
USGS NATIONAL CENTER, MS-522
RESTON, VA 22092


Install New Manhole
30" Effluent Outfall Line to River
30" Effluent Outfall Line to River
Kill and Abandon Existing 24" Effluent Outfall Line
Install New Manhole
Install Clg Chamber Drain Line and Yard Drain P.S.
Install New Manhole
Remove Concrete Cover at Effluent End of Chlorine Contact Chamber
Replace Return Sludge Pumps
Modify Existing Sludge Splitter Box
Proposed Splitter Box
10 H.P. Floating Paddle Mixer
Proposed Diffused Air System
20 H.P. Floating Paddle Mixer
20 H.P. Floating Paddle Mixer
Proposed Equalization/Waste Stabilization Basin
Plug and Seal Existing Aeration Basin Outlet and Install New Aerator Basin Effluent Line
Cut and Cap 20" Line
Proposed Blowers
Mechanical Screen and Grit Removal System
10 H.P. Floating Paddle Mixer
Demolish and Fill In Existing Pump Pit and Clarifier No. 3
Install 10" 45° Bend On Existing 10" Drain Line
Connect New 24" Line Into Existing Grit Chamber Inv. Elev. 556.57
New Wet Well and Pump Station
Transfer Pump Station
Concrete Fill Drainage Pipes and Grating
Fill Grit Collection Box with Sand and Concrete Cap and Seal
Install Dog House Manholes Over Both Existing 20" & 24" Outfalls Kill Both 20" & 24" Lines
Install Dog House Manhole Over Existing 12" Outfall Inv. Elev. 557.65 Rim Elev. 569.06 Kill Existing 12" and Abandon
Install Dog House Manhole Over Existing 24" Outfall Inv. Elev. 556.01 Rim Elev. 567.72 Kill Existing 24" and Abandon the Kill Grit Collection Box
Install Dog House Manhole Over Existing 15" Outfall Inv. Elev. 558.02 Rim Elev. 569.25
100 Year Flood El. 578.00
AS BUILT RECORD DRAWING BASED ON INFORMATION FURNISHED BY THE CONTRACTOR

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

RECEIVED
FEB 03 2020
IND/MUN BRANCH

Results of Analysis For: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/12/2019

Sample Number: 186027-01 Collection Date: 11/12/2019 6:45
Description: grab Location: OF002S SW

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)	11/12/19 06:45	11/14/19 13:52	JA
CBOD	<2.00	mg/L		2	2	SM 5210 B-2011	11/12/19 06:45	11/12/19 17:00	JM
E. coli	1,986.3	MPN/100mL	H1	1	1	SM 9223B-Colilert 18	11/12/19 06:45	11/12/19 15:15	EC
NO2-/NO3	0.748	mg N/L		0.035	0.1	EPA 353.2	11/12/19 06:45	11/15/19 11:14	JA
Oil & Grease	<4.56	mg/L		4.56	5	EPA 1664A	11/12/19 06:45	11/13/19 09:30	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	11/12/19 06:45	11/20/19 09:41	JA
Total Phosphorus	<0.100	mg P/L		0.1	1	EPA 365.4	11/12/19 06:45	11/20/19 09:41	JA
TSS	19.0	mg/L(Dry)		2.5	2.5	SM 2540D Mod-2011	11/12/19 06:45	11/13/19 15:30	JW

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

Erin Consuegra 12/03/2019

Erin Consuegra, QA/QC Manager Date

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

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.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers

H1 = Sample analysis performed past holding time.

CHAIN OF CUSTODY

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

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

Client: Lanett
Project: 80 – 1119

		G or C	Composite Sample(s)			Analytical Measurements Taken By ERA				
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Test	Analyst	Date/Time	Meter # / Probe #	Thermometer ID
Sample No.	186027-01	grab								
Location	OF002S SW									
Collector	JEFF ASTON									
Date/Time Sampled	11-12-19 0745									

Flow Rate: 1 gpm

Sample	Preservation	Analysis	Preservation CK
-01a	None	CBOD	
-01c	H2SO4	AMMONIA	pH<2
-01e	H2SO4	NO2-/NO3	pH<2
-01g	None	E. Coli	

Sample	Preservation	Analysis	Preservation CK
-01b	None	TSS	
-01d	H2SO4	TKN, Total Phosphorus	pH<2
-01f	H2SO4	O&G	pH<2

H2SO4 Lot: 121318

Relinquished By: [signature] Date/Time: 11-12-19 1437 Received By: CS Date/Time: 11/12/19 1437
Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____
Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Received at Lab By: CS Date/Time: 11/12/19 1440

Relinquished To Sealed Container: ☐

ERA LAB

Client Lahoff Sample # 18627

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 11/29 1440 Receiving Analyst: CS

B. Method of Delivery:

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

Tracking Number _____

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

2. Condition of Cooler Contents

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

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

C. Broken Bottles? ☒ No ☐ Yes If yes, which? _____

D. Temperature °C 1.9 Thermometer ID: Utah

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

3. Sample Information and Verification

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

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

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

Sufficient volume in each bottle for tests? ☒ Yes ☐ No, _____

B. All samples were verified & marked on the Chain of Custody? ☒ Yes ☐ No, _____

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

pH Strip Lot #: 232318

Additional Preservative information

1 Preservative Type: _____
2 Preservative Lot # _____
3 Preservative Type: _____
4 Preservative Lot # _____

D. Hexane Lot for O&G K120382 ☐ N/A

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

4. Comments and Resolutions

A If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:

How was client contacted: Email Phone Who contacted? Date/Time of contact:

Result of communication:

5. Analyst Conformation

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

Primary Reviewer: CS Secondary Reviewer: [illegible]

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.
Auburn Technology Park • 2975 Brown Court • Auburn, AL 36830
Tel. (334) 502-3444 • Fax (334) 502-8888 • www.eralab.com

Report # 80-1119
Stormwater

All results are reported in Central Standard Time.

Definitions

BMDL – Below Method Detection Limit
BOD – Biochemical Oxygen Demand
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes
cBOD – Carbonaceous Biochemical Oxygen Demand
CCV – Continuing Calibration Verification
COD – Chemical Oxygen Demand
DO – Dissolved Oxygen
DOC – Dissolved Organic Carbon
DW – Drinking Water
HAA – Halo Acetic Acid
HPC – Heterotrophic Plate Count
HR – High Range
ICP – Inductively Coupled Plasma
LCS – Laboratory Control Sample
LR – Low Range
MDL – Method Detection Limit
MS – Mass Spectrometer
MS – Matrix Spike
ND – Not Detected at or above the MDL
NPDES – National Pollutant Discharge Elimination System
PQL – Practical Quantitation Limit
RECRA – Resource Conservation and Recovery Act
RL – Reporting Limit
SID – State Indirect Discharge
SOC – Synthetic Organic Compound
SVOC – Semi-volatile Organic Compound
TCLP – Toxic Characteristic Leaching Procedure
TD – Total Dissolved
TDS – Total Dissolved Solids
TKN – Total Kjeldahl nitrogen
TNI – The NELAC Institute
TOC – Total Organic Carbon
TOX – Toxicity
TS – Total Solids
TSS – Total Suspended Solids
TTHM – Total Trihalomethanes
UV – Ultraviolet
VOC – Volatile Organic Compound
VS – Volatile Solids
WW – Wastewater

End of Report

STORM WATER POLLUTION PREVENTION (SWPP) PLAN

LANETT WASTEWATER TREATMENT FACILITY

The Lanett Wastewater Treatment Facility is located approximately eighty yards from the Chattahoochee River and also rests within the one hundred-year flood plain. Stormwater runoff flows from riprap surrounding the facility's equalization and aeration basins into a nearby ditch and manhole with a grated lid located at latitude longitude coordinates: Lat: 32.862138 N Long: -85.186355 W.

Stormwater then flows into the raw plant influent pumping station and is pumped to the plant headworks. Storm water then travels through biological and disinfection processes. (NPDES Permit # AL0023159) All precipitation is measured and recorded daily and at the time of sampling.

Stormwater discharge sampling shall be accomplished in accordance with the NPDES Permit, using first flush grab samples within the first thirty minutes of discharge at the stormwater outfall referenced above.

BEST MANAGEMENT PRACTICES (BMP):

The wastewater treatment facility, including pumps, motors and grated manhole shall be inspected daily by an appropriately licensed operator.

Proper wastewater treatment facility and laboratory operation, as well as inspection and preventative maintenance of equipment shall be accomplished by a licensed operator seven days per week. Appropriate process control and quality assurance procedures are in place and practiced.

There is no significant clearing, grading or excavation in the treatment facility area at this time.

SPILL PREVENTION, CONTROL & COUNTERMEASURE PLAN (SPCC):

In the event of a release, leak or heavy rainfall / precipitation:

1. Close plug valve in North splitter box to divert all influent flow into equalization basin
2. Decant equalization basin; pump supernatant to aeration basin for controlled biological and disinfection process
3. Releases, discharges or overflows shall be hosed into the aeration basin for proper treatment and shall be reported to the ADEM hotline within 24 hours of incident
4. SSO documentation shall be prepared and mailed to ADEM within 5 days of incident

STORM WATER POLLUTION PREVENTION (SWPP) PLAN

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Environmental Resource Analysts, Inc.

2975 Brown Court
Auburn, AL 36830
334-502-3444
(Fax) 334-502-8888

28 Years in Business, and counting
www.eralab.com

Laboratory Report

Wastewater

Report # 80-1119

Permit Renewal

Prepared For:
WaterProof Labs
Lanett Waste Water
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Attention: Wes Symonds

Number of Pages in Report: 23

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

This report cannot be reproduced, except in full, without the written approval from **ERA, Inc.**

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

RECEIVED
FEB 03 2020
IND MUN BRANCH

Results of Analysis For: WaterProof Labs
Lanett Waste Water
101 Marketside Ave STE 404-247
Ponte Vedra, FL 32081

Project: 80-1119
Date Received: 11/20/2019

Sample Number: 197195-01 Collection Date: 11/20/2019 6:47
Description: grab Location: effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Cyanide	<0.0040	mg/L		0.004	0.01	EPA 335.4	11/20/19 06:47	11/26/19 17:27	JA
Oil & Grease	<4.56	mg/L		4.56	5	EPA 1664A	11/20/19 06:47	11/25/19 09:00	BG
Total Phenols	<0.050	mg/L		0.05	0.05	EPA 420.1	11/20/19 06:47	11/22/19 08:30	BG

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
2-Chloroethylvinyl ether								
2-Chloroethylvinyl ether	EPA 624.1	BMDL	ug/L	5.09	10	11/22/19 21:17	NG	

Surrogate	Recovery %	Target Range
4-Bromofluorobenzene	103	90-110
toluene-d8	97.4	90-110
1,2-Dichloroethane-d4	93.6	88-119

624.1 WWVOC								
Benzene	EPA 624.1	BMDL	ug/L	1.85	5	11/22/19 21:17	NG	
Bromodichloromethane	EPA 624.1	BMDL	ug/L	1.54	5	11/22/19 21:17	NG	
Bromoform	EPA 624.1	BMDL	ug/L	3.05	5	11/22/19 21:17	NG	
Bromomethane	EPA 624.1	BMDL	ug/L	4.76	5	11/22/19 21:17	NG	
Carbon Tetrachloride	EPA 624.1	BMDL	ug/L	0.618	5	11/22/19 21:17	NG	
Chlorobenzene	EPA 624.1	BMDL	ug/L	0.755	5	11/22/19 21:17	NG	
Chloroethane	EPA 624.1	BMDL	ug/L	1.46	5	11/22/19 21:17	NG	
Chloroform	EPA 624.1	1.86	ug/L	1.73	5	11/22/19 21:17	NG	N10
Chloromethane	EPA 624.1	BMDL	ug/L	1.8	5	11/22/19 21:17	NG	
Dibromochloromethane	EPA 624.1	BMDL	ug/L	0.858	5	11/22/19 21:17	NG	
1,2-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.915	5	11/22/19 21:17	NG	
1,3-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.626	5	11/22/19 21:17	NG	
1,4-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.745	5	11/22/19 21:17	NG	
1,1-Dichloroethane	EPA 624.1	BMDL	ug/L	1.94	5	11/22/19 21:17	NG	
1,2-Dichloroethane	EPA 624.1	BMDL	ug/L	1.27	5	11/22/19 21:17	NG	
1,1-Dichloroethene	EPA 624.1	BMDL	ug/L	1	5	11/22/19 21:17	NG	

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: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/20/2019

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
624.1 WWVOC								
Trans-1,2-Dichloroethene	EPA 624.1	BMDL	ug/L	1.17	5	11/22/19 21:17	NG	
1,2-Dichloropropane	EPA 624.1	BMDL	ug/L	1.8	5	11/22/19 21:17	NG	
Cis-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.81	5	11/22/19 21:17	NG	
Trans-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.629	5	11/22/19 21:17	NG	
Ethylbenzene	EPA 624.1	BMDL	ug/L	0.57	5	11/22/19 21:17	NG	
Methylene Chloride	EPA 624.1	BMDL	ug/L	1.88	5	11/22/19 21:17	NG	
1,1,2,2-Tetrachloroethane	EPA 624.1	BMDL	ug/L	0.94	5	11/22/19 21:17	NG	
Tetrachloroethene	EPA 624.1	BMDL	ug/L	0.82	5	11/22/19 21:17	NG	
Toluene	EPA 624.1	BMDL	ug/L	0.67	5	11/22/19 21:17	NG	
1,1,1-Trichloroethane	EPA 624.1	BMDL	ug/L	0.69	5	11/22/19 21:17	NG	
1,1,2-Trichloroethane	EPA 624.1	BMDL	ug/L	0.766	5	11/22/19 21:17	NG	
Trichloroethene	EPA 624.1	BMDL	ug/L	1.5	5	11/22/19 21:17	NG	
Trichlorofluoromethane	EPA 624.1	BMDL	ug/L	0.753	5	11/22/19 21:17	NG	
Vinyl Chloride	EPA 624.1	BMDL	ug/L	2.09	5	11/22/19 21:17	NG	
Xylenes, total	EPA 624.1	BMDL	ug/L	4.61	5	11/22/19 21:17	NG	

Surrogate	Recovery %	Target Range
1,2-Dichloroethane-d4	103	
Toluene-d8	97.4	
4-Bromofluorobenzene	93.6	

625.1 SVOC WW								
1,2,4-Trichlorobenzene	EPA 625.1	BMDL	ug/L	9.33	10	12/06/19 0:35	NG	
1,2-Diphenylhydrazine	EPA 625.1	BMDL	ug/L	10.7	10	12/06/19 0:35	NG	
2-Chloronaphthalene	EPA 625.1	BMDL	ug/L	11.6	10	12/06/19 0:35	NG	
2-Chlorophenol	EPA 625.1	BMDL	ug/L	9.81	10	12/06/19 0:35	NG	
2-Nitrophenol	EPA 625.1	BMDL	ug/L	12.3	20	12/06/19 0:35	NG	
2,4-Dichlorophenol	EPA 625.1	BMDL	ug/L	13.2	10	12/06/19 0:35	NG	
2,4-Dimethylphenol	EPA 625.1	BMDL	ug/L	11.3	10	12/06/19 0:35	NG	
2,4-Dinitrophenol	EPA 625.1	BMDL	ug/L	18.3	10	12/06/19 0:35	NG	
2,4-Dinitrotoluene	EPA 625.1	BMDL	ug/L	7.7	20	12/06/19 0:35	NG	O95
2,6-Dinitrotoluene	EPA 625.1	BMDL	ug/L	8.13	10	12/06/19 0:35	NG	

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

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

Results of Analysis For: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/20/2019

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
625.1 SVOC WW								
2,4,6-Trichlorophenol	EPA 625.1	BMDL	ug/L	11.6	10	12/06/19 0:35	NG	
3.3-Dichlorobenzidine	EPA 625.1	BMDL	ug/L	14.6	20	12/06/19 0:35	NG	O95,
4-Bromophenyl-phenyl ether	EPA 625.1	BMDL	ug/L	9.12	10	12/06/19 0:35	NG	O95
4-Chlorophenyl-phenyl ether	EPA 625.1	BMDL	ug/L	9.93	10	12/06/19 0:35	NG	O95
4-Chloro-3-methylphenol	EPA 625.1	BMDL	ug/L	9.95	10	12/06/19 0:35	NG	
4-Nitrophenol	EPA 625.1	BMDL	ug/L	8.29	10	12/06/19 0:35	NG	O95
4,6-Dinitro-2-Methylphenol	EPA 625.1	BMDL	ug/L	8.04	10	12/06/19 0:35	NG	
Acenaphthene	EPA 625.1	BMDL	ug/L	8.79	10	12/06/19 0:35	NG	
Acenaphthylene	EPA 625.1	BMDL	ug/L	9.12	10	12/06/19 0:35	NG	
Anthracene	EPA 625.1	BMDL	ug/L	9.05	10	12/06/19 0:35	NG	
Benzidine	EPA 625.1	BMDL	ug/L	15.1	20	12/06/19 0:35	NG	O95,
Benzo(a)pyrene	EPA 625.1	BMDL	ug/L	9.92	10	12/06/19 0:35	NG	
Benzo(a)anthracene	EPA 625.1	BMDL	ug/L	8.81	10	12/06/19 0:35	NG	
Benzo(b)fluoranthene	EPA 625.1	BMDL	ug/L	10	10	12/06/19 0:35	NG	
Benzo(g,h,i)perylene	EPA 625.1	BMDL	ug/L	9.45	10	12/06/19 0:35	NG	
Benzo(k)fluoranthene	EPA 625.1	BMDL	ug/L	9.22	10	12/06/19 0:35	NG	M1
Bis(2-chloroethoxy)methane	EPA 625.1	BMDL	ug/L	6.66	10	12/06/19 0:35	NG	
Bis(2-chloroethyl)ether	EPA 625.1	BMDL	ug/L	8.22	10	12/06/19 0:35	NG	
Bis(2-chloroisopropyl)ether	EPA 625.1	BMDL	ug/L	7.09	10	12/06/19 0:35	NG	
Bis(2-Ethylhexyl) phthalate	EPA 625.1	BMDL	ug/L	6.84	10	12/06/19 0:35	NG	
Butylbenzyl phthalate	EPA 625.1	BMDL	ug/L	9.96	10	12/06/19 0:35	NG	
Chrysene	EPA 625.1	BMDL	ug/L	8.7	10	12/06/19 0:35	NG	
Dibenz(a,h)anthracene	EPA 625.1	BMDL	ug/L	8.11	10	12/06/19 0:35	NG	
Diethyl phthalate	EPA 625.1	BMDL	ug/L	8.92	10	12/06/19 0:35	NG	
Dimethlyl phthalate	EPA 625.1	BMDL	ug/L	10	10	12/06/19 0:35	NG	
Di-n-butyl phthalate	EPA 625.1	BMDL	ug/L	8.46	10	12/06/19 0:35	NG	
Di-n-octyl phthalate	EPA 625.1	BMDL	ug/L	9.5	10	12/06/19 0:35	NG	O95
n-Nitrosodimethylamine	EPA 625.1	BMDL	ug/L	9.79	10	12/06/19 0:35	NG	
Fluoranthene	EPA 625.1	BMDL	ug/L	8.6	10	12/06/19 0:35	NG	
Fluorene	EPA 625.1	BMDL	ug/L	8.91	10	12/06/19 0:35	NG	
Hexachlorobenzene	EPA 625.1	BMDL	ug/L	9.43	10	12/06/19 0:35	NG	O95

ERA LAB

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

Results of Analysis For: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/20/2019

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
625.1 SVOC WW								
Hexachlorobutadiene	EPA 625.1	BMDL	ug/L	9.29	10	12/06/19 0:35	NG	
Hexachlorocyclopentadiene	EPA 625.1	BMDL	ug/L	8.73	10	12/06/19 0:35	NG	
Hexachloroethane	EPA 625.1	BMDL	ug/L	8.89	10	12/06/19 0:35	NG	
Indeno(1,2,3-cd)pyrene	EPA 625.1	BMDL	ug/L	7.46	10	12/06/19 0:35	NG	
Isophorone	EPA 625.1	BMDL	ug/L	7.93	10	12/06/19 0:35	NG	
Naphthalene	EPA 625.1	BMDL	ug/L	8.76	10	12/06/19 0:35	NG	
Nitrobenzene	EPA 625.1	BMDL	ug/L	7.07	10	12/06/19 0:35	NG	
n-Nitrosodi-n-propylamine	EPA 625.1	BMDL	ug/L	8.89	10	12/06/19 0:35	NG	
n-Nitrosodiphenylamine	EPA 625.1	BMDL	ug/L	8.1	10	12/06/19 0:35	NG	
Pentachlorophenol	EPA 625.1	BMDL	ug/L	10.6	20	12/06/19 0:35	NG	
Phenanthrene	EPA 625.1	BMDL	ug/L	9.42	10	12/06/19 0:35	NG	
Phenol	EPA 625.1	BMDL	ug/L	9.39	10	12/06/19 0:35	NG	
Pyrene	EPA 625.1	BMDL	ug/L	9.62	10	12/06/19 0:35	NG	

Surrogate	Recovery %	Target Range
2-Fluorophenol	47.5	
Phenol-d5	35.0	
Nitrobenzene-d5	118	
2-Fluorobiphenyl	312	
2,4,6-Tribromophenol	106	
p-Terphenyl-d14	144	

Acrolein/Acrylonitrile								
Acrylonitrile	EPA 624.1	BMDL	ug/L	25.5	50	11/22/19 21:57	NG	
Acrolein	EPA 624.1	BMDL	ug/L	30.8	50	11/22/19 21:57	NG	

Surrogate	Recovery %	Target Range
4-Bromofluorobenzene	105	90-110
toluene-d8	97.0	90-110
1,2-Dichloroethane-d4	93.4	88-119

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: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/20/2019

Sample Number: 197195-02 Collection Date: 11/20/2019 6:00
Description: comp Location: effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	0.828	mg N/L		0.2	0.2	EPA 350.1(1993)	11/20/19 06:00	11/20/19 15:50	JA
Antimony	<11.4	ug/L		11.4	25	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Arsenic	<21.0	ug/L		21	50	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Beryllium	<1.8	ug/L		1.8	5	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Cadmium	<4.3	ug/L		4.3	10	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Chromium	<7.6	ug/L		7.6	25	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Copper	9.0	ug/L	N10	3.1	10	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Hardness	47.5	mg/L CaCO3 (EDTA)		5	5	SM 2340C-2011	11/20/19 06:00	11/22/19 09:30	BEH
Lead	<23.3	ug/L		23.3	50	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Nickel	168	ug/L		4.8	10	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
NO2-/NO3	1.77	mg N/L	M1	0.035	0.1	EPA 353.2	11/20/19 06:00	11/26/19 09:33	JA
Selenium	<12.4	ug/L		12.4	25	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
Silver	<4.1	ug/L		4.1	5	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
TDS	200	mg/L(Dry)		2.5	2.5	SM 2540C-2011	11/20/19 06:00	11/25/19 15:50	BEH
Thallium	<10.5	ug/L		10.5	25	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO
TKN	2.64	mg N/L		0.843	1.25	EPA 351.2	11/20/19 06:00	11/27/19 11:28	JA
Total Phosphorus	0.715	mg P/L	N10	0.1	1	EPA 365.4	11/20/19 06:00	11/27/19 11:28	JA
Zinc	424	ug/L		4.5	25	EPA 200.7	11/20/19 06:00	11/25/19 15:00	AO

Sample Number: 197195-04 Collection Date: 11/20/2019 6:54
Description: grab Location: Field Blank LLHg

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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Results of Analysis For: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/20/2019

Analytes - NOT NELAC Certified

1,2-Dichloroethane-d4	1,2-Diphenylhydrazine	2,4,6-Tribromophenol	2-Chloroethylvinyl ether
2-Fluorobiphenyl	2-Fluorophenol	4-Bromofluorobenzene	Methylene Chloride
Nitrobenzene-d5	Phenol-d5	p-Terphenyl-d14	Subcontract - LL Hg
toluene-d8	Xylenes, total		

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

Erin Consuegra 12/19/2019

Erin Consuegra, QA/QC Manager Date

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

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

BMDL = Below Method Detection Limit

COD: EPA approved methods in "HACH Water Analysis Handbook", 2nd Ed.

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

Oil & Grease: EPA-821-R-98-002, February 1999.

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

M1 = The Matrix Spike did not meet QA/QC requirements.

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.

O95 = The standard extracted in the sample batch did not meet QA/QC criteria.

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

December 05, 2019

Erin Consuegra

RE: Project: 80-1019
Pace Project No.: 35515578

Dear Erin Consuegra:
Enclosed are the analytical results for sample(s) received by the laboratory on December 02, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Chelsea Gagne
chelsea.gagne@pacelabs.com
813-855-1844
Project Manager

Enclosures

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Oldsmar , FL 34677
(813)881-9401

CERTIFICATIONS

Project: 80-1019
Pace Project No.: 35515578

Pace Analytical Services Tampa
110 South Bayview Blvd., Tampa, FL 34677 Florida Certification #:E84129

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110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

SAMPLE SUMMARY

Project: 80-1019
Pace Project No.: 35515578

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35515578001	**197195-01**	Water	11/20/19 08:47	12/02/19 11:10
35515578003	**197195-04**	Water	11/20/19 08:54	12/02/19 11:10

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SAMPLE ANALYTE COUNT

Project: 80-1019
Pace Project No.: 35515578

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35515578001	197195-01	EPA 1631E	NMT	1	PASI-Tp
35515578003	197195-04	EPA 1631E	NMT	1	PASI-Tp

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(813)881-9401

ANALYTICAL RESULTS

Project: 80-1019
Pace Project No.: 35515578

Sample: 197195-01 **Lab ID: 35515578001** Collected: 11/20/19 08:47 Received: 12/02/19 11:10 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	**6.62**	ng/L	0.50	0.20	1	12/04/19 16:53	12/05/19 12:35	7439-97-6	

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ANALYTICAL RESULTS

Project: 80-1019
Pace Project No.: 35515578

Sample: 197195-04 **Lab ID: 35515578003** Collected: 11/20/19 08:54 Received: 12/02/19 11:10 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	**0.20 U**	ng/L	0.50	0.20	1	12/04/19 16:53	12/05/19 11:25	7439-97-6	

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QUALITY CONTROL DATA

Project: 80-1019
Pace Project No.: 35515578

QC Batch: 592248 | Analysis Method: EPA 1631E
QC Batch Method: EPA 1631E | Analysis Description: 1631E Mercury,Low Level
Associated Lab Samples: 35515578001, 35515578003

METHOD BLANK: 3220982 | Matrix: Water
Associated Lab Samples: 35515578001, 35515578003

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.50	0.20	12/05/19 10:30	

METHOD BLANK: 3220983 | Matrix: Water
Associated Lab Samples: 35515578001, 35515578003

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.50	0.20	12/05/19 10:35	

METHOD BLANK: 3220984 | Matrix: Water
Associated Lab Samples: 35515578001, 35515578003

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.50	0.20	12/05/19 10:40	

LABORATORY CONTROL SAMPLE: 3220985

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ng/L	5	4.98	100	77-123	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3220986 3220987

Parameter	Units	20131536001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	7.08	25	25	27.7	31.6	82	98	71-125	13	24	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3220988 3220989

Parameter	Units	2626167002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	0.571	2	2	2.54	2.72	99	107	71-125	7	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

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110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALIFIERS

Project: 80-1019
Pace Project No.: 35515578

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-Tp Pace Analytical Services - Tampa

ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

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Oldsmar , FL 34677
(813)881-9401

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 80-1019
Pace Project No.: 35515578

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35515578001	**197195-01**	EPA 1631E	592248	EPA 1631E	592593
35515578003	**197195-04**	EPA 1631E	592248	EPA 1631E	592593

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CHAIN OF CUSTODY

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

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

WO# : 35515578

35515578

Client: Lanett
Project: 80-1019

		G or C	Composite Sample(s)		
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No.	197195-01	grab			
Location	effluent PR				
Collector	Jeff Aston				
Date/Time Sampled	11-20-19 0747				

Flow Rate:

Sample No.	197195-02	comp	hourly	11-19-19 0700	11-20-19 0700
Location	effluent PR				
Collector	Jeff Aston				
Date/Time Sampled	11-20-19 0747				

Flow Rate:

Sample No.	197195-04	grab			
Location	Field Blank LLHg				
Collector	Jeff Aston				
Date/Time Sampled	11-20-19 0754				

Flow Rate:

Sample	Preservation	Analysis	Preservation CK
-01b	H2SO4	O&G	≤2.0
-01d	naoh	CN-	≤12
-01f	NA2S2O3	625.1 SVOC WW	SC
-01h	None	2-Chloroethylvinyl ether	SC
-02a	H2SO4	AMMONIA	≤2.0
-02c	H2SO4	NO2-/NO3	≤2.0
-02e	None	TDS	SC
-02g	None	Hardness	SC

Sample	Preservation	Analysis	Preservation CK
-01c	None	subcontract 11Hg	SC
-01e	H2SO4	Phenol	SC
-01g	HCl	Acrolein/Acrylonitrile	SC
-01j	NA2S2O3	624.1 WWVOC	SC
-02b	H2SO4	TKN	≤2.0
-02d	H2SO4	Total Phosphorus	≤2.0
-02f	HNO3	ICP Metals	SC
-04a	None	subcontract 11Hg	SC

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

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

For Client Use:

Date Prepared: 111419

Relinquished By: [signature]	Date/Time: 11-20-19 0814	Received By: FEDEX	Date/Time:
Relinquished By: FEDEX	Date/Time: 12-2-19 1110	Received By: [illegible]	Date/Time: 12-2-19 1110
Relinquished By:	Date/Time:	Received By:	Date/Time: T2C3 24.7

Received at Lab By: SL Date/Time: 11/20/19 0814 Relinquished To Sealed Container: ☑

Client dropped off recollected
197195-016

Relinquished by D. [illegible] 12/2/19 1415 to UPS or Fed Ex

Pace Analytical Florida Laboratory	Document Name: Sample Condition Upon Receipt Form	Document Revised: May 30, 2018
	Document No.: F-FL-C-007 rev. 13	Issuing Authority: Pace Florida Quality Office

Sample Condition Upon Receipt Form (SCUR)

Project # WO#: 35515578

Project Manager: PM: CLG **Due Date:** 12/16/19

Client: CLIENT: 37-ENVRES

Date and Initials of person:
Examining contents: DS
Label:
Deliver: 12/2/19
pH:

Thermometer Used: T-203 Date: 12-2-19 Time: 11:10 Initials: MJM

State of Origin: AL ☐ For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp.°C 24.8 (Visual) 0.0 (Correction Factor) 24.7 (Actual) ☐ Samples on ice, cooling process has begun

Cooler #2 Temp.°C ____ (Visual) ____ (Correction Factor) ____ (Actual) ☐ Samples on ice, cooling process has begun

Cooler #3 Temp.°C ____ (Visual) ____ (Correction Factor) ____ (Actual) ☐ Samples on ice, cooling process has begun

Cooler #4 Temp.°C ____ (Visual) ____ (Correction Factor) ____ (Actual) ☐ Samples on ice, cooling process has begun

Cooler #5 Temp.°C ____ (Visual) ____ (Correction Factor) ____ (Actual) ☐ Samples on ice, cooling process has begun

Cooler #6 Temp.°C ____ (Visual) ____ (Correction Factor) ____ (Actual) ☐ Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☑ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other ____

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☐ Ground ☐ International Priority
☐ Other ____

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # ____

Custody Seal on Cooler/Box Present: ☐ Yes ☑ No **Seals Intact:** ☐ Yes ☐ No **Ice:** Wet Blue Dry None

Packing Material: ☐ Bubble Wrap ☑ Bubble Bags ☐ None ☐ Other ____

Samples shorted to lab (if Yes, complete) Shorted Date: ____ Shorted Time: ____ Qty: ____

				Comments:
Chain of Custody Present	☑ Yes	☐ No	☐ N/A	
Chain of Custody Filled Out	☑ Yes	☐ No	☐ N/A	
Relinquished Signature & Sampler Name COC	☑ Yes	☐ No	☐ N/A	
Samples Arrived within Hold Time	☑ Yes	☐ No	☐ N/A	
Rush TAT requested on COC	☐ Yes	☑ No	☐ N/A	
Sufficient Volume	☑ Yes	☐ No	☐ N/A	
Correct Containers Used	☑ Yes	☐ No	☐ N/A	
Containers Intact	☑ Yes	☐ No	☐ N/A	
Sample Labels match COC (sample IDs & date/time of collection)	☐ Yes	☑ No	☐ N/A	No time on Samples
All containers needing acid/base preservation have been checked.	☐ Yes	☐ No	☑ N/A	Preservation Information: Preservative: ____ Lot #/Trace #: ____ Date: ____ Time: ____ Initials: ____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: VOA, Coliform, TOC, O&G, Carbamates	☐ Yes	☐ No	☑ N/A	
Headspace in VOA Vials? (>6mm):	☐ Yes	☐ No	☑ N/A	
Trip Blank Present:	☐ Yes	☐ No	☑ N/A	

Client Notification/ Resolution:
Person Contacted: ____ Date/Time: ____

Comments/ Resolution (use back for additional comments): ____

Project Manager Review: ____ Date: ____

CHAIN OF CUSTODY

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

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

Client: Lanett
Project: 80-1019

		G or C	Composite Sample(s)		
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No.	197195-01	grab			
Location	effluent PR				
Collector	Jeff Aston				
Date/Time Sampled	11-20-19 0747				

Flow Rate:

Sample No.	197195-02	comp	hourly	11-19-19 0700	11-20-19 0700
Location	effluent PR				
Collector	Jeff Aston				
Date/Time Sampled	11-20-19 0747				

Flow Rate:

Sample No.	197195-04	grab			
Location	Field Blank LLHg				
Collector	Jeff Aston				
Date/Time Sampled	11-20-19 0754				

Flow Rate:

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01b	H2SO4	O&G	≤2.0	-01c	None	subcontract	SC
-01d	naoh	CN-	≤12	-01e	H2SO4	Phenol	SC
-01f	NA2S2O3	625.1 SVOC WW	SC	-01g	HCl	Acrolein/Acrylonitrile	SC
-01h	None	2-Chloroethylvinyl ether	SC	-01j	NA2S2O3	624.1 WWVOC	SC
-02a	H2SO4	AMMONIA	≤2.0	-02b	H2SO4	TKN	≤2.0
-02c	H2SO4	NO2-/NO3	≤2.0	-02d	H2SO4	Total Phosphorus	≤2.0
-02e	None	TDS	SC	-02f	HNO3	ICP Metals	SC
-02g	None	Hardness	SC	-04a	None	subcontract	SC

CHAIN OF CUSTODY

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

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

For Client Use:

Date Prepared: 111619

Relinquished By: [signature]	Date/Time: 11-20-19 0814	Received By:	Date/Time:
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished By:	Date/Time:	Received By:	Date/Time:

Received at Lab By: SL Date/Time: 11/20/19 0814 Relinquished To Sealed Container: ☑

Client dropped off recollected
197195-01G

ERA LAB

Client Lanett Sample # 197195

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 11/20/19 0935 Receiving Analyst: SC

B. Method of Delivery:

☐ Fed Ex ☐ UPS ☐ USPS ☐ ERA Driver ☒ Client Drop Off ☐ Other

Tracking Number

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

2. Condition of Cooler Contents

A. Chain Of Custody Information: ☒ Completed ☐ Incomplete,

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

C. Broken Bottles? ☐ No ☒ Yes If yes, which? 197195-019 client is recollecting

D. Temperature °C 5.8 Thermometer ID: Auburn

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

3. Sample Information and Verification

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

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

All samples arrived within holding time? ☒ Yes ☐ No,

Sufficient volume in each bottle for tests? ☒ Yes ☐ No,

B. All samples were verified & marked on the Chain of Custody? ☒ Yes ☐ No,

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

pH Strip Lot #: 202518

Additional Preservative information

1 Preservative Type:
2 Preservative Lot #
3 Preservative Type:
4 Preservative Lot #

D. Hexane Lot for O&G 19070087 ☐ N/A

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

4. Comments and Resolutions

A If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:

How was client contacted: Email Phone Who contacted? Date/Time of contact:

Result of communication:

5. Analyst Conformation

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

Primary Reviewer: Secondary Reviewer:

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.
Auburn Technology Park • 2975 Brown Court • Auburn, AL 36830
Tel. (334) 502-3444 • Fax (334) 502-8888 • www.eralab.com

Report # 80-1119
Permit Renewal

All results are reported in Central Standard Time.

Definitions

BMDL – Below Method Detection Limit
BOD – Biochemical Oxygen Demand
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes
cBOD – Carbonaceous Biochemical Oxygen Demand
CCV – Continuing Calibration Verification
COD – Chemical Oxygen Demand
DO – Dissolved Oxygen
DOC – Dissolved Organic Carbon
DW – Drinking Water
HAA – Halo Acetic Acid
HPC – Heterotrophic Plate Count
HR – High Range
ICP – Inductively Coupled Plasma
LCS – Laboratory Control Sample
LR – Low Range
MDL – Method Detection Limit
MS – Mass Spectrometer
MS – Matrix Spike
ND – Not Detected at or above the MDL
NPDES – National Pollutant Discharge Elimination System
PQL – Practical Quantitation Limit
RECRA – Resource Conservation and Recovery Act
RL – Reporting Limit
SID – State Indirect Discharge
SOC – Synthetic Organic Compound
SVOC – Semi-volatile Organic Compound
TCLP – Toxic Characteristic Leaching Procedure
TD – Total Dissolved
TDS – Total Dissolved Solids
TKN – Total Kjeldahl nitrogen
TNI – The NELAC Institute
TOC – Total Organic Carbon
TOX – Toxicity
TS – Total Solids
TSS – Total Suspended Solids
TTHM – Total Trihalomethanes
UV – Ultraviolet
VOC – Volatile Organic Compound
VS – Volatile Solids
WW – Wastewater

End of Report

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

2975 BROWN COURT
AUBURN, AL 36830
334-502-3444
(FAX) 334-502-8888

26 Years in Business, and counting
http://www.eralab.com

ERA LAB

Laboratory Report

Waste Water

Report # 80-1019

VOC

Prepared For:
Lanett
#1 Pecan Grove
Lanett, AL 36863

Attention: Jeff Aston

Number of Pages in Report: 7

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

This report cannot be reproduced, except in full, without the written approval from **ERA, Inc.**

The test results in this report meet all 2003 NELAC requirements for accredited parameters, exceptions are noted in this report. ERA's Florida certification number is E87542. Current copies of our certification and scope are available upon request.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

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: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1019
Date Received: 10/11/2019

Sample Number: 197105-01 Collection Date: 10/09/2019 15:10
Description: grab Location: Effluent PP

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
624.1 WWVOC								
Acrolein	EPA 624.1	BMDL	ug/L	16.5	20	10/21/19 2:16	NG	
Acrylonitrile	EPA 624.1	BMDL	ug/L	25.5	50	10/21/19 2:16	NG	
Benzene	EPA 624.1	BMDL	ug/L	1.85	5	10/21/19 2:16	NG	
Bromodichloromethane	EPA 624.1	BMDL	ug/L	1.54	5	10/21/19 2:16	NG	
Bromoform	EPA 624.1	BMDL	ug/L	3.05	5	10/21/19 2:16	NG	
Bromomethane	EPA 624.1	BMDL	ug/L	4.76	5	10/21/19 2:16	NG	
Carbon Tetrachloride	EPA 624.1	BMDL	ug/L	0.618	5	10/21/19 2:16	NG	
Chlorobenzene	EPA 624.1	BMDL	ug/L	0.755	5	10/21/19 2:16	NG	
Chloroethane	EPA 624.1	BMDL	ug/L	1.46	5	10/21/19 2:16	NG	
2-Chloroethylvinyl Ether	EPA 624.1	BMDL	ug/L	4.36	5	10/21/19 2:16	NG	
Chloroform	EPA 624.1	BMDL	ug/L	1.73	5	10/21/19 2:16	NG	
Chloromethane	EPA 624.1	BMDL	ug/L	1.8	5	10/21/19 2:16	NG	
Dibromochloromethane	EPA 624.1	BMDL	ug/L	0.858	5	10/21/19 2:16	NG	
1,2-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.915	5	10/21/19 2:16	NG	
1,3-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.626	5	10/21/19 2:16	NG	
1,4-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.745	5	10/21/19 2:16	NG	
1,1-Dichloroethane	EPA 624.1	BMDL	ug/L	1.94	5	10/21/19 2:16	NG	
1,2-Dichloroethane	EPA 624.1	BMDL	ug/L	1.27	5	10/21/19 2:16	NG	
1,1-Dichloroethene	EPA 624.1	BMDL	ug/L	1	5	10/21/19 2:16	NG	
Trans-1,2-Dichloroethene	EPA 624.1	BMDL	ug/L	1.17	5	10/21/19 2:16	NG	
1,2-Dichloropropane	EPA 624.1	BMDL	ug/L	1.8	5	10/21/19 2:16	NG	
Cis-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.81	5	10/21/19 2:16	NG	
Trans-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.629	5	10/21/19 2:16	NG	
Ethylbenzene	EPA 624.1	BMDL	ug/L	0.57	5	10/21/19 2:16	NG	
Methylene Chloride	EPA 624.1	BMDL	ug/L	1.88	5	10/21/19 2:16	NG	
1,1,2,2-Tetrachloroethane	EPA 624.1	BMDL	ug/L	0.94	5	10/21/19 2:16	NG	
Tetrachloroethene	EPA 624.1	BMDL	ug/L	0.82	5	10/21/19 2:16	NG	
Toluene	EPA 624.1	BMDL	ug/L	0.67	5	10/21/19 2:16	NG	

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: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1019
Date Received: 10/11/2019

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
624.1 WWVOC								
1,1,1-Trichloroethane	EPA 624.1	BMDL	ug/L	0.69	5	10/21/19 2:16	NG	
1,1,2-Trichloroethane	EPA 624.1	BMDL	ug/L	0.766	5	10/21/19 2:16	NG	
Trichloroethene	EPA 624.1	BMDL	ug/L	1.5	5	10/21/19 2:16	NG	
Trichlorofluoromethane	EPA 624.1	BMDL	ug/L	0.753	5	10/21/19 2:16	NG	
Vinyl Chloride	EPA 624.1	BMDL	ug/L	2.09	5	10/21/19 2:16	NG	
Xylenes, total	EPA 624.1	BMDL	ug/L	4.61	5	10/21/19 2:16	NG	

Surrogate	Recovery %	Target Range
1,2-Dichloroethane-d4	108	
Toluene-d8	104	
4-Bromofluorobenzene	89.8	

Acrolein/Acrylonitrile								
Acrolein	EPA 624.1	BMDL	ug/L	30.8	50	10/21/19 1:35	NG	M1
Acrylonitrile	EPA 624.1	BMDL	ug/L	25.5	50	10/21/19 1:35	NG	

Surrogate	Recovery %	Target Range
1,2-Dichloroethane-d4	104	88-119
toluene-d8	103	90-110
4-Bromofluorobenzene	89.1	90-110

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: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1019
Date Received: 10/11/2019

Analytes - NOT NELAC Certified

1,2-Dichloroethane-d4 4-Bromofluorobenzene toluene-d8

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

Erin Consuegra

Erin Consuegra, QA/QC Manager

10/25/2019
Date

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

Qualifiers

M1 = The Matrix Spike did not meet QA/QC requirements.

CHAIN OF CUSTODY

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

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

Client: Lanett
Project: 80-1019

		G or C	Composite Sample(s)		
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No.	197105-01	grab			
Location	Effluent PP				
Collector	JEFF ASTON				
Date/Time Sampled	10/9/19 @ 1510				

Flow Rate: _____

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01a	NA2S2O3	624.1 WWVOC	CL	-01b	None	2-Chloroethylvinyl ether	CL
-01c	hcl	Acrolein/Acrylonitrile	CL				

For Client Use:

Date Prepared: 100710

Relinquished By: [signature] Date/Time: 10/11/19 1155 Received By: CL Date/Time: 10-11-19/1055

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Received at Lab By: CL Date/Time: 10-11-19/1355 Relinquished To Sealed Container: ☑

15

ERA LAB

Client Lane H Sample # 197105

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 10-11-19 / 1355 Receiving Analyst: CL

B. Method of Delivery:

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

Tracking Number

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

2. Condition of Cooler Contents

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

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

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

D. Temperature °C 1.5 Thermometer ID: Auburn

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

3. Sample Information and Verification

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

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

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

Sufficient volume in each bottle for tests? ☑ Yes ☐ No,

B. All samples were verified & marked on the Chain of Custody? ☑ Yes ☐ No,

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

pH Strip Lot #:

Additional Preservative information	
1	Preservative Type:
2	Preservative Lot #
3	Preservative Type:
4	Preservative Lot #

D. Hexane Lot for O&G ☑ N/A

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

4. Comments and Resolutions

A If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:

How was client contacted: (Email) Phone Who contacted? JD Date/Time of contact: 10/21/19 1807

Result of communication:

5. Analyst Conformation

END OF REPORT

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

Primary Reviewer: CL Secondary Reviewer: BH

Environmental Resource Analysts, Inc.

2975 Brown Court
Auburn, AL 36830
334-502-3444
(Fax) 334-502-8888

28 Years in Business, and counting
www.eralab.com

Laboratory Report

Wastewater

Report # 80-1119

Stormwater

Prepared For:
Lanett
#1 Pecan Grove
Lanett, AL 36863

Attention: Jeff Aston

Number of Pages in Report: 5

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

This report cannot be reproduced, except in full, without the written approval from **ERA, Inc.**

Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, in accordance with the scope associated with Florida Department of Health certification number E87542. A copy of the scope is available upon request.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

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: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/12/2019

Sample Number: 186027-01 Collection Date: 11/12/2019 6:45
Description: grab Location: OF002S SW

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)	11/12/19 06:45	11/14/19 13:52	JA
CBOD	<2.00	mg/L		2	2	SM 5210 B-2011	11/12/19 06:45	11/12/19 17:00	JM
E. coli	1,986.3	MPN/100mL	H1	1	1	SM 9223B-Colilert 18	11/12/19 06:45	11/12/19 15:15	EC
NO2-/NO3	0.748	mg N/L		0.035	0.1	EPA 353.2	11/12/19 06:45	11/15/19 11:14	JA
Oil & Grease	<4.56	mg/L		4.56	5	EPA 1664A	11/12/19 06:45	11/13/19 09:30	BG
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	11/12/19 06:45	11/20/19 09:41	JA
Total Phosphorus	<0.100	mg P/L		0.1	1	EPA 365.4	11/12/19 06:45	11/20/19 09:41	JA
TSS	19.0	mg/L(Dry)		2.5	2.5	SM 2540D Mod-2011	11/12/19 06:45	11/13/19 15:30	JW

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

Erin Consuegra

Erin Consuegra, QA/QC Manager 12/03/2019 Date

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

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.
Std. Methods for the Exam. Of Water and Wastewater, 22nd Ed.

Qualifiers
H1 = Sample analysis performed past holding time.

CHAIN OF CUSTODY

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

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

Client: Lanett
Project: 80 – 1119

		G or C	Composite Sample(s)			Analytical Measurements Taken By ERA				
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Test	Analyst	Date/Time	Meter # / Probe #	Thermometer ID
Sample No.	186027-01	grab								
Location	OF002S SW									
Collector	JEFF ASTON									
Date/Time Sampled	11-12-19 0745									

Flow Rate: 1 gpm

Sample	Preservation	Analysis	Preservation CK
-01a	None	CBOD	
-01c	H2SO4	AMMONIA	pH<2
-01e	H2SO4	NO2-/NO3	pH<2
-01g	None	E. Coli	

Sample	Preservation	Analysis	Preservation CK
-01b	None	TSS	
-01d	H2SO4	TKN, Total Phosphorus	pH<2
-01f	H2SO4	O&G	pH<2

H2SO4 Lot: 121318

Relinquished By: [signature]	Date/Time: 11-12-19 1437	Received By: CB	Date/Time: 11/12/19 1437
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished By:	Date/Time:	Received By:	Date/Time:

Received at Lab By: CB Date/Time: 11/12/19 1440

Relinquished To Sealed Container: ☐

ERA LAB

Client Lahett Sample # 18627

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 11/29 1440 Receiving Analyst: CS

B. Method of Delivery:

☐ Fed Ex ☐ UPS ☐ USPS ☒ ERA Driver ☐ Client Drop Off ☐ Other

Tracking Number

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

2. Condition of Cooler Contents

A. Chain Of Custody Information: ☒ Completed ☐ Incomplete,

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

C. Broken Bottles? ☒ No ☐ Yes If yes, which?

D. Temperature °C 1.9 Thermometer ID: Utah

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

3. Sample Information and Verification

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

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

All samples arrived within holding time? ☒ Yes ☐ No,

Sufficient volume in each bottle for tests? ☒ Yes ☐ No,

B. All samples were verified & marked on the Chain of Custody? ☒ Yes ☐ No,

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

pH Strip Lot #: 232318

Additional Preservative information

1 Preservative Type:
2 Preservative Lot #
3 Preservative Type:
4 Preservative Lot #

D. Hexane Lot for O&G 120382 ☐ N/A

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

4. Comments and Resolutions

A If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:

How was client contacted: Email Phone Who contacted? Date/Time of contact:

Result of communication:

5. Analyst Conformation

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

Primary Reviewer: CS Secondary Reviewer: [illegible]

ERA LAB

ENVIRONMENTAL RESOURCE ANALYSTS, INC.
Auburn Technology Park • 2975 Brown Court • Auburn, AL 36830
Tel. (334) 502-3444 • Fax (334) 502-8888 • www.eralab.com

Report # 80-1119
Stormwater

All results are reported in Central Standard Time.

Definitions

BMDL – Below Method Detection Limit
BOD – Biochemical Oxygen Demand
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes
cBOD – Carbonaceous Biochemical Oxygen Demand
CCV – Continuing Calibration Verification
COD – Chemical Oxygen Demand
DO – Dissolved Oxygen
DOC – Dissolved Organic Carbon
DW – Drinking Water
HAA – Halo Acetic Acid
HPC – Heterotrophic Plate Count
HR – High Range
ICP – Inductively Coupled Plasma
LCS – Laboratory Control Sample
LR – Low Range
MDL – Method Detection Limit
MS – Mass Spectrometer
MS – Matrix Spike
ND – Not Detected at or above the MDL
NPDES – National Pollutant Discharge Elimination System
PQL – Practical Quantitation Limit
RECRA – Resource Conservation and Recovery Act
RL – Reporting Limit
SID – State Indirect Discharge
SOC – Synthetic Organic Compound
SVOC – Semi-volatile Organic Compound
TCLP – Toxic Characteristic Leaching Procedure
TD – Total Dissolved
TDS – Total Dissolved Solids
TKN – Total Kjeldahl nitrogen
TNI – The NELAC Institute
TOC – Total Organic Carbon
TOX – Toxicity
TS – Total Solids
TSS – Total Suspended Solids
TTHM – Total Trihalomethanes
UV – Ultraviolet
VOC – Volatile Organic Compound
VS – Volatile Solids
WW – Wastewater

End of Report

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0023159 DSN: 0021 COUNTY: Chambers
Permittee: City of Lanett
Facility Name: Lanett WWTP
Agent Submitting Report:
Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
Months To Test:
This Report for Toxicity Test(s) Required for the Month of: Nov
Scheduled Test(s): Yes X No _____ Accelerated Test(s): Yes _____ No X
Accelerated Test Number ___ of ___ For Failed Scheduled Test Date:
Test Type Required: 48 -Hr Acute Screening: X ____-Hr Acute Definitive:
Short-term Chronic Screening: ____ Short-term Chronic Definitive:

	Test Organism: Ceriodaphnia dubia			**Test Organism:** Pimephales promelas		
Sam No.	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	11/20/19 15:15	11/22/19 15:24	Yes	11/20/19 16:30	11/22/19 16:00	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

		Test Number											
Test	Eff.	(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	19.4	PASS	N/A	N/A									
C.d.	19.4	PASS	N/A	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLES(S):

SAMPLE Id.	BOD5 mg/l	TSS mg/l	NH3 mg/l	pH su	Alk mg/l	Hard-EFF mg/l	Cond µS	TRC mg/l
1	----	----	0.876	6.6	46	52	345	0.23

Chemical Analyses Performed By (Lab): ERA
Total 24 Hour Flow: (1) _____ MGD (2) _____ MGD (3) _____ MGD

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

SIGNATURE OF RESPONSIBLE OFFICIAL: _____ DATE:

FACILITY NAME: Lanett WWTP **NPDES #: AL**0023159 **DSN:**0021 **DATE:**11/20/19

4. SAMPLE COLLECTION:

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

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

Receiving Water: Chattahoochee River

Design Flow: 5.0 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp.°C.	Used in Test(s) MM/DD/YY - MM/DD/YY
1	11/19/19 0700 11/20/19 0700	5.8	11/20/19 - 11/22/19

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries Hard.	Alk.	pH	Cond. @ °C.
MHRW	11/14/19	11/20/19	83	58	7.6	316 @ 25

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)				
P.p.	54-56 hrs	Florida Bioassay Supply	19.4				
C.d.	0-6 hrs	ERA	19.4				

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

Test Species	Temp. Range (°C.)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
P.p.	24.0 - 25.3	7.9 - 9.2	7.8 - 8.1	75
C.d.	24.0 - 25.3	8.2 - 9.2	7.8 - 7.9	75

7. FEEDING:

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

COMMENTS:

FACILITY NAME: Lanett WWTP **NPDES #:** AL0023159 **DSN:** 0021 **DATE:** 11/20/19

8. REFERENCE TOXICANT TESTS:

TOXICANT: C.d. : NaCl; P.p.: KCl SOURCE: Fisher Scientific

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

Acute:

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Control to Highest Conc.)					
P.p.	11/05/19-11/07/19	MHRW	0	0.25	0.50	0.75	1.0	2.0
C.d.	11/19/19-11/21/19	MHRW	0	1.25	1.50	1.75	2.00	2.25

Test Org.	Results and 95% Confidence Interval	This Test Upper and Lower CUSUM Chart Control Limit	NUMBER (N)
P.p.	0.85 0.77 - 0.95	0.57 - 1.28	7
C.d.	1.82 1.69 - 1.96	1.57 - 2.41	20

Raw Data on File With ADEM Toxics Unit

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

None

9.B. Test Solution Manipulations or Test Modifications:

None

10. REQUIRED REPORT ATTACHMENTS:

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

FACILITY NAME: Lanett WWTP **NPDES #:** AL0023159 **DSN:** 0021 **DATE:** 11/20/19

11.A ACUTE SCREENING TOXICITY TESTS RESULTS:

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

SOLUTION CONC.(%)	Control	19.4%	
MORTALITY (%)	0	5	

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

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

SOLUTION CONC.(%)	Control	19.4%	
MORTALITY (%)	0	0	

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

CHAIN OF CUSTODY

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

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

Client: Lanett
Project: 80-1119

		G or C	Composite Sample(s) Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No.	198572-01	comp	each hour	11-19-19 0700	11-20-19 0700
Location	effluent				
Collector	Jeff Aston				
Date/Time Sampled	11-20-19 0747				

Flow Rate: _____

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01a	None	Alkalinity to pH 4.5, AMMONIA, Hardness	SC	-01b	None	toxicity	SC
-01c	None	Conductivity	SC				

For Client Use:

Date Prepared: 111419

Relinquished By: [signature] Date/Time: 11-20-19 084 Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Received at Lab By: SC Date/Time: 0814 11/20/19 Relinquished To Sealed Container: ☑

ERA LAB

Client Lanett Sample # 195572

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 11/20/19 0823 Receiving Analyst: SC

B. Method of Delivery:

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

Tracking Number _____

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

2. Condition of Cooler Contents

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

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

C. Broken Bottles? ☒ No ☐ Yes If yes, which? _____

D. Temperature °C 5.8 Thermometer ID: AVBLRN

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

3. Sample Information and Verification

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

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

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

Sufficient volume in each bottle for tests? ☒ Yes ☐ No, _____

B. All samples were verified & marked on the Chain of Custody? ☒ Yes ☐ No, _____

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

pH Strip Lot #: _____

Additional Preservative information

1 Preservative Type: _____
2 Preservative Lot # _____
3 Preservative Type: _____
4 Preservative Lot # _____

D. Hexane Lot for O&G _____ ☒ N/A

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

4. Comments and Resolutions

A If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:

How was client contacted: Email Phone Who contacted? Date/Time of contact:

Result of communication:

5. Analyst Conformation

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

Primary Reviewer: _____ Secondary Reviewer: DH

SOP 610

48 HOUR FATHEAD MINNOW TEST

EPA Method 2000.0

Test #:	39 -03	**Client:** Lanett	**Sample #:** 198572-01b
Source ABS Lot:	901	**Randomization Board #:**	112019SC
Age of Test Organisms (Hrs):	54-56	**pH Meter/Probe:**	AB15-3/29
Date Collecte:	11/20/2019	**DO Meter/Probe:**	YSI 2/2
Date/Time Minnows were Fed:	11/20/2019 14:30	**Thermometer ID:**	Indianna
Test Start Date/Time:	11/20/2019 16:30	**Water Volume:**	200 mL
Test End Date/Time:	11/22/2019 16:00	**MHRW Lot:**	**3976**

CONTROL					**% Dilution:**		19.4	**Sample:**	Effluent
Test Date		**Start**	**24 Hr**	**48 Hr**	**Test Date**		**Start**	**24 Hr**	**48 Hr**
Replicate Number	**1**	10	10	10	**Replicate Number**	**1**	10	10	10
	2	10	10	10		**2**	10	10	10
	3	10	10	10		**3**	10	10	10
	4	10	10	10		**4**	10	10	10
Total		40	40	40	**Total**		40	40	40
pH		7.8	7.9	7.9	**pH**		7.8	8.1	7.8
DO (mg/L)		9.2	8.3	8.1	**DO (mg/L)**		8.7	7.9	8.2
Temp °C		24.0	25.3	24.0	**Temp °C**		24.3	25.3	24.5
Date/Time		11/20/19 16:30	11/21/19 14:40	11/22/19 16:00	**Date/Time**		11/20/19 16:30	11/21/19 14:40	11/22/19 16:00
Initials		AF	AF	JH	**Initials**		AF	AF	JH
Obs.		N	N	N	**Obs.**		N	N	N

Observation Key

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

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

Q/A Rev'd By _____
AF

SOP 609

48 HOUR CERIODAPHNIA TOXICITY TEST

EPA Method 2002.0

Client: Lanett

Test #: 39 -83
Sample #: 198572-01b
Date/Time Babies were Fed: 11/20/2019 10:00
Date Collected: 11/20/2019
Test Start Date/Time: 11/20/2019 15:15 **MHRW Lot:** 3976
Test End Date/Time: 11/22/2019 15:24 **Age of Test Organisms (Hrs)** 0-6

Randomization Board #: 112019SC
pH Meter/Probe: AB15-3/29
DO Meter/Probe: YSI 2/2
Thermometer ID: Indiana
Water Volume: 20 mLs

CONTROL					% Dilution:		19.4	Sample:	Effluent
Test Date		Start	24 Hr	48 Hr	Test Date		Start	24 Hr	48 Hr
Replicate Number	1	5	5	5	Replicate Number	1	5	5	5
	2	5	5	5		2	5	5	4
	3	5	5	5		3	5	5	5
	4	5	5	5		4	5	5	5
Total		20	20	20	Total		20	20	19
pH		7.8	7.9	7.8	pH		7.8	7.8	7.9
DO		9.2	9.0	8.5	DO		8.7	9.2	8.2
Temp °C		24.0	25.2	25.3	Temp °C		24.3	25.1	25.3
Date/Time		11/20/19 15:15	11/21/19 15:24	11/22/19 15:24	Date/Time		11/20/19 15:15	11/21/19 15:24	11/22/19 15:24
Initials		SC	AF	AF	Initials		SC	AF	AF
Obs		N	N	N	Obs		N	N	N

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

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

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

Q/A Rev'd By AF

Daphnid Acute Test-48 Hr Survival

Start Date:	11/20/2019	Test ID:	39-81	Sample ID:	#######
End Date:		Lab ID:	ERA	Sample Type:	EFF2-Industrial
Sample Date:		Protocol:	EPAAW02-EPA/821/R-02-01	Test Species:	CD-Ceriodaphnia dubia
Comments:	stats conducted by JF				

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

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

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates non-normal distribution (p <= 0.01)	0.7064	0.749	-2.0367	4.9
Equality of variance cannot be confirmed				

Hypothesis Test (1-tail, 0.05)

Wilcoxon Two-Sample Test indicates no significant differences
Treatments vs Control

Toxicity Benchsheet

Client: 39- Lanett

Sample	Sample #	Collection Date/Time	pH 100%/ Temperature(°C)	TRC mg/L	Analysis Date/Time/ Analyst	pH Meter/Probe	TRC Meter
#1	198572-01b	11/20/19 7:00	6.6/23.4	0.23	11/20/19 10:28 AF	AB15-3/29	2
#2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
#3	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Q/A Rev'd By _____
AF

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: Jeff Aston
Lanett Wastewater
#1 Pecan Grove
Lanett, AL 36863

Project: 80-1119
Date Received: 11/20/2019

Sample Number: 198572-01 Collection Date: 11/20/2019 7:00
Description: comp Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Alkalinity to pH 4.5	46.2	mg/l CaCO3 (4.5pH)		20	20	SM 2320B-2011	11/20/19 07:00	11/21/19 10:00	BEH
Ammonia	0.876	mg N/L		0.2	0.2	EPA 350.1(1993)	11/20/19 07:00	11/20/19 15:50	JA
Conductivity	345	µmhos/cm at 25°C		10	147	EPA 120.1	11/20/19 07:00	11/20/19 09:20	AF
Hardness	51.5	mg/L CaCO3 (EDTA)		5	5	SM 2340C-2011	11/20/19 07:00	11/22/19 09:30	BEH

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

Erin Consuegra 11/26/2019
Erin Consuegra, QA/QC Manager Date
This person may be contacted for questions at the number listed above.

"Methods for Chemical Analysis of Water and Wastes" EPA, EMSL-Cl, EPA 600/4-79-020, Rev. March 1979 & 1983.
Alkalinity is reported based on a final enpoint pH of 4.5.
All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
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.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:
NPDES PERMIT NO.: AL0023159 DSN: 0021 COUNTY: Chambers
Permittee: City of Lanett
Facility Name: Lanett WWTP
Agent Submitting Report:
Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
Months To Test:
This Report for Toxicity Test(s) Required for the Month of: Nov
Scheduled Test(s): Yes X No _____ Accelerated Test(s): Yes _____ No X
Accelerated Test Number ___ of ___ For Failed Scheduled Test Date:
Test Type Required: 48 -Hr Acute Screening: X ____-Hr Acute Definitive:
Short-term Chronic Screening: ____ Short-term Chronic Definitive:

	Test Organism: Ceriodaphnia dubia			**Test Organism:** Pimephales promelas		
Sam No.	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	11/28/18 16:50	11/30/18 16:35	Yes	11/28/18 17:10	11/30/18 16:15	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

		Test Number											
Test	Eff.	(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	19.4	PASS	N/A	N/A									
C.d.	19.4	PASS	N/A	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLES(S):

SAMPLE Id.	BOD5 mg/l	TSS mg/l	NH3 mg/l	pH su	Alk mg/l	Hard-EFF mg/l	Cond µS	TRC mg/l
1	----	----	2.32	7.0	47	94	335	<0.06

Chemical Analyses Performed By (Lab): ERA
Total 24 Hour Flow: (1) _____ MGD (2) _____ MGD (3) _____ MGD

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

SIGNATURE OF RESPONSIBLE OFFICIAL: _____ DATE:

FACILITY NAME: Lanett WWTP **NPDES #: AL**0023159 **DSN:**0021 **DATE:**11/28/18

4. SAMPLE COLLECTION:

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

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

Receiving Water: Chattahoochee River

Design Flow: 5.0 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp.°C.	Used in Test(s) MM/DD/YY - MM/DD/YY
1	11/26/18 0700 11/27/18 0700	1.6	11/28/18 - 11/30/18

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries Hard.	Alk.	pH	Cond. @ °C.
MHRW	11/26/18	11/28/18	90	59	7.6	296 @ 25

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)					
P.p.	55-56 hrs	Florida Bioassay Supply	19.4					
C.d.	< 24 hrs	ERA	19.4					

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

Test Species	Temp. Range (°C.)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
P.p.	24.5 - 25.6	7.8 - 9.2	7.5 - 7.8	75
C.d.	24.5 - 24.6	7.1 - 9.2	7.5 - 7.8	75

7. FEEDING:

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

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

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

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

COMMENTS:

CHAIN OF CUSTODY

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

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

Client: Lanett
Project: toxicity

	G or C	Composite Sample(s) Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Analytical Measurements Taken By ERA: Test	Analyst	Date/Time	Meter # / Probe #	Thermometer ID
Sample No. 185054-01									
Location effluent	comp	24	0700	0700					
Collector [signature]		1/hr	11/26	11/27					
Date/Time Sampled 11-27-18 @									

Flow Rate: 1.923 mG

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01a	None	Alkalinity, AMMONIA, Hardness	[signature]	-01b	None	toxicity	[signature]
-01c	None	Cond					

Relinquished By: [signature] Date/Time: 11-27-18 @ 8:00 am Received By: [signature] Sealed Container Date/Time: 11-27-18 ~~10:00~~ 10:40 gc

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Received at Lab By: [signature] Date/Time: 11-27-18 1515

Relinquished To Sealed Container: ☐

ERA LAB

Client Lanett Sample # 185054-01

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 11-27-18 1515 Receiving Analyst: S

B. Method of Delivery:

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

Tracking Number

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

2. Condition of Cooler Contents

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

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

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

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

E. Temperature °C 1.6 Thermometer ID: Utan Time: 1515 Initials: S

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

3. Sample Information and Verification

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

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

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

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

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

pH Strip Lot #: N/A

D. Hexane Lot for O&G ☑ N/A

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

Additional Preservative information

1 Preservative Type:

2 Preservative Lot #

3 Date/Time/Initials

Conductivity Present? ☑ Yes ☐ No

Conductivity Filtered? ☑ Yes ☐ No

4. Comments and Resolutions

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

If yes, Date Started: Analyst:

B. Additional Comments/Client Communication: Emailed Client for flow rate 11/28/18 DD rec. 11/29/18

5. Analyst Conformation

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

Date/Time 11/27/18 1515 Initial: BP QA/QC Review By:

SOP 610.5

48 HOUR FATHEAD MINNOW TEST

EPA Method 2000.0

Client: Lanett

Test #	39 -82	**Source ABS Lot:**	852	**Randomization Board #**	112818AF
Sample #	185054-01b	**Date Collected**	11/27/2018	**pH Meter/Probe**	AB15-2/24
Age of Test Organisms:		55-56 Hrs		**DO Meter/Probe**	YSI2/2
Date/Time Minnows were Fed:		11/28/2018 10:00		**Thermometer ID**	Indiana
Test Start Date/Time:		11/28/2018 17:10		**Water Volume:**	20 mLs
Test End Date/Time:		11/30/2018 16:15		**MHRW Lot:**	3689

CONTROL					% Dilution:		19.4	Sample:	effluent
Test Date		Start	24 Hr	48 Hr	Test Date		Start	24 Hr	48 Hr
Replicate Number	1	10	10	10	Replicate Number	1	10	10	10
	2	10	10	8		2	10	10	10
	3	10	10	10		3	10	10	10
	4	10	10	9		4	10	10	9
Total		40	40	37	Total		40	40	39
pH		7.8	7.8	7.7	pH		7.5	7.6	7.5
DO (mg/L)		9.2	8.3	7.9	DO (mg/L)		8.5	7.8	7.8
Temp °C		24.8	25.0	25.5	Temp °C		24.5	25.0	25.6
Date/Time		11/28/18 17:10	11/29/18 15:10	11/30/18 16:15	Date/Time		11/28/18 17:10	11/29/18 15:10	11/30/18 16:15
Initials		AF	RR	AF	Initials		AF	RR	AF
Obs.		N	N	N	Obs.		N	N	N

Observation Key

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

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

Q/A Rev'd By AF

SOP 609.5

48 HOUR CERIODAPHNIA TOXICITY TEST

EPA Method 2002.0

Client: Lanett

Test # 39-82
Sample # 185054-01b
Date/Time Babies were Fed: 11/28/2018 10:00
MHRW Lot # 3688
Test Start Date/Time: 11/28/2018 16:50 **Date Collected** 11/27/2018
Test End Date/Time: 11/30/2018 16:35

Age of Test Organisms: 0 - 24 Hrs

Randomization Board # 112818AF
pH Meter/Probe AB15-3/24
DO Meter/Probe YSI2/2
Thermometer ID Indiana
Water Volume: 20 mLs

CONTROL					% Dilution:		19.4	Sample:	eflfuent
Test Date		Start	24 Hr	48 Hr	Test Date		Start	24 Hr	48 Hr
Replicate Number	1	5	5	5	Replicate Number	1	5	5	4
	2	5	5	5		2	5	5	5
	3	5	5	5		3	5	5	4
	4	5	5	5		4	5	5	5
Total		20	20	20	Total		20	20	18
pH		7.8	7.8	7.6	pH		7.5	7.8	7.6
DO (mg/L)		9.2	7.6	7.9	DO (mg/L)		8.5	7.1	7.8
Temp °C		24.8	25.0	25.6	Temp °C		24.5	25.3	25.3
Date/Time		11/28/18 16:50	11/29/18 14:50	11/30/18 16:35	Date/Time		11/28/18 16:50	11/29/18 14:50	11/30/18 16:35
Initials		AF	RR	AF	Initials		AF	RR	AF
Obs.		N	N	N	Obs.		N	N	N

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

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

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

Q/A Rev'd By AF

Daphnid Acute Test-48 Hr Survival

Start Date:	11/28/2018	Test ID:	39-82c	Sample ID:	eff
End Date:		Lab ID:	ERA	Sample Type:	EFF1-POTW
Sample Date:		Protocol:	EPAAW02-EPA/821/R-02-01	Test Species:	CD-Ceriodaphnia dubia
Comments:	Stats conducted by JF				

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

			Transform: Arcsin Square Root					Rank	1-Tailed	
Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N	Sum	Critical	
Control	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4			
eff	0.9000	0.9000	1.2262	1.1071	1.3453	11.212	4	14.00	11.00	0.13358

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)	0.84935	0.749	2.7E-15	-0.7
Equality of variance cannot be confirmed				
Hypothesis Test (1-tail, 0.05)				
Wilcoxon Two-Sample Test indicates no significant differences				
Treatments vs Control				

Toxicity Benchsheet

Client: 39- Lanett

Sample	Sample #	Collection Date/Time	pH 100%/ Temperature(°C)	TRC mg/L	Analysis Date/Time/ Analyst	pH Meter/Probe	TRC Meter
#1	185054-01b	11/27/18 6:00	7.0/24.8	0.03	11/27/18 16:45 AF	AB15-3/24	2
#2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
#3	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Q/A Rev'd By AF

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0023159 DSN: 0021 COUNTY: Chambers
Permittee: City of Lanett
Facility Name: Lanett WWTP
Agent Submitting Report:
Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
Months To Test:
This Report for Toxicity Test(s) Required for the Month of: Nov
Scheduled Test(s): Yes X No _____ Accelerated Test(s): Yes _____ No X
Accelerated Test Number ___ of ___ For Failed Scheduled Test Date:
Test Type Required: 48 -Hr Acute Screening: X ____-Hr Acute Definitive:
Short-term Chronic Screening: ____ Short-term Chronic Definitive:

	Test Organism: Ceriodaphnia dubia			Test Organism: Pimephales promelas		
Sam No.	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	11/08/17 16:50	11/10/17 15:00	Yes	11/08/17 16:55	11/10/17 15:15	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

		Test Number											
Test	Eff.	(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	19.4	PASS	N/A	N/A									
C.d.	19.4	PASS	N/A	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLES(S):

SAMPLE Id.	BOD5 mg/l	TSS mg/l	NH3 mg/l	pH su	Alk mg/l	Hard-EFF mg/l	Cond µS	TRC mg/l
1	----	----	<0.100	6.58	23	72	324	0.13

Chemical Analyses Performed By (Lab): ERA
Total 24 Hour Flow: (1) 1.705 MGD (2) _____ MGD (3) _____ MGD

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

SIGNATURE OF RESPONSIBLE OFFICIAL: Alan Sleaton DATE: 12-18-2017

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FACILITY NAME: Lanett WWTP **NPDES #:** AL0023159 **DSN:** 0021 **DATE:** 11/08/17

4. SAMPLE COLLECTION:

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

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

Receiving Water: Chattahoochee River

Design Flow: 5.0 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp.°C.	Used in Test(s) MM/DD/YY - MM/DD/YY
1	11/06/16 1000 11/07/16 0900	4.8	11/08/17 - 11/10/17

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries Hard.	Alk.	pH	Cond. @ °C.
MHRW	11/06/17	11/08/17	86	60	7.65	296 @ 25

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)					
P.p.	2-3 Days	Florida Bioassay Supply	19.4					
C.d.	< 24 hrs	ERA	19.4					

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

Test Species	Temp. Range (°C.)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
P.p.	24.5 - 25.5	7.4 - 8.9	7.05 -7.41	75
C.d.	24.5 - 24.5	7.6 - 8.9	7.02 -7.41	75

7. FEEDING:

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

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

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

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

COMMENTS:

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FACILITY NAME: Lanett WWTP **NPDES #:** AL0023159 **DSN:** 0021 **DATE:** 11/08/17

8. REFERENCE TOXICANT TESTS:

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

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

Acute:

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Control to Highest Conc.)						
P.p.	11/28/17-11/30/17	MHRW	0	6	7	8	9	10	
C.d.	11/28/17-11/30/17	MHRW	0	1.25	1.50	1.75	2.00	2.25	

Test Org.	Results and 95% Confidence Interval	This Test Upper and Lower CUSUM Chart Control Limit	NUMBER (N)
P.p.	7.13 6.88 - 7.39	6.89 - 7.95	20
C.d.	2.15 1.99 - 2.33	1.43 - 2.56	20

Raw Data on File With ADEM Toxics Unit

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

None

9.B. Test Solution Manipulations or Test Modifications:

None

10. REQUIRED REPORT ATTACHMENTS:

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

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FACILITY NAME: Lanett WWTP NPDES #: AL0023159 DSN: 0021 DATE: 11/08/17

11.A ACUTE SCREENING TOXICITY TESTS RESULTS:

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

SOLUTION CONC.(%)	Control	19.4%	
MORTALITY (%)	0	0	

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

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

SOLUTION CONC.(%)	Control	19.4%	
MORTALITY (%)	0	0	

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

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CHAIN OF CUSTODY

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

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

Client: Lanett
Project: 80-1117

		G or C	Composite Sample(s)			Analytical Measurements Taken By ERA				
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Test	Analyst	Date/Time	Meter #	Probe #
Sample No.	173885-01	comp	1/60min	11-6-17 / 10:00am EST	11-7-17 / 9:00am EST					
Location	effluent Temp. 2°									
Collector	Alan Gleaton									
Date/Time Sampled	11-7-17@ 9:15am EST									

Flow Rate (MGD) _____

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

Relinquished By: Alan Gleaton Date/Time: 11-7-17@12:20 Received By: NR GWL Date/Time: 11.07.17 12:20
Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____
Relinquished By: _____ Date/Time: _____

Received at Lab By: NR GWL Date/Time: 11.07.17 ~~[illegible]~~ 13:30 Method of Transfer: ERA Arrival Temp (°C): 4.8° Custody Seals Intact: Y

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48 HOUR FATHEAD MINNOW TOXICITY TEST - EPA Method # 2000.0

Test #: 39 81 Client: Lonett Age of Test Organisms: 2-3 days Ambient Laboratory Illumination

Photoperiod: 16hrs. L: 8hrs. D Beginning Date: 11.08.17 Time: 1655 Source: ABS Lot #: 801

Water Volume: 250mL Ending Date: 11.10.17 Time: 1515 Dilution Water Lot #: 3469

CONTROLS

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations	DO meter/ probe #	pH meter/ probe #	Thermometer ID
Start	10	10	10	10	40	7.41	8.8	24.5	N/A	N/A	11.08.17 1655 AF	N	YSI 2 #2	AB15-3 #12	773237 #1
1	10	10	10	10	40	7.26	7.6	25.4	N/A	N/A	11.09.17 1730 AF	N	|	|	|
2	10	10	10	10	40	7.23	7.5	25.5	N/A	N/A	11.10.17 1515 SH	N			

19.4 %Effluent Lab # 11-07 effluent

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start	10	10	10	10	40	7.05	8.9	24.6	N/A	N/A	11.08.17 1655 AF	N
1	10	10	10	10	40	7.23	7.4	25.2	N/A	N/A	11.09.17 1730 AF	N
2	10	10	10	10	40	7.13	7.5	25.4	N/A	N/A	11.10.17 1515 SH	N

_____ %Effluent

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

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Observations Key N/A = Not Applicable

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

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

48 HOUR CERIODAPHNIA TOXICITY TEST - EPA Method # 2002.0

Test #: 3981 Client: LAN-PH Age of Test Organisms: <24 hrs Ambient Laboratory Illumination

YCT & Algae Lot #'s: Not Fed Beginning Date: 11·08·17 Time: 1650 Source: ERA Photoperiod: 16hrs. L : 8hrs D

Water Volume: 20mL Ending Date: 11·10·17 Time: 1500 Dilution Water Lot #: 3469

CONTROLS

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations	DO probe/meter	pH probe/meter	Thermometer ID
Start	5	5	5	5	20	7.41	8.8	24.5	N/A	N/A	11·08·17 1650 AF	N	YS12 #2	AB153 #12	773237 #1
1	5	5	5	5	20	7.38	8.4	25.4	N/A	N/A	11·09·17 1700 AF	N			
2	5	5	5	5	20	7.13	7.9	25.5	N/A	N/A	11·10·17 1500 SH	N			

19.4 %Effluent Lab # 11-07 effluent

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start	5	5	5	5	20	7.05	8.9	24.6	N/A	N/A	11·08·17 1650 AF	N
1	5	5	5	5	20	7.14	8.6	25.3	N/A	N/A	11·09·17 1700 AF	N
2	5	5	5	5	20	7.02	7.6	25.4	N/A	N/A	11·10·17 1500 SH	N

~~%Effluent~~

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

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Observations Key N/A = Not Applicable

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

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

Toxicity Bench Sheet

Client: Lanett

Sample Collection Lab#/ Date/Time	Sample	pH Analysis Date/ Time	Analyst	pH Meter/ Probe	pH Result	TRC Analysis Date/ Time	TRC Result (mg/L)
11.07.17 0800	#1	11.07.17 1649	AF	AB153 #12	6.58	11.07.17 1649	0.13
	#2						
	#3						

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Date: 12/18/2017

Alabama Department of Environmental Management
Municipal Branch
Attn: Shanda Torbert
P.O. Box 301463
Montgomery, AL. 36130-1463

NPDES: AL0023159
City of Lanett Wastewater Treatment Facility
1 Pecan Grove
Lanett, AL. 36863

Enclosed is the Toxicity report for November 2017.

Should you have any questions, please contact me at: (334)644-4307 or (706)518-1405.

Sincerely,

Alan Gleaton
Wastewater Superintendent

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ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

RECEIVED
DEC 20 2016
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1. GENERAL:

NPDES PERMIT NO.: AL0023159 DSN: 0021 COUNTY: Chambers
Permittee: City of Lanett
Facility Name: Lanett WWTP
Agent Submitting Report:
Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
Months To Test:
This Report for Toxicity Test(s) Required for the Month of: Nov
Scheduled Test(s): Yes X No _____ Accelerated Test(s): Yes _____ No X
Accelerated Test Number ___ of ___ For Failed Scheduled Test Date:
Test Type Required: 48 -Hr Acute Screening: X ____-Hr Acute Definitive:
Short-term Chronic Screening: ____ Short-term Chronic Definitive:

	Test Organism: Ceriodaphnia dubia			Test Organism: Pimephales promelas		
Sam No.	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	11/09/16 16:55	11/11/16 14:55	Yes	11/09/16 17:00	11/11/16 15:00	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

Test Org.	Eff. Conc	Test Number (1) Surv	(1) Repr	(1) Grow	(2) Surv	(2) Repr	(2) Grow	(3) Surv	(3) Repr	(3) Grow	(4) Surv	(4) Repr	(4) Grow
P.p.	19.4	PASS	N/A	N/A									
C.d.	19.4	PASS	N/A	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLES(S):

SAMPLE Id.	BOD5 mg/l	TSS mg/l	NH3 mg/l	pH su	Alk mg/l	Hard-EFF mg/l	Cond µS	TRC mg/l
1	----	----	<0.100	6.59	19	47	347	0.16

Chemical Analyses Performed By (Lab): ERA
Total 24 Hour Flow: (1) 1.314 MGD (2) _____ MGD (3) _____ MGD

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

SIGNATURE OF RESPONSIBLE OFFICIAL: Joseph Alan Weaton DATE: 12-15-16

FACILITY NAME: Lanett WWTP NPDES #: AL0023159 DSN: 0021 DATE: 11/09/16

4. SAMPLE COLLECTION:

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

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

Receiving Water: Chattahoochee River

Design Flow: 5.0 (MGD)

Sample Id.	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp.°C.	Used in Test(s) MM/DD/YY - MM/DD/YY
1	11/07/16 1000 11/08/16 0900	3.9	11/09/16 - 11/11/16

5. CONTROL/DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries Hard.	Alk.	pH	Cond. @ °C.
MHRW	11/03/16	11/09/16	86	62	7.21	304 @ 25

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)				
P.p.	1-2 Days	Florida Bioassay Supply	19.4				
C.d.	< 24 hrs	ERA	19.4				

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

Test Species	Temp. Range (°C.)	D.O. Range (mg/L)	pH Range (su)	Light Intensity Average (ft.-c.)
P.p.	24.6 - 24.8	7.7 - 9.0	7.28 -7.65	75
C.d.	24.6 - 24.9	8.1 - 9.0	7.28 -7.65	75

7. FEEDING:

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

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

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

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

COMMENTS:

FACILITY NAME: Lanett WWTP **NPDES #:** AL0023159 **DSN:** 0021 **DATE:** 11/09/16

8. REFERENCE TOXICANT TESTS:

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

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

Acute:

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Control to Highest Conc.)						
P.p.	11/29/16-12/01/16	MHRW	0	6	7	8	9	10	
C.d.	11/29/16-12/01/16	MHRW	0	1.25	1.50	1.75	2.00	2.25	

Test Org.	Results and 95% Confidence Interval	This Test Upper and Lower CUSUM Chart Control Limit	NUMBER (N)
P.p.	7.54 7.26 - 7.84	6.94 - 8.51	20
C.d.	2.03 1.86 - 2.20	1.75 - 2.60	20

Raw Data on File With ADEM Toxics Unit

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

None

9.B. Test Solution Manipulations or Test Modifications:

None

10. REQUIRED REPORT ATTACHMENTS:

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

FACILITY NAME: Lanett WWTP **NPDES #:** AL0023159 **DSN:** 0021 **DATE:** 11/09/16

11.A ACUTE SCREENING TOXICITY TESTS RESULTS:

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

SOLUTION CONC.(%)	Control	19.4%	
MORTALITY (%)	0	0	

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

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

SOLUTION CONC.(%)	Control	19.4%	
MORTALITY (%)	0	0	

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

CHAIN OF CUSTODY

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

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

Client: Lanett
Project: 80-1116

		G or C	Composite Sample(s)			Analytical Measurements Taken By ERA				
			Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Test	Analyst	Date/Time	Meter #	Probe #
Sample No.	163441-01									
Location	effluent Temp. 1c	comp	1/60min	11-7-16 / 10:00am EST	11-8-16 / 9:00am EST					
Collector	Alan Gleaton									
Date/Time Sampled	11-8-16 @ 9:12 am EST									

Flow Rate (MGD) _____

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

Relinquished By: Alan Gleaton Date/Time: 11-8-16 @ 13:30 CST Received By: [illegible] Date/Time: 11-8-16/13:30 CST

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____

Received at Lab By: [illegible] Date/Time: 11-8-16/14:30 Method of Transfer: ERA Arrival Temp (C): 3.4° COC Seal Intact: ☑

48 HOUR FATHEAD MINNOW TOXICITY TEST - EPA Method # 2000.0

Test #: 39 -80 Client: Lanett Age of Test Organisms: 24-48 hrs Ambient Laboratory Illumination

Photoperiod: 16hrs. L: 8hrs. D Beginning Date: 11.09.16 Time: 1700 Source: ABS lot # 752

Water Volume: 250mL Ending Date: 11.11.16 Time: 1500 Dilution Water Lot #: 3279

CONTROLS

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations	DO meter/ probe #	pH meter/ probe #	Thermometer ID
Start	10	10	10	10	40	7.65	8.8	24.6	N/A	N/A	11.09.16 1700 AF	N	YS12 #2	AB153 #20	773237 #1
1	10	10	10	10	40	7.60	8.3	24.8	N/A	N/A	11.10.16 1720 AF	N			
2	10	10	10	10	40	7.45	7.9	25.1	N/A	N/A	11.11.16 1500 AF	N			

19.4 %Effluent Lab # 11-08 effluent 163441

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start	10	10	10	10	40	7.28	9.0	24.6	N/A	N/A	11.09.16 1700 AF	N
1	10	10	10	10	40	7.37	8.1	24.8	N/A	N/A	11.10.16 1720 AF	N
2	10	10	10	10	40	7.45	7.7	24.8	N/A	N/A	11.11.16 1500 AF	N

_____ %Effluent

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

Observations Key N/A = Not Applicable

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

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

48 HOUR CERIODAPHNIA TOXICITY TEST - EPA Method # 2002.0

Test #: 39 -80 Client: Lanett Age of Test Organisms: <24 hrs Ambient Laboratory Illumination

YCT & Algae Lot #'s: Not Fed Beginning Date: 11.09.16 Time: 1655 Source: ERA Photoperiod: 16hrs. L : 8hrs D

Water Volume: 20mL Ending Date: 11.11.16 Time: 1455 Dilution Water Lot #: 3279

CONTROLS

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations	DO probe/meter	pH probe/meter	Thermometer ID
Start	5	5	5	5	20	7.65	8.8	24.6	N/A	N/A	11.09.16 1655 AF	N	YS12 #2	AB153 #20	773237 #1
1	5	5	5	5	20	7.54	8.5	24.9	N/A	N/A	11.10.16 1700 AF	N			
2	5	5	5	5	20	7.48	8.1	24.7	N/A	N/A	11.11.16 1455 AF	N			

19.4 %Effluent Lab # 11-08 effluent 163441

Test Day	Replicate Number 1	2	3	4	# Alive	pH	DO (mg/L)	Temp. (C)	Feed	Water Change	Date-Time-Initials	Notes and Observations
Start	5	5	5	5	20	7.28	9.0	24.6	N/A	N/A	11.09.16 1655 AF	N
1	5	5	5	5	3 DEAD 20	7.40	8.4	24.9	N/A	N/A	11.10.16 1700 AF	N
2	5	5	5	5	20	7.55	8.1	24.8	N/A	N/A	11.11.16 1455 AF	N

%Effluent

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

Observations Key N/A = Not Applicable

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

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

Toxicity Bench Sheet

Client: Lanett

Sample	pH Analysis Date/ Time	Analyst	pH Meter/ Probe	pH Result	TRC Analysis Date/ Time	TRC Result (mg/L)
#1	11.08.16 1645	AF	AB153 #20	6.59	11.08.16 1645	0.16
#2						
#3						

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IND / MUN BRANCH

Date: 12/15/2016

Alabama Department of Environmental Management
Municipal Branch
Attn: Shanda Torbert
P.O. Box 301463
Montgomery, AL. 36130-1463

NPDES: AL0023159
City of Lanett Wastewater Treatment Facility
1 Pecan Grove
Lanett, AL. 36863

Enclosed is the Toxicity report for November 2016.

Should you have any questions, please contact me at: (334)644-4307 or (706)518-1405.

Sincerely,

Joseph Alan Gleaton

Alan Gleaton
Wastewater Superintendent